

Medicare A Bulletin

A Newsletter for Florida Medicare Part A Providers

DRAFT LOCAL COVERAGE DETERMINATIONS POSTED TO THE PROVIDER WEBSITE

The draft local coverage determinations (LCDs) for Medicare Part A providers are now available for review and comments. Providers are requested to review these policies by accessing the Florida Medicare provider education website at <http://www.floridamedicare.com>.

The draft LCDs posted to Part A provider education website are:

- **ASKINSUB** – Skin Substitutes
- **A0067T** – Computed Tomographic Colonography
- **A0145T** – Computed Tomographic Angiography of the Chest, Heart and Coronary Arteries
- **A36470** – Treatment of varicose veins of the lower extremity
- **A61885** – Vagal Nerve Stimulation (VNS) for Intractable Depression
- **A77520** – Proton Beam Radiotherapy
- **A78459** – Myocardial Imaging, Positron Emission Tomography (PET) Scan
- **A82550** – Creatine Kinase (CK), (CPK)
- **A86803** – Hepatitis C Antibody
- **A91110** – Wireless Capsule Endoscopy
- **AJ0740** – Ganciclovir and Cidofovir
- **AJ1080** – Testosterone Cypionate
- **AJ1566** – Intravenous Immune Globulin
- **AJ2325** – Nesiritide (Natrecor®) Intravenous Infusion Therapy
- **AJ7504** – ATGAM (Lymphocyte Immune Globulin, Antithymocyte Globulin [Equine])
- **AJ9015** – Aldesleukin (Proleukin®, Interleukin-2, Recombinant, and RIL-2)
- **AJ9213** – Interferon, alfa-2a (Roferon®-A)

ATTENTION MEDICARE BUSINESS OFFICE:

A comment period of 45 days on local coverage determination (LCD) drafts starts on the date indicated in the “Start Date of Comment Period” section of each draft policy posted to the provider education website <http://www.floridamedicare.com>.

Providers are encouraged to subscribe to our *eNews* mailing list when visiting the website. It is free and very easy to do; simply go to the Medicare provider education 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
- _____
- _____
- _____

Steps to Access Draft Local Coverage Determinations

To review these draft local coverage determinations:

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

Draft LCDs are posted under the “Available for Comment” section. ❖

Draft Local Coverage Determination Review/Comment Guidelines

The Centers for Medicare & Medicaid Services (CMS) instructions regarding development of local coverage determinations (LCDs) are addressed in the Medicare Program Integrity Manual, CMS Publication 100-08, Chapter 13. They state that a LCD is a composite of statutory provisions, regulations, nationally published Medicare coverage policies, and local coverage determinations. In the absence of statute, regulations, or national coverage policy, Medicare contractors (intermediaries and carriers) are instructed to develop LCDs to describe when and how items or services will be covered. LCDs are also developed to clarify or provide specific detail on national coverage guidelines. A local coverage determination is the basis for medical review decisions made by a Medicare contractor’s medical review staff.

Medical review initiatives ensure the appropriateness of medical care; they also ensure that new medical policies and review guidelines are consistent with accepted standards of medical practice. Several issues are important when developing medical policies:

- First, 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.
- Second, draft policies are introduced to the provider community. Local coverage determinations are reviewed by the Contractor’s Advisory Committee (CAC), which includes representatives from physician and other health care professional specialty societies (e.g., nurses, therapists, medical associations), the Florida Hospital Association (FHA), the Physician Advisory Council, the Peer Review Organization, the beneficiary community, and the Medicare contractor. Also, providers serviced by the fiscal intermediary receive all new and/or revised LCDs for review and comment. This process provides a 45-day comment period to allow:
 - ♦ Dissemination of draft policies among appropriate health care facility personnel; and
 - ♦ An opportunity to formulate and share constructive comments and feedback with the Medicare Medical Policy department.

- Third, after comments received during the 45-day comment period are reviewed and considered, the final policy is published to the provider community, usually with 45 days advance notice prior to implementation, through:
 - ♦ The *Medicare Part A Bulletin* (to the Medicare Part A provider community), or
 - ♦ The *Medicare Part B Update!* (to the Medicare Part B provider community), and
 - ♦ FCSO’s Medicare provider education website <http://www.floridamedicare.com>.

Drafts for new LCDs have been posted to the Medicare provider education website <http://www.floridamedicare.com> for your review and comments. The comment **period of 45 days** begins on the date indicated in the “Start Date of Comment Period” section of each draft policy. Written comments pertaining to these LCDs must be received **no later than 45 days** from this date. No changes will be instituted until comments received during this period have been considered and the policy finalized.

Please direct all written comments, with documentation to support your view to:

Medical Policy and Procedures Department – 19T
P.O. Box 2078
Jacksonville, FL 32231-0048

or

E-mail to: **Medical.Policy@FCSO.com**

The Medical Policy and Procedures department appreciates your constructive comments and medical input. In the absence of significant written comments, the policy will be finalized and notified via the *Medicare A Bulletin*, with an effective date of 45 days after publication.

For questions regarding Part A LCDs, please call:

Medicare Customer Service Center at 1-877-602-8816.

Note, however, that all comments on LCDs must be submitted to the Medical Policy and Procedures department in writing, at the above indicated address. ❖