

TO: ALL PROVIDERS
FROM: CAREFIRST, INC., MEDICARE PART A
DATE: JANUARY 7, 2003
SUBJECT: DENIALS FOR NCD DIAGNOSTIC LABORATORY SERVICES

Please be aware that a review of data has shown an increase in medical necessity denials for certain laboratory services with dates of service on or after **11/25/02**. These denials are predominately for the following services:

Partial Thromboplastin Time (PTT):	HCPCS 85730
Blood Glucose Testing:	HCPCS 82947, 82948, 82962
Prostatic Specific Antigen (PSA):	HCPCS 84153

The Intermediary recognizes the "learning curve" for these NCD services, however, providers have been aware of the changes to ICD-9 code coverage for over a year. It is important that the internal medical necessity processes be evaluated PRIOR to submitting claims to Medicare.

If you have concerns related to the ICD-9 coding for these or any of the laboratory services identified in the NCD for diagnostic laboratory services, refer to the program memorandum at http://www.cms.hhs.gov/manuals/pm_trans/AB02110.pdf, which was also published in a November 12, 2002 Provider Bulletin. Due to inaccuracies in the ICD-9 codes in the *Federal Register*, do not use those ICD-9 codes. The problem was corrected when Program Memorandum AB 02-110, CR 2130 was issued.

Questions regarding this bulletin should be directed to Carol Perry, 410-561-7987. Billing questions should be directed to Provider Representative at 1-866-488-0545.

THIS BULLETIN SHOULD BE SHARED WITH ALL HEALTH CARE PRACTITIONERS AND MANAGERIAL MEMBERS OF THE PROVIDER/SUPPLIER STAFF. BULLETINS ISSUED AFTER OCTOBER 1, 1999 ARE AVAILABLE AT NO COST FROM OUR WEBSITE AT www.marylandmedicare.com