

MEDICARE PART A BULLETIN

February 25, 1997

General Medicare Bulletin G-272

TO: All Medicare Providers

FROM: Andy DePirro, Director, Program Relations

SUBJECT: **LOCAL MEDICAL REVIEW POLICIES: A82270, A83540, A84153, A85651, A86316, A93798, AND A99183**

ATTENTION MEDICARE BUSINESS OFFICE: Please distribute to all appropriate health care facility personnel.

The Health Care Financing Administration (HCFA) instructions regarding development of Local Medical Review Policy (LMRP) are addressed in the Medicare Intermediary Manual (HCFA Publication 13-3, Section 3911), and indicates: "Medical review policy is a composite of statutory provisions, regulations, nationally published Medicare coverage policies, and local medical review policies (LMRPs). In the absence of statute, regulations, or national coverage policy, Medicare contractors (intermediaries and carriers) are instructed to develop LMRP to describe when and under what circumstances an item or service(s) will be covered. LMRPs are also developed to clarify or to provide specific detail on national coverage guidelines. Medical policy is the basis for medical review decisions made by the Medicare contractor's medical review staff.

Medical review initiatives are designed to ensure the appropriateness of medical care and to ensure that medical policies and review guidelines developed are consistent with the accepted standards of medical practice. The development of these medical policies involve several key factors:

- Initially, extensive literature research is undertaken to identify how and when the subject matter is utilized by the medical community. Medicare regulations are reviewed to determine areas of limitation and/or noncoverage. The findings are reviewed with the Medicare Contractor's Medical Director.
- The second key factor in developing medical policies is the introduction of the draft policies to the provider community. In 1994, the Blue Cross and Blue Shield of Florida Medicare Carrier instituted quarterly Carrier Advisory Committee (CAC) meetings. The members of the committee include representation from physician and other health care professional specialty societies (e.g., nurses, therapists, and medical associations), the beneficiary community, the Florida Hospital Association (FHA), national practicing Physician Advisory Council, Peer Review Organization, and the Medicare contractor (carrier and intermediary). All draft policies are introduced to the representatives for review and discussion at quarterly meetings. Subsequently, a 45-day notice and comment period is established to allow the advisory group members time to disseminate relevant draft policies among their peers and to formulate and feedback constructive comments.

- The final key factor in developing draft policies is finalizing the draft versions into medical policies. All comments received during the 45-day comment period are reviewed and considered. The final version is published to the provider community generally with a minimum 30-day advance notice period prior to implementation of the new medical policy, via either:

- Medicare Bulletin to the Medicare Part A provider community; or
- The Update publication to the Medicare Part B provider community.

General Medicare Bulletin G-261, dated January 20, 1997, published the original 13 Medical Policy Procedures for Medicare Part A. The purpose of this bulletin is to formally publish an additional series of Medicare Part A policies, which have all undergone the approval process described above. In accordance with the minimum 30-day advance notice requirement, Medicare Part A policy numbers A83540, A85651 and A84153* will become effective approximately 30 calendar days from the date of this publication (i.e., effective for claims received by the fiscal intermediary on and after March 26, 1997).

Policy numbers A82270, A86316, A93798 and A99183, are currently reviewed under existing policies via the Artificial Intelligence (AI) applications. Since these existing AI applications do not represent new Medical Policy Procedures, the 30-day advance notice requirement is not applicable. These policies have been committed to the Medical Policy Procedures format and provide detailed policy information. As we continue to document existing policies, and as additional new Medicare Part A Medical Policy Procedures are approved, policies will be published for inclusion in your reference manual.

**This Medical Policy Procedure is reviewed via a current AI application, however, due to a change in the diagnosis code list, the 30-day advance notice requirement is applicable.*

MEDICARE PART A MEDICAL POLICY PROCEDURES

Medical Policy may be applied to Medicare claims on either a pre-payment or post-payment basis. Medicare participating providers are accountable for compliance with published policy application. This includes Medicare coverage/policy information published via national HCFA Manual Transmittals, or fiscal intermediary publication of Local Medical Review Policy (LMRP).

PROVIDERS SHOULD MAINTAIN LMR POLICIES FOR REFERENCE

Providers are encouraged to maintain all published Medical Policy Procedures on file (i.e., the attached policies); perhaps placing them in a manual/binder where they may be accessed/referenced by facility staff. Ultimately, all Medicare Part A Medical Policy Procedures will be available to provider customers via our bulletin board system (BBS-BLine), to view or download. Providers will be notified (via bulletin) once this capability becomes available.

ABOUT THE MEDICAL POLICY NUMBERING STRUCTURE AND FORMAT

An individual policy number is assigned to each published Medicare Part A Medical Policy. The policy number, located in the upper right-hand corner of the policy documentation, consists of a

maximum of eight alpha-numeric characters. Each Medicare Part A policy number begins with the letter “A,” denoting Part A policy.

- If the policy has a direct correlation to a specific HCPCS/CPT code (e.g., CPT code 77300) the policy number will be the HCPCS code preceded by the alpha-character “A,” denoting Part A policy, such as:

Policy No: A77300 Basic Radiation Dosimetry Calculation

- Some policy numbers relate to the subject/title of a specific service/item/procedure and consist of all alpha characters, such as:

Policy No: ADYSPHT Dysphagia/Swallowing Diagnosis and Therapy

Effective dates are detailed on the last page of each policy, including the:

- “Start Date of Notification,” which represents the commencement of the minimum 30-day notification period);
- “Original Effective Date,” which represents the actual effective date of the policy for medical review application (pre-payment or post-payment) by the fiscal intermediary; and
- “Revised Effective Date,” indicates the implementation date of a policy modification (i.e., diagnosis code additions/deletions; scope of coverage, etc.). The “Revision History” provides details regarding the policy revision.

MEDICAL POLICY PROCEDURE INDEXES

Since the policy numbering structure is not arrayed in an ascending or descending alpha or numeric order, because policy numbers may be either alpha-numeric or all alpha characters, two Medical Policy Procedure indexes are provided. When additional policies are published to Medicare Part A provider customers, via the bulletin mechanism, the indexes will be updated and published at the same time. The indexes, which include a HCPCS/CPT code reference when applicable, should enhance the ability of your facility staff to access and utilize these medical policy publications. The following indexes provide for reference by either the subject/title or the policy number:

- Medicare Part A Medical Policy Procedures Index by Subject/Title; and
- Medicare Part A Medical Policy Procedures Index by Policy Number.

The attached Medicare Part A Medical Policy Procedures are effective for claims received by the fiscal intermediary on and after March 26, 1997.

Refer to Medicare Part A Local Medical Review Policy (LMRP) area for DRAFT (if within comment period) and FINAL policies.