



Introduction to Local Coverage Determinations and National Coverage Determinations: Learn What They Are and How to Find Them

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Objective

Gain a better understanding of NCDs and LCDs to ensure compliance with coverage, coding and billing

Today's Presenter

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Provider Outreach & Education
Consultant





Agenda

Medicare Coverage Guidelines

NCD Overview

LCD Overview

Resources and References

Questions

Medicare Coverage Guidelines

Determining Covered Services

- CMS Internet-Only Manual (IOM) Publications
 - [100-02, Medicare Benefit Policy Manual](#)
 - Details on scope of covered Part A and Part B services
 - [100-03, Medicare National Coverage Determination \(NCD\) Manual](#)
 - Sets policy for determining medical necessity for specific services
- [Medicare Coverage Database](#)
 - NCDs
 - LCDs

NCDs versus LCDs

- NCDs
 - CMS national decisions concerning specific service(s) that Medicare will or will not cover
 - Implemented nationally and do not vary by locations
 - Apply to all Medicare providers and Medicare contractors
- LCDs
 - Policy decisions made by a MAC concerning whether to allow coverage of a particular item/service
 - Apply to all applicable services within that MAC's jurisdiction
 - Vary in language or implementation

What if There Is No NCD or LCD?

- Check for coverage guidelines in CMS IOMs, CRs, MLN Matters articles
- Check the [NGSMedicare.com website](https://www.ngsmedicare.com)
- Check for related medical policy article
- Make sure service is not statutorily or administratively excluded
 - [CMS IOM Publication 100-02, Medicare Benefit Policy Manual, Chapter 16, General Exclusions From Coverage](#)
- If no written guidelines on coverage exist, you can request creation of new LCD
 - A56198: [New Local Coverage Determination \(LCD\) Request Process](#)

NCD Overview

What Are NCDs?

- Nationwide coverage instructions
 - Binding on all contractors
 - Apply to all Medicare claims
 - Established by CMS
 - Developed through evidence-based process, with opportunities for public participation

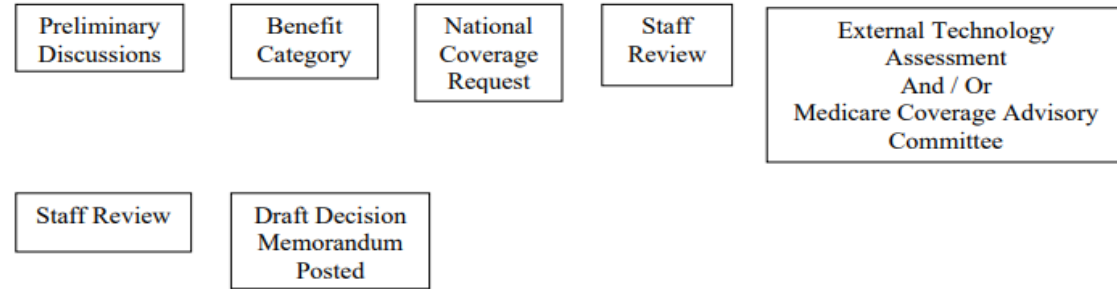
Locating NCDs

- NCDs are assigned a numeric identifier and are published on CMS website
 - NCD alphabetical index and chapter/section index on CMS Medicare Coverage Database
 - CMS IOM Publication 100-03, *National Coverage Determinations Manual*
 - Organized into four “parts” based on NCD numeric identifier
 - New or revised NCDs are “announced” via CRs and instructions are manualized in applicable sections of IOMs

Medicare National Coverage Process

MEDICARE NATIONAL COVERAGE PROCESS

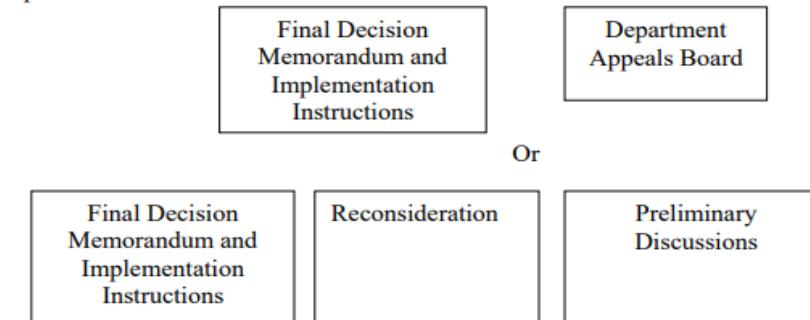
The Medicare National Coverage Process is a nine (9) month process. For the initial six (6) months, the following phases often include the following in the order listed:



The final three (3) months of the Medicare National Coverage Process include a thirty (30) day Public Comments phase, followed by a sixty (60) day requirement to complete the Final Decision Memorandum and Implementation Instructions phase.



Upon completion of the Final Decision Memorandum and Implementation Instructions phase, two (2) further phases are possible: the Final Decision Memorandum and Implementation phase initiates an appeal or the Reconsideration phase will further initiate the Preliminary Discussions phase.



Proposed NCD Decision

- Proposed decision normally issued for public comment within six months of opening NCD review
 - 30 days for public comment
- No later than 60 days following 30-day comment period, final NCD issued

Reconsideration of Existing NCD

- External request
 - Must file complete formal request for reconsideration in writing
- Internally generated request
 - New evidence supporting material change
 - CMS will seek public comments

CMS Website

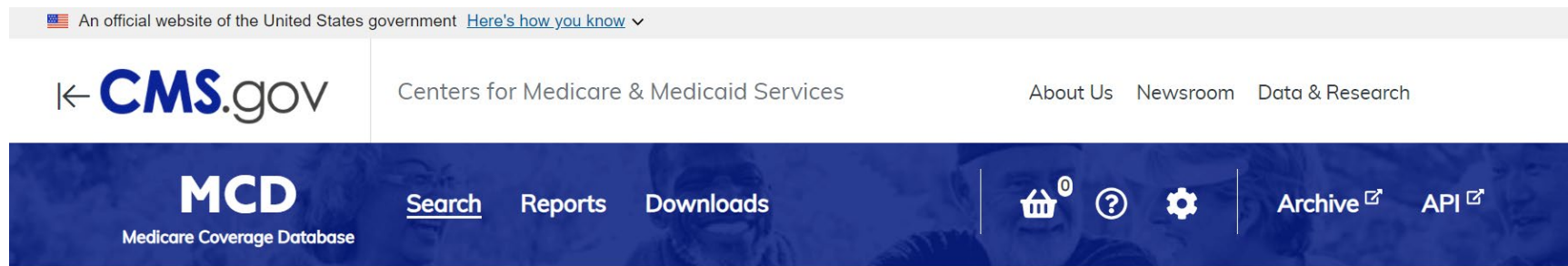
- [Medicare Coverage Determination Process](#)
 - Information on LCDs
 - How to request an NCD
 - Medicare coverage guidance documents
 - Medicare Coverage – General Information
 - ICD-10 link: Transmittal (change request) updates related to NCDs
 - Lab NCDs – ICD-10: Files containing lab NCD coding updates
- [Medicare Coverage Center](#)
 - CMS “home” for coverage information with links to valuable resources

Medicare Coverage Database

- Medicare Coverage Database
 - All NCDs & LCDs; Proposed NCD decisions
 - LCD billing and coding articles; Draft LCDs and articles
 - Coding Analyses for Labs (CALs)
 - Medicare Evidence Development & Coverage Advisory Committee (MEDCAC) proceedings
 - Technical Assessments (TAs)
 - Medicare coverage guidance documents

How to Use the Medicare Coverage Database

- MLN[®] Educational Tool: [How to Use the Medicare Coverage Database](#)



Welcome to the MCD Search

Start your search...

Enter keyword, code, or document ID

All States

Notice Board

Beneficiary?

Public Comments

NCD-Automated Edits

- NCDs enforced by automated claims processing system edits
- MACs receive implementation instructions prior to NCD enforcement and notify provider community
- Claims denied when they do not pass system edits for NCDs
- Examples:
 - 52NCD
 - 53NCD
 - 54NCD

NCD-Related Claim Denials

Reason Code	Description
52NCD	Line level reason code to indicate that the HCPCS code and a diagnosis code on the claim matched an NCD edit table list to deny codes.
53NCD	All the line items on the claim have units of service that are in excess of the medically reasonable daily allowable frequency. The excess charges due to units of service greater than the maximum allowable may not be billed to the beneficiary and this provision can neither be waived nor subject to an ABN.
54NCD	Line level reason code to indicate that none of the diagnosis codes on the claim support the medical necessity of the services. Service denied and the provider is liable.

Avoiding NCD-Related Claim Denials

- Ensure all Medicare coverage and medical necessity requirements met before billing
- If Medicare will not cover the services, consider submitting charges as noncovered
- Visit the [Medicare Coverage Database](#) to review NCDs and LCDs to determine covered diagnosis for services provided
- Review [Appeals](#) information on our website related to submitting an adjustment to correct claims partially denied by automated LCD/NCD denials.

LCD Overview

What Is an LCD?

- Determination by a MAC concerning whether a particular item or service should be covered on a contractor-wide basis
- Identification
 - LCD number: “L” followed by five digits
 - Billing and Coding Article: “A” followed by five digits

Benefits of LCDs

- Administrative and educational tools to assist providers to submit correct claims for payment
- Help define Medicare coverage limitations for certain services
- Help reviewers to make consistent, accurate coverage decisions

NCDs supersede LCDs; however, an LCD may expand/clarify coverage and coding for an NCD

How Are LCDs Developed?

- MACs develop LCDs on as-needed basis when they:
 - Determine that item or service should not be covered under certain circumstances
 - Discover problem that demonstrates significant risk to Medicare trust fund
 - Detect overutilization or misuse of items or services
 - Receive a request from external parties (beneficiaries, providers, or manufacturers)

MAC Role in LCD Development

- MAC must ensure all LCDs are
 - Consistent with existing statutes, rulings, regulations, national coverage, payment and coding policies
 - Can supplement existing NCD but cannot supersede
 - Created and approved within established protocols
 - Allows for notification, review and comment by interested parties within specific timeframes
 - Three stages: Comment Period, Notice Period, Active Period

LCD Components

- Consistent format includes the following sections:
 - Contractor information
 - CMS National Coverage Policy
 - CMS Publications
 - Coverage guidance
 - Summary of Evidence and Analysis of Evidence
 - General information
 - Revision history
 - Associated documents

Billing and Coding Articles

- Include important coding guidelines and billing instructions not related to medical necessity
 - Each LCD has at least one related article
 - Links are found in Associated Documents section at bottom of an LCD
 - A link to related LCD is also found at end of each article
 - Links are only “live” in active LCDs and articles

Draft LCDs

- Comment Period or “Draft” - minimum of 45 days
 - MAC seeks scientific evidence and other scientific-based information related to the proposed LCDs
 - Begins when policy distributed to medical providers and organizations
 - Anyone can comment on LCD
 - May be presented to Contractor Advisory Committee

Draft LCDs and Open Meetings

- Current draft/proposed LCDs found on CMS MCD
 - [MCD Reports](#)
 - Narrow search to “NGS” and “Proposed Policies”
 - Identify draft LCDs by ID beginning with DL followed by five digits
 - Draft identifies whether open or closed for comments
- Providers can participate in evaluation of draft/proposed LCDs in their contract type/region

NGS email updates contain information with “Open Meeting Announcement” and link to draft LCDs

LCD Notice Period

- Notice Period - 45 days
 - LCD finalized after review of documentation and comments
 - Not yet effective but posted to MCD so providers can prepare systems to implement
- Active Period – Begins at end of “Notice Period”
 - Effective date noted in body of LCD

System edits activated for services indicated within LCD on/after effective period date

LCD Automated Edits

- LCDs supported and enforced by automated system edits
 - 55A00, 55A01 – This claim was denied by an automated system for not having a covered diagnosis in accordance with an LCD
- Provider may correct diagnosis by submitting a written request or submit an adjustment according to instructions in [Submit an Adjustment to Correct Claims Partially Denied by Automated LCD-NCD Denials](#)
 - NGS only accepts such claim adjustments for line-item denial reason codes: 55A00, 55A01, 52NCD, 53NCD, 54NCD and 59XXX series

Retired LCDs

- Retired LCD
 - Not replaced by another local policy
 - Policy and any related editing no longer applies after retirement date
- Coverage guidelines
 - Based on national guidelines that exist for coverage and medical necessity determinations

LCD Reconsideration Process

- Mechanism by which interested parties can request revision to LCD
- Guidelines for LCD reconsideration requests
 - Medical Policy Article A52842: [Local Coverage Determination \(LCD\) Reconsideration Process](#)
- Questions about ongoing LCD reconsiderations can be sent to
 - NGS.LCD.reconsideration@elevancehealth.com

Accessing Medical Policies/LCDs

- [NGS website](#)

The screenshot displays the National Government Services website interface. At the top, there is a dark blue header with the logo on the left and navigation links: 'Contact Us', 'NGSConnex', 'Subscribe for Email Updates', and 'Part A Provider in Connecticut (JK)'. Below this is a secondary blue navigation bar with 'HOME' (underlined), 'EDUCATION', 'RESOURCES', 'EVENTS', 'ENROLLMENT', and 'APPS', along with a search icon. The main content area features six white cards with icons and text. The first card, 'Medical Policies/LCDs', is highlighted with a red border and a red arrow pointing to it from the left. A vertical orange 'FEEDBACK' button is positioned to the left of the cards. The other cards are 'Enrollment', 'Fee Schedules & Pricers', 'Claims and Appeals', 'Overpayments', and 'Medicare Compliance'.

Section	Description
Medical Policies/LCDs	Find LCDs and related billing and coding articles
Enrollment	Getting started, after you enroll, and revalidating your enrollment
Fee Schedules & Pricers	Code pricing search, payment systems, limits, and fee schedule lookup
Claims and Appeals	Learn about claims, top errors, fees, MBI and appeals
Overpayments	Repayment schedules, and post-pay adjustment
Medicare Compliance	Medical Review, Prior Authorization, Fraud & Abuse, CERT, and more

NGS Medical Policy

- LCDs
- Billing and coding articles
- Medical policy articles



Searching LCDs on NGS Website

MEDICAL POLICIES/LCDS

National Government Services Local Coverage Determinations

Welcome to Medical Policies. Below you will find the LCDs, related billing & coding articles and additional medical policy topics. When entering criteria into the search box, the search results will be conducted within the LCDs and the Medical Policy Articles shown below.

Please note: There are many procedures for which NGS does not have an LCD/Billing and Coding Article. If your search does not return any coverage documents, then NGS does not have a local coverage statement for that procedure.

For additional Medical Policy Topics, refer to the bottom of the page.

[\[View Draft Policies\]](#) | [\[View Future Effective LCDs\]](#) | [\[View Future Effective Billing & Coding Articles\]](#) | [\[National Coverage Determinations\]](#)



Search by LCD name, related items, LCD #, CPT/HCPCS Codes, and more

[Local Coverage Determinations](#) | [Medical Policy Articles](#)

Local Coverage Determinations

LCD	LCD #	Billing and Coding #	Response to Comments	Related CPT/HCPCS Codes
Allogeneic Hematopoietic Cell Transplantation for Primary Refractory or Relapsed Hodgkin and Non-Hodgkin Lymphoma with B-cell or T-cell Origin <i>Related terms:</i>	L39513	A59311	A59451	38240

Viewing LCDs on the MCD

← CMS.gov Centers for Medicare & Medicaid Services About Us Newsroom Data & Research

MCD Medicare Coverage Database Search Reports Downloads Archive API




← Back to Local Coverage Final LCDs by Contractor Report Results

Contents

- Contractor Information
- LCD Information
- Document Information
 - LCD ID
 - LCD Title
 - Proposed LCD in Comment Period
 - Source Proposed LCD
 - Original Effective Date
 - Revision Effective Date
 - Revision Ending Date
 - Retirement Date
 - Notice Period Start Date
 - Notice Period End Date
- Issue
 - Issue Description
- CMS National Coverage Policy
- Coverage Guidance
 - Coverage Indications, Limitations, and/or Medical Necessity
 - Summary of Evidence
 - Analysis of Evidence
- General Information
 - Associated Information
 - Sources of Information

Local Coverage Determination (LCD)

Allogeneic Hematopoietic Cell Transplantation for Primary Refractory or Relapsed Hodgkin and Non-Hodgkin Lymphoma with B-cell or T-cell Origin

L39513 [Expand All](#) | [Collapse All](#)   

Contractor Information


LCD Information

Document Information

LCD ID
L39513

LCD Title
Allogeneic Hematopoietic Cell Transplantation for Primary Refractory or Relapsed Hodgkin and Non-Hodgkin Lymphoma with B-cell or T-cell Origin

Proposed LCD in Comment Period
N/A

Source Proposed LCD
DL39513 

Original Effective Date

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Avoiding Administrative Burden

YouTube Video: [2021 Holistic Approach to Reducing Inquiries](#)

- Seven steps to take before submitting your claim or inquiry



Resources and References

CMS Resources

- MLN Matters® MM10901: [Local Coverage Determinations \(LCDs\)](#)
- Federal Register / Vol. 78, No. 152 / Wednesday, August 7, 2013 / Notices
 - [Medicare Program; Revised Process for Making National Coverage Determinations](#)
- MLN® Educational Tool: [How to Use the Medicare Coverage Database](#)
- [Medicare Coverage Determination Process](#)
- [Medicare Coverage Document Type Descriptions](#)
- [Medicare Coverage Database](#)

CMS IOM Resources

- CMS IOM Publications
 - [100-02, Medicare Benefit Policy Manual](#)
 - [100-03, Medicare National Coverage Determinations \(NCD\) Manual](#)
 - [100-04, Medicare Claims Processing Manual](#)
 - [100-08, Medicare Program Integrity Manual, Chapter 13 - Local Coverage Determinations](#)

Medical Policy Resources

- [Medical Policies/LCDs](#)
- [Contractor Advisory Committee \(CAC\)](#)
- [Investigational Device Exemption Requests](#)
- [LCD Open Meetings](#)
- [Medical Policy Contact Information](#)
- A56198: [*New Local Coverage Determination \(LCD\) Request Process*](#)
- Medical Policy Article A52842: [*Local Coverage Determination \(LCD\) Reconsideration Process*](#)

NGS Resources

- [Submit an Adjustment to Correct Claims Partially Denied by Automated LCD-NCD Denials](#)
- [About Appeals](#)
- [Top Claim Errors](#)
- [Acronym Search](#)

Listen to Our Part A Podcast



Navigating Medicare: Part A Insights for Providers

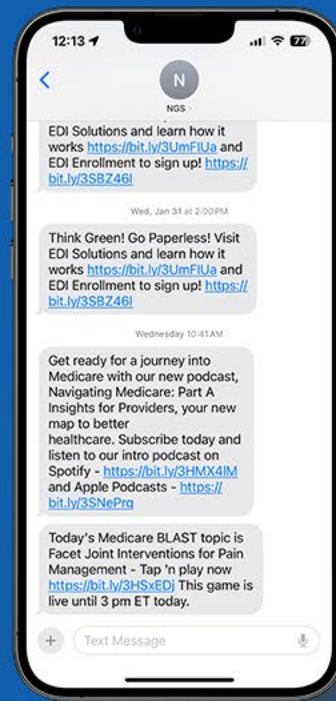
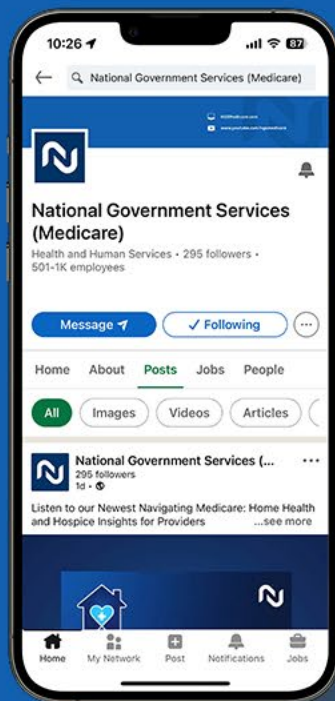
Listen to our podcast on Spotify and Apple Podcasts! We will have a new episode on the 1st and 3rd Wednesday of each month.

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Educational Videos



www.MedicareUniversity.com
Self-paced online learning

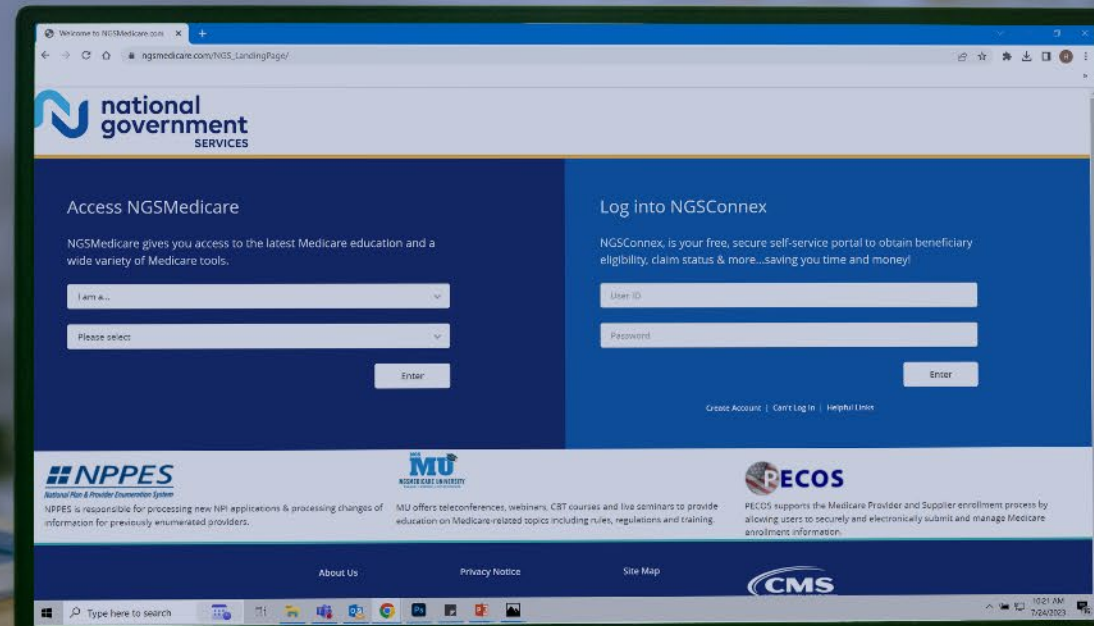
medicare **mobile**

Text NEWS to 37702; Text GAMES to 37702



[LinkedIn](#)
Educational Content

Find us online



www.NGS Medicare.com

Online resources, event calendar, LCD/NCD, and tools



IVR System

The interactive voice response system (IVR) is available 24-hours a day, seven days a week to answer general inquiries



[NGSConnex](#)

Web portal for claim information



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Questions?

Thank you!