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NCDs, LCDs and the MCD: How to Learn What CMS Does or Does Not Cover

The Medicare Coverage Database ([MCD](#)) houses all the policy coverage documents for the Centers for Medicare and Medicaid Services (CMS). Knowing how to access National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs) can help you identify and understand the requirements for Medicare coverage of a specific procedure or service. Accessible on line, the site includes several helpful features. In this Timely Topic, we will provide a ‘top-down’ explanation of the information available from this important resource.

The MCD

The [MCD](#) welcome page includes current notices, lists the latest updates to policy by date, provides instructions on how to use the site, and provides some general information about local coverage documents. Other searchable items include National Coverage Analyses, Coding Analyses for Labs, Medicare Evidence Development & Coverage Advisory Committee (MEDCAC) proceedings, Technology Assessments, and the Self-Administered Drug Exclusion List – all of which may contain literature supporting current coverage documents.

The MCD also includes [status reports](#) that identify documents that have been changed so you can quickly see if there are policy updates that may affect your practice. For example, just a few weeks into 2017 there have been revisions to 830 LCD revisions across the country. When reviewing the status reports you can filter the information by time span, region, state, contract type (e.g., Part B) and contractor. According to the LCDs Status Report, the contractor Novitas Solutions Inc. has revised 22 policies so far this year in each of 16 regions and 23 policies each in 10 additional regions. One such policy is LCD [L35107](#) Pain Management of Peripheral Nerves by Injection. It was revised and published on 1/12/2017 with a retroactive effective date of 10/1/2016. Having identified this revised policy you may also find the revisions allow for additional diagnoses which support medical necessity and support a reprocessing of some of your claims for payment.

Another status report identifies all proposed or draft LCDs. Review of this report identifies Draft LCD [DL34974](#) Facet Joint Injections and Draft LCD [DL36920](#) Epidural Injections for Pain Management, both proposed by Novitas. Draft LCDs are works in progress and not yet final policy. The Proposed/Draft LCDs Status Report also identifies two draft LCDs from Noridian Healthcare Solutions, LLC ([DL34076](#) and [DL34218](#)) both titled “Injections – Tendon, Ligament, Ganglion Cyst, Tunnel Syndromes and Morton’s Neuroma”. Each draft allows for a 45-day public comment period that is identified in the language of the LCD. You can identify draft LCDs concerning your practice by periodically reviewing this report. You can

also learn how to provide comment on any proposed coverage policies as you review the report.

The Local Article Status Report identifies local policy articles published by the Medicare Contractors for each region. These articles provide information on new local policy, policy revisions and other policy information that may be relevant to your practice. Local articles are often used by the contractor to provide clarification on issues they see in claims processing and auditing, such as trends in misuse or omission of modifiers. Palmetto GBA revised Article [A53952](#) Definitive Drug Testing Crosswalk on 1/1/2017. The revision states the article is no longer valid as the codes and information have changed. By identifying and reading revisions to this article you may identify changes that should be made on your claim detail regarding drug testing.

The most commonly used component of the MCD is the [search engine](#) to locate Local Coverage Determination (LCDs) and National Coverage Determination (NCDs) documents and other policy news. This is a very powerful tool and well worth the time it takes to use learn how to use it. Not only does it provide current LCD, NCD, and related articles, it also provides access to archived materials and to proposed NCD decisions. The advanced features of the search engine allow a search by type of document, type of contractor, state or region, key words (e.g., “pain”), and/or specific code (CPT, HCPCS or ICD-10-CM). If searching across all states with the key word “anesthesia” in document title, you may identify two NCD’s, four Technology Assessments and four LCD’s. Fine tuning the search specific to the contractor First Coast Service Options, Inc. decreases the relevant LCD’s to two: [L33594](#) Manipulation Under Anesthesia (MUA) and [L33595](#) Monitored Anesthesia Care (MAC) for Certain Interventional Pain Management Services. The robust [search engine](#) also allows you to research relevant documents that were in place on a specific date of service even if no longer in effect. The archived policy or articles may assist with researching past claim denials.

NCDs

[NCDs](#) identify items and services that will be covered by Medicare. These items and services are considered reasonable and necessary in the treatment of an illness or injury and are identified as a Medicare benefit for all beneficiaries. All local contractors must pay for services as outlined in the NCD. NCDs are developed through an evidenced-based process that includes CMS research supplemented by external technology assessments and consultations as well as public participation. **When reviewing NCDs, you should also look for additional LCDs and articles from your local contractor, as the NCD is a minimum coverage requirement. The local contractor may further define the same service; including specifying what diagnoses will support or negate coverage.**

The outline of information found in NCDs is:

- Tracking Information: publication number, relevant Manual section, version, effective date, implementation date
- Description Information:
 - Benefit Category
 - Item/Service Description
 - Indications and Limitations of Coverage
 - Cross References
 - Claims Processing Instructions
- Transmittal Information, including a link and all revision history
- National Coverage Analyses, such as current review schedule and associated policy documents
- Additional information, such as prior versions

LCDs

LCDs were defined in the Social Security Act Section 1869(f)(2)(B) which states “the term ‘local coverage determination’ means a determination by a fiscal intermediary or a carrier under part A or part B, as applicable, respecting whether or not a particular item or service is covered on an intermediary or carrier-wide basis under such parts, in accordance with section (a)(1)(A).” In other words, the LCD identifies if and when a service is reasonable and necessary. The contractor communicates specific covered and non-covered diagnoses in the LCDs

Medicare Contractors are also given the discretion of determining any additional benefits that will be covered at the local level beyond what is already required based on NCDs. The additional benefits for services and items, and the terms by which such service will be considered reasonable and necessary, is communicated via LCDs. LCDs can address coverage requirements for items for services for which there is no NCD. The topics and coverage requirements may vary from contractor to contractor.

The outline of information found in LCDs:

- Document information: ID, Title, effective dates
- National coverage policy, including reference to any applicable CMS publications
- Coverage Guidance, including
 - Abstract of outlined services,
 - Coverage indications,
 - Limitations and/or medical necessity
- Coding information

- Relevant CPT/HCPCS codes,
- ICD-10 diagnosis codes that support medical necessity,
- ICD-10 diagnosis codes that do not support medical necessity
- General information
 - Documentation requirements
 - Appendices
 - Utilization guidelines
 - Sources of information and basis for decision
- Revision history
- Associated documents
- Keywords

Comparing LCDs to NCDs

The information in LCDs is much more specific than that found in NCDs. The LCD lists all reference materials from CMS, federal regulations, legislation and any publications that may have been relevant during the contractor's LCD development process. In addition, the contractor provides descriptions by service type and definition by individual service or item, along with the indications and limitations. Review of the coding detail provided (HCPCS, CPT and diagnosis codes) can confirm that services you provide are accurately billed and your claims are processed according to your contractor's and CMS published policy.

LCD [L33593](#) Implantable Infusion Pump for the Treatment of Chronic Intractable Pain is an example that demonstrates the differences between LCDs and NCDs. L33593 is published by First Coast Service Options, Inc. and is effective as of 10/1/2015. The LCD references [NCD 280.14](#) and highlights specific information directly from the NCD. It then provides CPTs and an ICD-10-CM code look up for all diagnoses that support medical necessity; this information was not included in the corresponding NCD.

Unlike the previous example, LCD [L33622](#) Pain Management is not specific to just one NCD and provides information on a policy specific to the local contractor. L33622 was published by National Government Services, Inc. and was effective as of 10/1/2015 with a revision applicable for services as of 10/1/2016. The LCD references multiple NCDs for its development: 30.3 Acupuncture, 150.7 Prolotherapy, Joint Sclerotherapy, and Ligamentous Injections with Sclerosing Agents, 220.1 Computed Tomography, and 280.14 Infusion Pumps. In addition there are seven other manuals, chapters and references identified as a basis for the Pain Management policy.

This LCD abstract discusses acute pain, chronic pain, spinal pain, postlaminectomy syndrome/failed back syndrome, and neural blockade. It specifically states that "the decision for treating chronic pain by invasive or destructive procedures must be based on a thorough evaluation of the patient and include a systematic assessment of the location, intensity, and pathophysiology of the pain." The LCD also states the service must include

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documentation of a detailed pain management history, detailed physical exam, review of all previous treatments and responses, and a review of all pertinent diagnostics. Then it breaks out each type of covered injections and lists applicable diagnoses that support medical necessity by type of injection. None of this additional information was listed in the referenced NCDs. However the key points of functionality, efficacy and documentation requirements are consistent with other CMS policy and instruction.

The resources available on the MCD, including LCDs and NCDs, will help you stay abreast of Medicare coverage requirements and changes as they happen. Commercial payers also post their coverage information/criteria so periodic review of their bulletins and websites will help you stay up-to-date on any changes in their policies.