

MEDICARE PART A BULLETIN

January 23, 1998

General Medicare Bulletin G-317

TO: All Medicare Providers

FROM: Medical Policy Development

SUBJECT: **FINAL LOCAL MEDICAL REVIEW POLICIES (LMRPs): A51784, A76092, A82728, A86430, A95857 & A95860; and REVISED FINAL LMRPS: A76090, A77280, A80091, A80162, A82746, A85651, & AJ1561**

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

The purpose of this bulletin is to publish final Local Medical Review Policies (LMRPs) A51784, A76092, A82728, A86430, A95857 & A95860; and Revised Final LMRPs A76090, A77280, A80091, A80162, A82746, A85651 & AJ1561. The Final LMRPs were previously published to the provider community for "notice and comment." Subsequently, comments received during the 45-day notice and comment period were reviewed and considered for incorporation into the final policies. In accordance with the Health Care Financing Administration's (HCFA) guidelines, a minimum 30-day advance notice is required when initially implementing all final Medicare Part A LMRPs. Based on the publication of this final notice, these LMRPs will be effective approximately 30-days from the date of this bulletin.

However, the Revised Final LMRPs (policy numbers A76090, A77280, A80091, A80162, A82746, A85651, & AJ1561) have only had minor revisions, such as expanded diagnosis code lists to allow more covered diagnoses. Since these policies do not represent new or significant changes in the established 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 to the provider community.

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.

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 for 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 are provided 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.

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