

## DRAFT LOCAL COVERAGE DETERMINATIONS AVAILABLE FOR COMMENTS

The draft local coverage determinations (LCDs) for Medicare Part A providers are now available for review and comments.

Providers are requested to review these LCDs and provide comments to First Coast Service Options, Inc. (FCSO), your Florida Medicare intermediary.

The draft LCDs posted through the Medicare Part A provider education Web site are:

- **A51784** Anorectal Manometry and EMG of the Urinary and Anal Sphincters (New)
- **A87181** Susceptibility Studies (New)
- **ANCSVCS** The List of Medicare Noncovered Services (Revision)

The comment period for these LCDs is from January 24, 2008, through March 16, 2008.

### Steps to Access Draft Local Coverage Determinations

To access and review these draft local coverage determinations:

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

Draft LCDs are posted under the following link:

[Florida Medicare Part A Draft LCD List on CMS.HHS.gov](#) ❖

### 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 LCD available through the provider education Web site <http://www.floridamedicare.com>.

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 e-mail notification when new or updated information is posted to the provider education Web site. It’s very easy to do. Simply go to our Web site <http://www.fcso.com>, select Medicare Providers Florida Part A or B, click on the “*eNews*” link located on the upper-right-hand corner of the page 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 Web site at [www.fcso.com](http://www.fcso.com).

### Routing Suggestions:

- Medicare Manager
- Reimbursement Director
- Chief Financial Officer
- Compliance Officer
- DRG Coordinator
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## 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 an LCD is a composite of statutory provisions, regulations, nationally published Medicare coverage determinations, 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. An LCD 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 LCDs and review guidelines are consistent with accepted standards of medical practice. Several issues are important when developing LCDs:

- **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 LCDs 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 LCDs 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 LCD 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 Web site <http://www.floridamedicare.com>.

Drafts for new LCDs have been posted for your review and comments to the Medicare provider education Web site <http://www.floridamedicare.com>.

The comment **period of 45 days** begins on the date indicated in the "Start Date of Comment Period" section of each draft LCD. 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 LCD 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 1-888-664-4112.

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

### Sign up to our eNews electronic mailing list

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