

Medicare A Bulletin

A Newsletter for Florida Medicare Part A Providers



In This Special Issue..

New and Revised Local Coverage Determinations

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ATTENTION MEDICARE BUSINESS OFFICE

This special issue of the *Medicare A Bulletin* provides you with notifications of new and additions/revision to existing local coverage determinations (LCDs) that will be effective for services provided **on or after August 7, 2006.**

The full text for these LCDs may be viewed through the provider education website <http://www.floridamedicare.com> on or after this effective date.

Steps to Access Final Local Coverage Determinations

To view these final local coverage determinations:

- Access the Medicare provider education website at <http://www.floridamedicare.com>.
- Select the “Part A” section on the top navigational menu in the Welcome – Home Page.
- Single click at “Final” under the Medical Coverage section on the left hand navigational menu to access the Final Local Coverage Determinations (LCDs) page.
- Select your preference view option under the “Final LCD” section. ❖

Sign up to our eNews electronic mailing list

Join our *eNews* mailing list and receive urgent and other critical information issued by First Coast Service Options, Inc. (FCSO), your Florida Medicare intermediary. By signing up, you will receive automatic email notification when new or updated information is posted to the provider education website <http://www.floridamedicare.com>. It's very easy to do. Simply go to the website, click on the “*eNews*” link on the navigational menu and follow the prompts.

The *Medicare A Bulletin* should be shared with all health care practitioners and managerial members of the provider/supplier staff.

Publications issued after **October 1, 1997**, are available at no cost from our provider education website at www.floridamedicare.com.

Routing Suggestions:

- Medicare Manager
- Reimbursement Director
- Chief Financial Officer
- Compliance Officer
- DRG Coordinator
- _____
- _____
- _____



LOCAL COVERAGE DETERMINATIONS

In accordance with publications specified by LCMS, Medicare contractors no longer distribute full-text local coverage determinations (LCDs) to providers in hardcopy format. Providers may obtain full-text LCDs from the provider education website www.floridamedicare.com. Final LCDs, draft LCDs available for comment, LCD statuses, and LCD comment/response summaries may be printed from the Part A section under the Part A Medical Coverage section.

This section of the *Medicare A Bulletin* features summaries of new and revised LCDs developed as a result of either local medical review or comprehensive data analysis initiatives. These initiatives are designed to ensure the appropriateness of medical care and to make sure that the fiscal intermediary’s medical policies and review guidelines are consistent with accepted standards of medical practice.

Effective and Notice Dates

Effective dates are provided in each policy, and are based on the date services are furnished unless otherwise noted in the policy. Medicare contractors are required to offer a 45-day notice period for LCDs; the date the LCD is posted to the provider education website is considered the notice date.

Electronic Notification

To receive quick, automatic notification when new and revised LCDs are posted to the Web site, subscribe to the FCSO *eNews* mailing list. It is very easy to do; simply sign on to the provider education website, <http://www.floridamedicare.com>; click on the *eNews* link on the navigational menu and follow the prompts.

More Information

For more information, or to obtain a hardcopy of a specific LCD if you do not have Internet access, contact the Medical Policy department at:

Medical Policy – 19T
First Coast Service Options, Inc.
P.O. Box 2078
Jacksonville, FL 32231-0048
or call 1-904-791-8465

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This Bulletin Should Be Shared with All Health Care Practitioners and Managerial Members of the Provider Staff. Bulletins Are Available at no Cost from Our Provider Education Website at <http://www.floridamedicare.com>.

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NEW LCD IMPLEMENTATION

AJ0850: Cytomegalovirus Immune Globulin (Human), Intravenous (CMV-IGIV)—New LCD

Cytomegalovirus immune globulin (CMV-IGIV) is an intravenous immunoglobulin (Ig) that provides passive immunity by supplying a relatively high concentration of Ig-G antibodies against CMV.

CMV infection continues to be the most important disease encountered in organ transplantation. Patients who are at the greatest risk for morbidity are those who experience primary disease, (i.e., those individuals who have never been exposed to the virus [CMV seronegative] and receive an organ transplant from a CMV seropositive donor).

A local medical review policy (LMRP) was originally developed in 1999. The policy was retired based on data, which identified that although Florida exhibited higher than the nation for billing HCPCS code J0850, the majority of the diagnoses billed were appropriate. However, recent data suggests that a local coverage determination (LCD) needs to be re-instituted. A LCD has been developed to identify indications and limitations for the coverage of CMV-IGIV by Medicare.

Effective Date

This new LCD is effective for services provided **on or after August 7, 2006**.

The full text for this LCD may be viewed through the provider education website <http://www.floridamedicare.com> on or after this effective date. ❖

ADDITIONS/REVISIONS TO LCDs

A83970: Parathormone (Parathyroid Hormone)—Revision to the LCD

The local coverage determination (LCD) for parathormone (parathyroid hormone) was last revised October 1, 2005. Parathyroid hormone (PTH), a polypeptide hormone produced in the parathyroid gland, along with vitamin D, are principal regulators of calcium and phosphorus homeostasis.

Abnormally elevated PTH values may indicate primary, secondary, or tertiary hyperparathyroidism. Abnormally low PTH levels may result from hypoparathyroidism. PTH is also used in assessing vitamin D therapy in patients with chronic kidney disease.

This LCD is being revised to include Kidney/Dialysis Outcomes Quality Initiative (K/DOQI) clinical practice guidelines regarding utilization of PTH for a given patient.

Effective Date

This revision is effective for services provided **on or after August 7, 2006**.

The full text for this LCD (L1084) may be viewed through the provider education website <http://www.floridamedicare.com> on or after this effective date. ❖

A90847: Family Psychotherapy—Revision to the LCD

Psychotherapy is the treatment of mental illness and behavior disturbances in which the provider establishes a professional contact with the patient and through definitive therapeutic communication, attempts to alleviate the emotional disturbances, reverse or change maladaptive patterns of behavior and encourage personality growth and development or accept losses, especially related to aging and coping with such. Family psychotherapy is a specialized therapeutic technique for treating the identified patient's mental illness by intervening in a family system in such a way as to modify the family structure, dynamics and interactions that exert influence on the patient's emotions and behaviors. Since it involves psychotherapy it must be led by a person, authorized by state statute to perform this service.

This local coverage determination (LCD) was last revised on February 22, 2005. Since that time the LCD has been updated for clarification and revision in the following sections:

- Indications and Limitations of Coverage and/or Medical Necessity
- CPT/HCPCS Codes updated, including removal of CPT code 90849
- ICD-9 Codes that Support Medical Necessity – added ICD-9-CM codes 318.2 and 331.0
- Documentation Requirements
- Utilization Guidelines
- Sources of Information and Basis for Decision

A90847: Family Psychotherapy (continued)

Effective Date

These revisions are effective for services provided **on or after August 7, 2006**.

The full text for this LCD (L1196) may be viewed through the provider education website <http://www.floridamedicare.com> on or after this effective date. ❖

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A93875: Non-invasive Extracranial Arterial Studies—Revision to the LCD

The latest revision for the local coverage determination (LCD) for non-invasive extracranial arterial studies was effective

September 22, 2005. The following sections of this LCD have been updated and revised:

- Indications and Limitations of Coverage and/or Medical Necessity
- ICD-9 Codes that Support Medical Necessity
- Documentation Requirements
- Utilization Guidelines
- Sources of Information and Basis for Decision
- Coding Guidelines

Revisions include the provision of credentialing requirements and utilization parameters and the addition of the following ICD-9-CM codes to the “ICD-9 Codes that Support Medical Necessity” section:

362.30 - 362.37	368.11	368.12	377.41
443.21	443.24	446.5	780.2
784.2	V72.83		

The following **indications** have been added to the “Indications and Limitations of Coverage and/or Medical Necessity” section:

- To evaluate a patient with syncope that is strongly suggestive of vertebrobasilar or bilateral carotid artery disease in etiology, as suggested by medical history.
- To evaluate a patient with suspected dissection.
- To evaluate a patient with vasculitis involving the extracranial carotid arteries.
- To evaluate a patient with carotid bruit(s).
- To evaluate a patient with proven carotid disease on medical management in whom cerebrovascular symptoms become recurrent.
- Preoperative evaluation of patients scheduled for major cardiovascular surgical procedures when there is evidence of systemic atherosclerosis.

The following **limitations** have been added to the “Indications and Limitations of Coverage and/or Medical Necessity” section:

- Dizziness is not a typical indication unless associated with other localizing signs or symptoms. However, episodic dizziness with symptom characteristics typical of transient ischemic attacks may indicate medical necessity, especially when other more common sources (e.g., postural hypotension, arrhythmia or transiently decreased cardiac output as demonstrated by cardiac events monitoring) have been previously excluded.

- When reporting syncope as an indication for this service, it is necessary to document that other, more common causes have been ruled out.
- CPT code 93875 is of limited usefulness and should be reimbursed only when medical necessity is documented. It would be expected that a service billed with CPT code 93880 would be used as the initial non-invasive diagnostic test. In rare instances where the service billed with CPT code 93880 is not available, the CPT code 93875 service may be performed where it is reasonable and necessary. Otherwise, CPT code 93875 should be substituted with CPT code 93880, which has a higher accuracy rate. EXCEPTION is as follows:
 - Ocular pneumoplethysmography (OPG-GEE), CPT code 93875, may be allowed in evaluating a patient with ischemic optic neuropathy.
- It is usually unnecessary to perform more than one type of physiological study on the same anatomic area. When an uninterpretable study results in performing another type of study, only the successful study should be billed.
- Non-invasive studies are reasonable and necessary only if the outcome will potentially impact the clinical course of the patient. For example, the studies are unnecessary when the patient is (or is not) proceeding on to other diagnostic and/or therapeutic procedures regardless of the outcome of the non-invasive studies. If it is obvious from the findings of the history and physical examination that the patient is going to proceed to angiography, then non-invasive vascular studies are not medically necessary.

Methods Not Acceptable for Reimbursement

- Pulse delay oculoplethysmography
- Carotid phonoangiography and other forms of bruit analysis are covered services, but are included in the reimbursement for the office visit
- Periorbital photoplethysmography
- Thermography
- Light reflection rheography
- *Photoelectric plethysmograph*
- *Mechanical oscillometry*
- *Inductance plethysmography*
- *Capitance plethysmography*

A93875: Non-invasive Extracranial Arterial Studies (continued)

The use of a simple hand-held or other Doppler device that does not produce hard copy output, or that produces a record that does not permit analysis of bidirectional vascular flow, is considered part of the physical examination of the vascular system and is not separately reported. The appropriate assignment of a specific ultrasound CPT code is not solely determined by the weight, size, or portability of the equipment, but rather by the extent, quality, and documentation of the procedure. If an examination is performed with hand-carried equipment, the quality of the exam, printout, and report must be in keeping with accepted national standards. Since, the standard for the above indications is a color-duplex scan, portable equipment must be able to produce combined anatomic and spectral flow measurements.

Effective Date

These revisions are effective for services provided **on or after August 7, 2006.**

The full text for this LCD (L942) may be viewed through the provider education website <http://www.floridamedicare.com> on or after this effective date. ❖

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AJ0205: Ceredase/Cerezyme—Revision to the LCD

The local coverage determination (LCD) for ceredase/cerezyme was last revised on November 3, 2005.

Ceredase (J0205) and Cerezyme (J1785) are analogues of the human enzyme B-glucocerebrosidase, produced by recombinant DNA technology. Ceredase and cerezyme each catalyze the hydrolysis of glucocerebrosidase to glucose and ceramide. Both drugs are for use as long-term enzyme replacement therapy for patients with a confirmed diagnosis of Type I Gaucher’s disease.

This LCD is being revised to update the indications and limitations of coverage and/or medical necessity criteria and the documentation requirements for the administration of ceredase/cerezyme.

Effective Date

These revisions are effective for services provided **on or after August 7, 2006.**

The full text for this LCD (L1289) may be viewed through the provider education website <http://www.floridamedicare.com> on or after this effective date. ❖

AJ1950: Luteinizing Hormone-Releasing Hormone (LHRH) Analogs (Formerly Named Leuprolide Acetate)—Revision to the LCD

Luteinizing hormone-releasing hormone (LHRH) analogs (leuprolide acetate, goserelin acetate, triptorelin pamoate and histrelin acetate implant) are synthetic LHRH agonist analogs of the naturally occurring gonadotropin-releasing hormone (GnRH).

- Leuprolide acetate is indicated for the treatment of anemia due to uterine leiomyomas (fibroids), prostate carcinoma, endometriosis and for the off-label indication of breast cancer.
- Goserelin is indicated for the treatment of breast cancer, prostate cancer, endometrial thinning and endometriosis.
- Triptorelin pamoate is indicated for the treatment of prostate cancer.
- The histrelin acetate implant is indicated for the treatment of prostate cancer.

This local coverage determination (LCD) replaces the LCD for leuprolide acetate (AJ1950). Triptorelin pamoate and histrelin acetate implant were added to this LCD.

First Coast Service Options, Inc. (FCSO) implements the least costly alternative (LCA) policy. When two services are clinically comparable, then Medicare does not cover the additional expense of the more costly service, when this additional expense is not attributable to that part of the item or service that is medically reasonable or

necessary. Among the LHRH agonist used to treat prostate cancer and breast cancer, there is no demonstrable difference in clinical efficacy.

For this revised LCD, FCSO will implement two LCA policies. The short acting LHRH agonist (J1950, J9217, J9202 and J3315) will be included in one LCA and the long acting 12-month implants (J9219 and J9225) will be included in a separate LCA. For the approved indications, Medicare will pay for the dosage administered at the allowed amount of the lower-priced medication for each group. Patients that are receiving and responding well to triptorelin pamoate (J3315) before the effective date of this LCD will not be subject to the LCA policy defined in the LCD. A patient that begins treatment with triptorelin pamoate (J3315) on or after the effective date of this LCD will be subject to the LCA policy defined in the LCD.

This LCD was revised based on reconsideration requests and data analysis for HCPCS codes J1950, J9217, J9218, J9219, J9202, J3315 and J9225. In addition to the new procedure codes added and the new LCA policy defined in the LCD, new ICD-9-CM codes were added:

J9217	175.0-175.9	218.0-218.9	233.0
	233.4	280.0	285.1
	617.0-617.9	V10.3	V10.46
J9219	233.4	V10.46	

AJ1950: Luteinizing Hormone-Releasing Hormone (LHRH) Analogs—Formally Named Leuprolide Acetate (continued)

J9202	174.0-174.9 218.0-218.9 280.0 V10.3	175.0-175.9 233.0 285.1 V10.46	185 233.4 617.0-617.9	Indications and limitations, utilization guidelines, documentation requirements and a coding guideline were incorporated into this LCD.
				Effective Date
J3315	185	233.4	V10.46	This new LCD is effective for services provided on or after August 7, 2006.
J9225	185	233.4	V10.46	The full text for this LCD (L1416) may be viewed through the provider education website http://www.floridamedicare.com on or after this effective date. ❖
J9218	This code is self administered and therefore, noncovered. For the indications for this drug, the following ICD-9-CM codes are noncovered: 185, 233.4, V10.46.			

APHPPROG: Psychiatric Partial Hospitalization Program—Revision to the LCD

Partial hospitalization programs (PHP's) are highly structured programs designed to provide intensive psychiatric treatment, similar to a short-term hospital inpatient program, but it is done by intense outpatient day treatment. PHP programs include a multidisciplinary team approach to patient treatment and are under the direction of a physician. Treatment goals are required to be measurable, functional, time-framed, and medically necessary. Goals should be directly related to the reason for admission to the program and there must be a reasonable expectation of improvement in the patient's level of functioning as a result of the active treatment provided by the program. Prior to receiving partial hospitalization services, it would be expected that patients have failed attempts at outpatient psychotherapy.

This local coverage determination (LCD) was last revised on January 1, 2006. Since that time the LCD has been updated for clarification and revised in the following sections:

- Indications and Limitations of Coverage and/or Medical Necessity
- CPT/HCPCS Codes updated, including removal of *CPT* code 90849
- Documentation Requirements
- Utilization Guidelines
- Sources of Information and Basis for Decision

Effective Date

These revisions are effective for services provided **on or after August 7, 2006.**

The full text for this LCD (L1212) may be viewed through the provider education website <http://www.floridamedicare.com> on or after this effective date. ❖

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Addresses**CLAIMS STATUS****Coverage Guidelines****Billing Issues Regarding****Outpatient Services, CORE, ORF, PHP**

Medicare Part A Customer Service
P. O. Box 2711
Jacksonville, FL 32231-0021

PART A REDETERMINATION

Medicare Part A Redetermination and Appeals
P. O. Box 45053
Jacksonville, FL 32232-5053

MEDICARE SECONDARY PAYER (MSP)**Information on Hospital Protocols****Admission Questionnaires****Audits**

Medicare Secondary Payer
Hospital Review
P. O. Box 45267
Jacksonville, FL 32232-5267

General MSP Information**Completion of UB-92 (MSP Related)****Conditional Payment**

Medicare Secondary Payer
P. O. Box 2711
Jacksonville, FL 32231-0021

Automobile Accident Cases**Settlements/Lawsuits****Other Liabilities**

Auto/Liability Department – 17T
P. O. Box 44179
Jacksonville, FL 32231-4179

PROVIDER EDUCATION

Medicare Communication and Education
P. O. Box 45157
Jacksonville, FL 32232-5157

Seminar Registration Hotline

1-904-791-8103

ELECTRONIC CLAIM FILING**“DDE Startup”**

Direct Data Entry (DDE)
P. O. Box 44071
Jacksonville, FL 32231-4071

FRAUD AND ABUSE

Complaint Processing Unit
P. O. Box 45087
Jacksonville, FL 32232-5087

PART A RECONSIDERATION**Claims Denied at the Redetermination Level**

MAXIMUS
QIC Part A East Project
Eastgate Square
50 Square Drive
Victor, NY 14564-1099

OVERPAYMENT COLLECTIONS**Repayment Plans for Part A****Participating Providers****Cost Reports (original and amended)****Receipts and Acceptances****Tentative Settlement Determinations****Provider Statistical and Reimbursement****(PS&R) Reports****Cost Report Settlement (payments due to provider or program)****Interim Rate Determinations****TEFRA Target Limit and Skilled****Nursing Facility Routine Cost Limit****Exceptions****Freedom of Information Act Requests (relative to cost reports and audits)**

Provider Audit and Reimbursement
Department (PARD)
P.O. Box 45268
Jacksonville, FL 32232-5268
1-904-791-8430

MEDICARE REGISTRATION**American Diabetes Association****Certificates**

Medicare Registration – ADA
P. O. Box 2078
Jacksonville, FL 32231-2078

Telephone Numbers**PROVIDERS**

Customer Service Center Toll-Free
1-877-602-8816
Speech and Hearing Impaired
1-877-660-1759

BENEFICIARY

Customer Service Center Toll-Free
1-800-MEDICARE
1-800-633-4227
Speech and Hearing Impaired
1-800-754-7820

ELECTRONIC MEDIA CLAIMS

EMC Start-Up
1-904-791-8767, option 4

Electronic Eligibility
1-904-791-8131

Electronic Remittance Advice
1-904-791-6865

Direct Data Entry (DDE) Support
1-904-791-8131

PC-ACE Support
1-904-355-0313

Testing
1-904-791-6865

Help Desk
(Confirmation/Transmission)
1-904-905-8880

Medicare Websites**PROVIDERS**

Florida Medicare Contractor
www.floridamedicare.com
Centers for Medicare & Medicaid
Services
www.cms.hhs.gov

BENEFICIARIES

Centers for Medicare & Medicaid
Services
www.medicare.gov

Other Important Addresses**REGIONAL HOME HEALTH & HOSPICE INTERMEDIARY****Home Health Agency Claims Hospice Claims**

Palmetto Government Benefit Administrators – Gulf Coast
34650 US Highway 19 North, Suite 202
Palm Harbour, FL 34684-2156

RAILROAD MEDICARE**Railroad Retiree Medical Claims**

Palmetto Government Benefit Administrators
P. O. Box 10066
Augusta, GA 30999-0001

DURABLE MEDICAL EQUIPMENT REGIONAL CARRIER (DMERC)**Durable Medical Equipment Claims Orthotic and Prosthetic Device Claims Take Home Supplies****Oral Anti-Cancer Drugs**

Palmetto Government Benefit Administrators
P. O. Box 100141
Columbia, SC 29202-3141



MEDICARE A BULLETIN

FIRST COAST SERVICE OPTIONS, INC. ❖ P.O. Box 2078 ❖ JACKSONVILLE, FL 32231-0048

*** ATTENTION BILLING MANAGER ***

