national government SERVICES

NGS PROVIDER EXPERIENCE
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Using the Medicare Coverage Database: How to Find Important Medicare Coverage Information

1/22/2025

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CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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Objective

Learn how to access important Medicare coverage information using our website and CMS Medicare Coverage Database.

Today's Presenters

- Provider Outreach and Education Consultants
  - Jeanine Gombos, LPN
  - Andrea Freibauer

Agenda

- Understanding Medicare Coverage
- National Coverage Determinations
- Local Coverage Determinations
- Accessing Coverage Information
- Resources & References
- Questions

Understanding Medicare Coverage

"As a health care provider, you should understand Medicare coverage before providing services or items to Medicare patients."

MLN® Educational Tool: *How to Use the Medicare Coverage Database*

Determining Covered Services

- CMS IOM Publications
  - 100-02, *Medicare Benefit Policy Manual*
    - Contains details on scope of covered Part A and Part B services
  - 100-03, *Medicare National Coverage Determination (NCD) Manual*
    - Sets policy for determining medical necessity for specific services
- Medicare Coverage Database
  - NCDs
  - LCDs

National Coverage Determinations

NCD

- CMS national decision concerning specific service(s) that Medicare will or will not cover
  - Implemented nationally
  - Doesn’t vary by location
  - Applies to all Medicare providers and contractors

Locating NCDs

- NCDs published on CMS website under assigned numeric identifier
  - CMS Medicare Coverage Database
    - NCD alphabetical index and chapter/section index
  - CMS IOM Publication 100-03, *National Coverage Determinations Manual*
    - Organized into four "parts" based on NCD numeric identifier
  - New or revised NCDs "announced" via CRs and instructions manualized in applicable sections of IOMs

NCD-Automated Edits

- NCDs enforced by *automated* claims processing system edits
- MACs receive implementation instructions prior to NCD enforcement and notify provider community
- Claims denied when they do not pass system edits for NCDs

NCD-Related Claim Denials

Reason Code	Description
52NCD	Line level reason code to indicate that the HCPCS code and a diagnosis code on the claim matched an NCD edit table list to deny codes.
53NCD	All the line items on the claim have units of service that are in excess of the medically reasonable daily allowable frequency. The excess charges due to units of service greater than the maximum allowable may not be billed to the beneficiary and this provision can neither be waived nor subject to an ABN.
54NCD	Line level reason code to indicate that none of the diagnosis codes on the claim support the medical necessity of the services. Service denied and the provider is liable.

Avoiding NCD-Related Claim Denials

- Ensure all Medicare coverage and medical necessity requirements met before billing
- If Medicare will not cover services, consider submitting charges as noncovered
- Visit Medicare Coverage Database to review NCDs and LCDs to determine covered diagnosis for services provided
- Review Submit an Adjustment to Correct Claims Partially Denied by Automated LCD-NCD Denials

Local Coverage Determinations

LCD

- Policy decision made by MAC concerning whether to allow coverage of particular item/service
  - Only applies to services within that MAC's jurisdiction
  - Varies in language or implementation

Benefits of LCDs

- Assist providers to submit correct claims for payment
  - Administrative and educational tools
- Help define Medicare coverage limitations for certain services
- Help reviewers to make consistent, accurate coverage decisions

NCDs always supersede LCDs;

LCD may expand/clarify coverage and coding for NCD

How Are LCDs Developed?

- MACs develop LCDs on as-needed basis when they:
  - Determine that item or service should not be covered under certain circumstances
  - Discover problem that demonstrates significant risk to Medicare trust fund
  - Detect overutilization or misuse of items or services
  - Receive request from external parties (beneficiaries, providers, or manufacturers)

LCD Components

- Consistent format includes the following sections:
  - Contractor information
  - CMS National Coverage Policy
  - CMS Publications
  - Coverage guidance
  - Summary of Evidence and Analysis of Evidence
  - General information
  - Revision history
  - Associated documents

Billing & Coding Articles

- Include important coding guidelines and billing instructions not related to medical necessity
- Each LCD has at least one related article
- Article link(s) found in Associated Documents section at bottom of LCD
  - Links only “live” in active LCDs and articles
  - Link to related LCD found at end of each article

LCD Automated Edits

- LCDs supported and enforced by automated system edits
  - 55A00, 55A01 – “This claim was denied by an automated system for not having a covered diagnosis in accordance with an LCD”
- Provider may correct diagnosis by submitting
  - Written request
  - Adjustment according to instructions in Submit an Adjustment to Correct Claims Partially Denied by Automated LCD-NCD Denials
    - Only for line-item denial reason codes 55A00, 55A01, 52NCD, 53NCD, 54NCD and 59XXX series

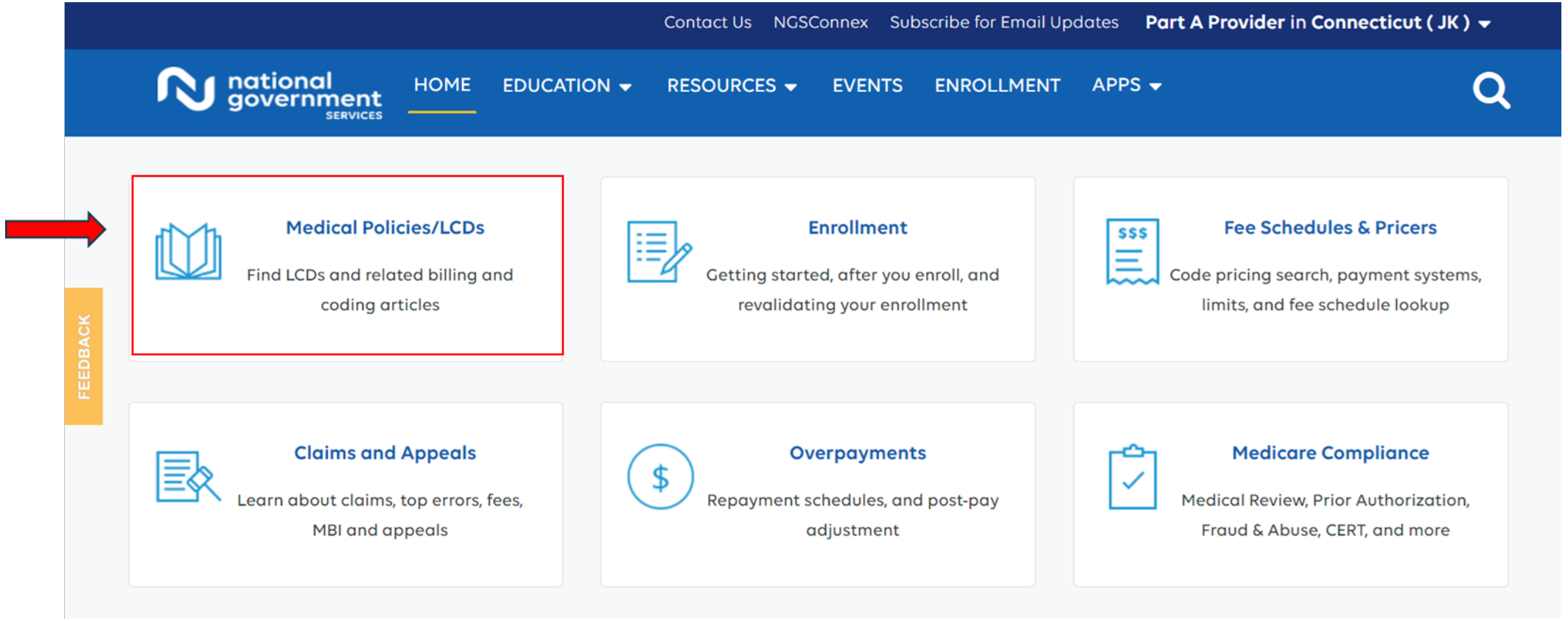
What if There Is No NCD or LCD?

- Check for coverage guidelines in CMS IOMs, CRs, and MLN Matters articles
- Check NGS website
- Check for related medical policy article
- Make sure service not statutorily or administratively excluded
  - CMS IOM Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 16, General Exclusions From Coverage
- If no written guidelines on coverage exist, you can request creation of new LCD
  - A56198: *New Local Coverage Determination (LCD) Request Process*

Accessing Coverage Information

Accessing Medical Policies/LCDs

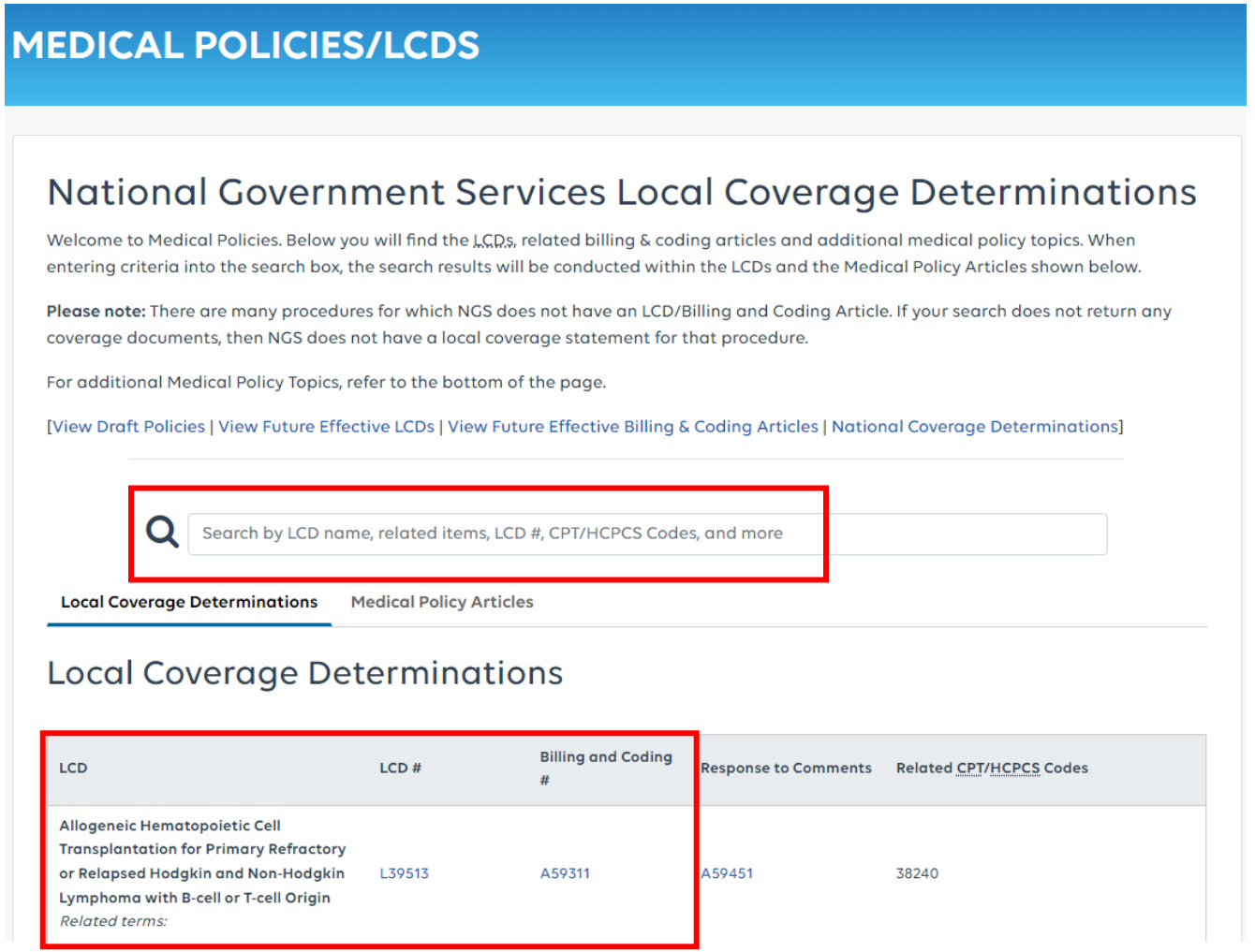
- NGS website



NGS Medical Policy

- LCDs
- Billing and coding articles
- Medical policy articles

Searching LCDs on NGS Website



MEDICAL POLICIES/LCDS

National Government Services Local Coverage Determinations

Welcome to Medical Policies. Below you will find the LCDs, related billing & coding articles and additional medical policy topics. When entering criteria into the search box, the search results will be conducted within the LCDs and the Medical Policy Articles shown below.

Please note: There are many procedures for which NGS does not have an LCD/Billing and Coding Article. If your search does not return any coverage documents, then NGS does not have a local coverage statement for that procedure.

For additional Medical Policy Topics, refer to the bottom of the page.

[View Draft Policies | View Future Effective LCDs | View Future Effective Billing & Coding Articles | National Coverage Determinations]

Search by LCD name, related items, LCD #, CPT/HCPCS Codes, and more

Local Coverage Determinations | Medical Policy Articles

Local Coverage Determinations

LCD	LCD #	Billing and Coding #	Response to Comments	Related CPT/HCPCS Codes
Allogeneic Hematopoietic Cell Transplantation for Primary Refractory or Relapsed Hodgkin and Non-Hodgkin Lymphoma with B-cell or T-cell Origin *Related terms:*	L39513	A59311	A59451	38240

CMS Website

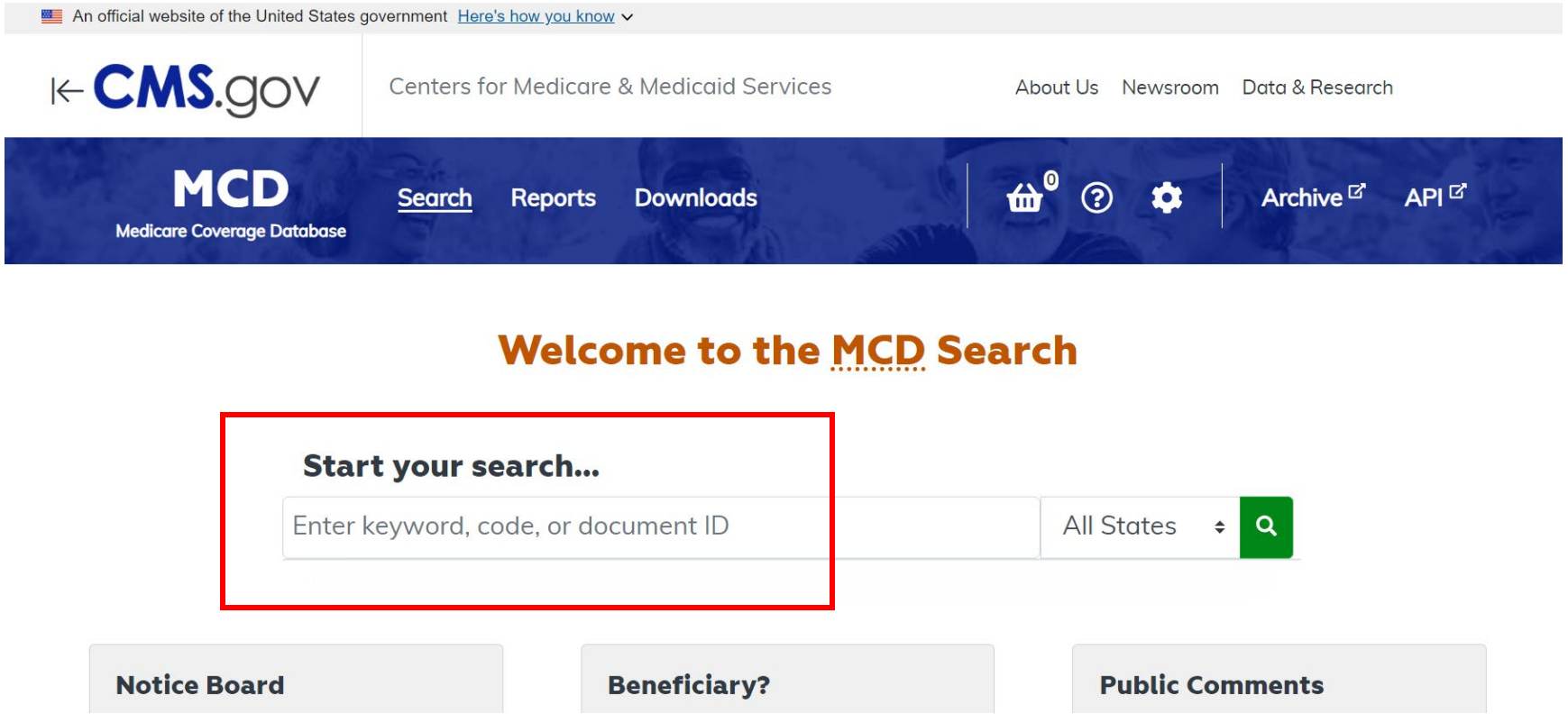
- Medicare Coverage Determination Process
  - Information on LCDs
  - How to request NCD
  - Medicare coverage guidance documents
  - Medicare Coverage – General Information
    - ICD-10 link: Transmittal (change request) updates related to NCDs
    - Lab NCDs – ICD-10: Files containing lab NCD coding updates
- Medicare Coverage Center
  - CMS “home” for coverage information with links to valuable resources

Medicare Coverage Database

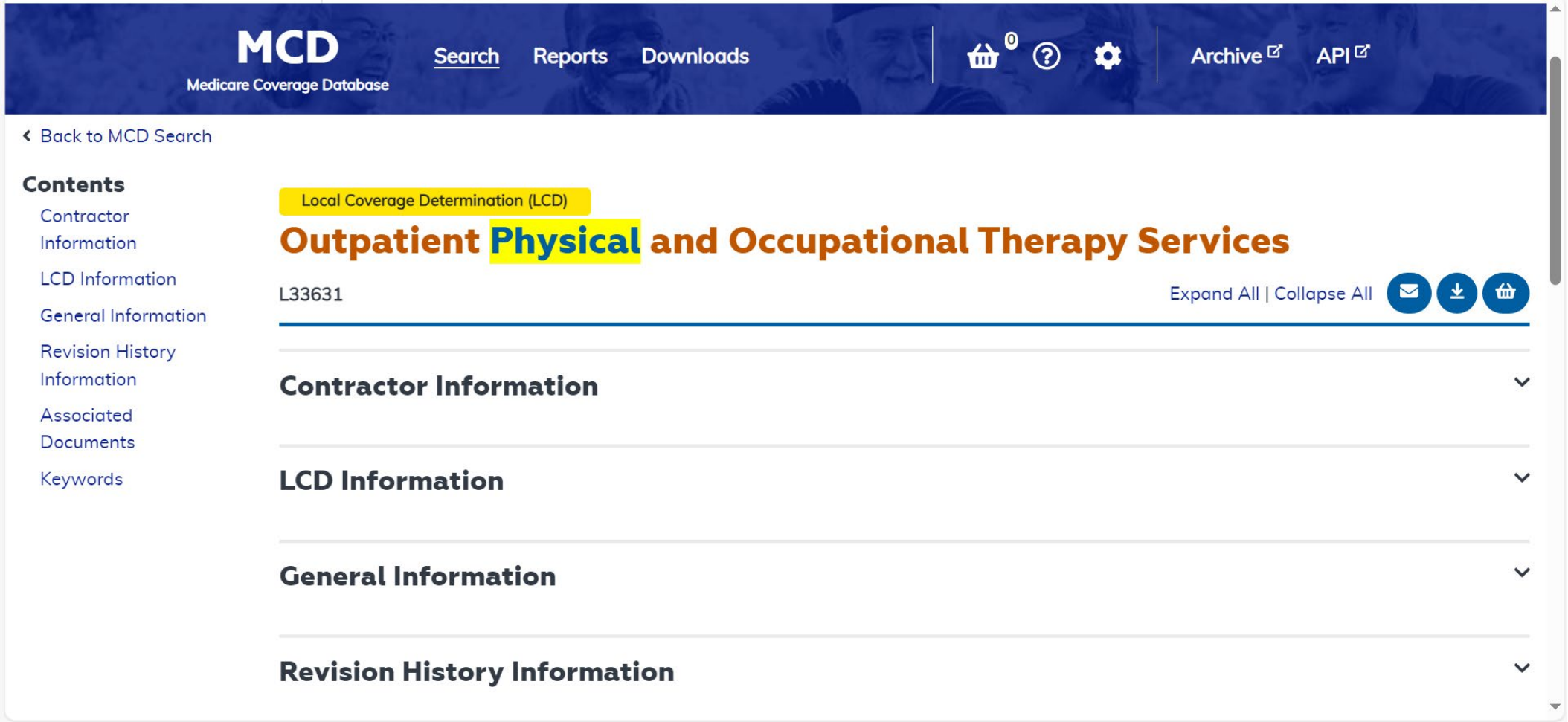
- Searchable Medicare Coverage Database contains
  - All NCDs & LCDs
  - Proposed NCD decisions
  - LCD billing and coding articles
  - Draft LCDs and articles
  - Coding Analyses for Labs (CALs)
  - Medicare Evidence Development & Coverage Advisory Committee (MEDCAC) proceedings
  - Technical Assessments (TAs)
  - Medicare coverage guidance documents

How to Use the Medicare Coverage Database

- MLN® Educational Tool: *How to Use the Medicare Coverage Database*



Viewing LCDs on the MCD



Avoiding Administrative Burden

- YouTube Video: 2021 Holistic Approach to Reducing Inquiries
  - Seven steps to take before submitting your claim or inquiry

Resources & References

CMS Resources

- MLN Matters® MM10901: *Local Coverage Determinations (LCDs)*
- Federal Register / Vol. 78, No. 152 / Wednesday, August 7, 2013 / Notices
  - *Medicare Program; Revised Process for Making National Coverage Determinations*
- MLN® Educational Tool: *How to Use the Medicare Coverage Database*
- Medicare Coverage Determination Process
- Medicare Coverage Document Type Descriptions
- Medicare Coverage Database

CMS IOM Resources

- CMS IOM Publications
  - 100-02, *Medicare Benefit Policy Manual*
  - 100-03, *Medicare National Coverage Determinations (NCD) Manual*
  - 100-04, *Medicare Claims Processing Manual*
  - 100-08, *Medicare Program Integrity Manual, Chapter 13 - Local Coverage Determinations*

Medical Policy Resources

- Medical Policies/LCDs
- Contractor Advisory Committee (CAC)
- LCD Open Meetings
- Investigational Device Exemption Requests
- Medical Policy Contact Information
- A56198: *New Local Coverage Determination (LCD) Request Process*
- Medical Policy Article A52842: *Local Coverage Determination (LCD) Reconsideration Process*

NGS Resources

- Submit an Adjustment to Correct Claims Partially Denied by Automated LCD-NCD Denials
- About Appeals
- Top Claim Errors
- Acronym Search

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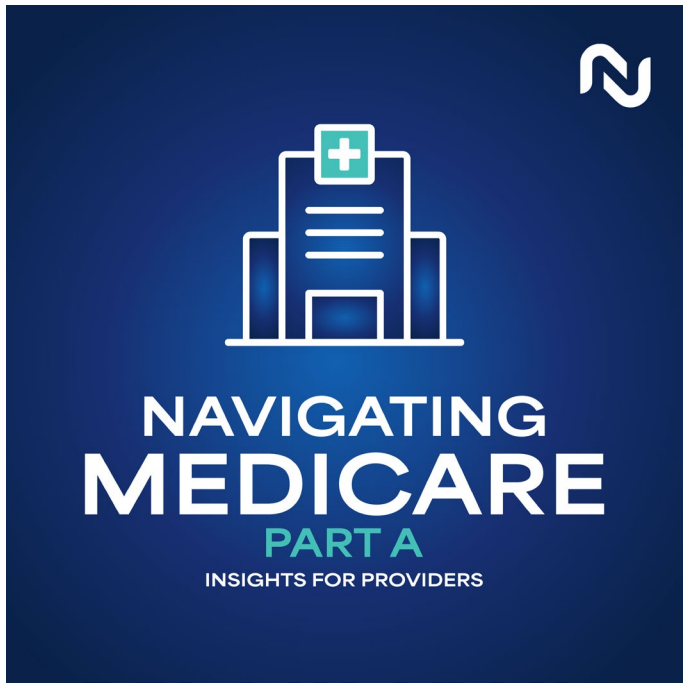
Navigating Medicare: Part A Insights for Providers



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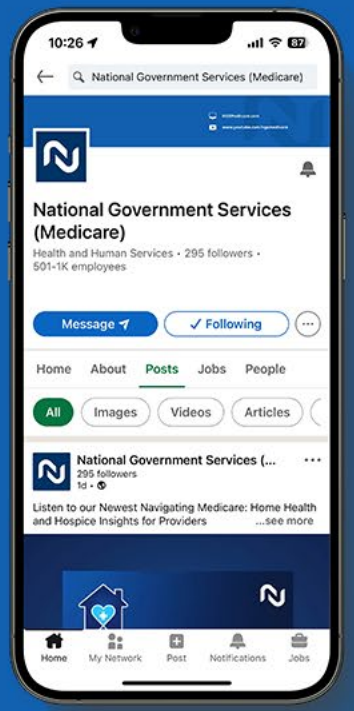

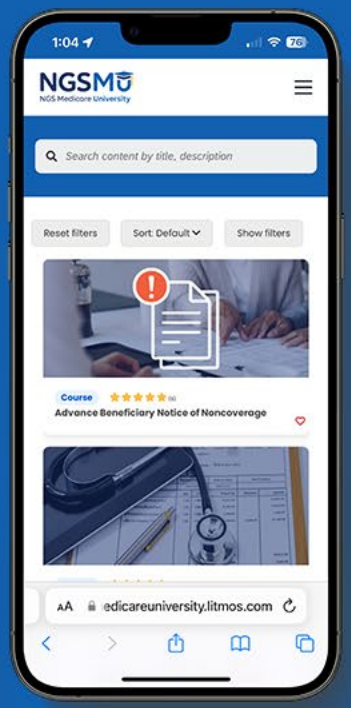

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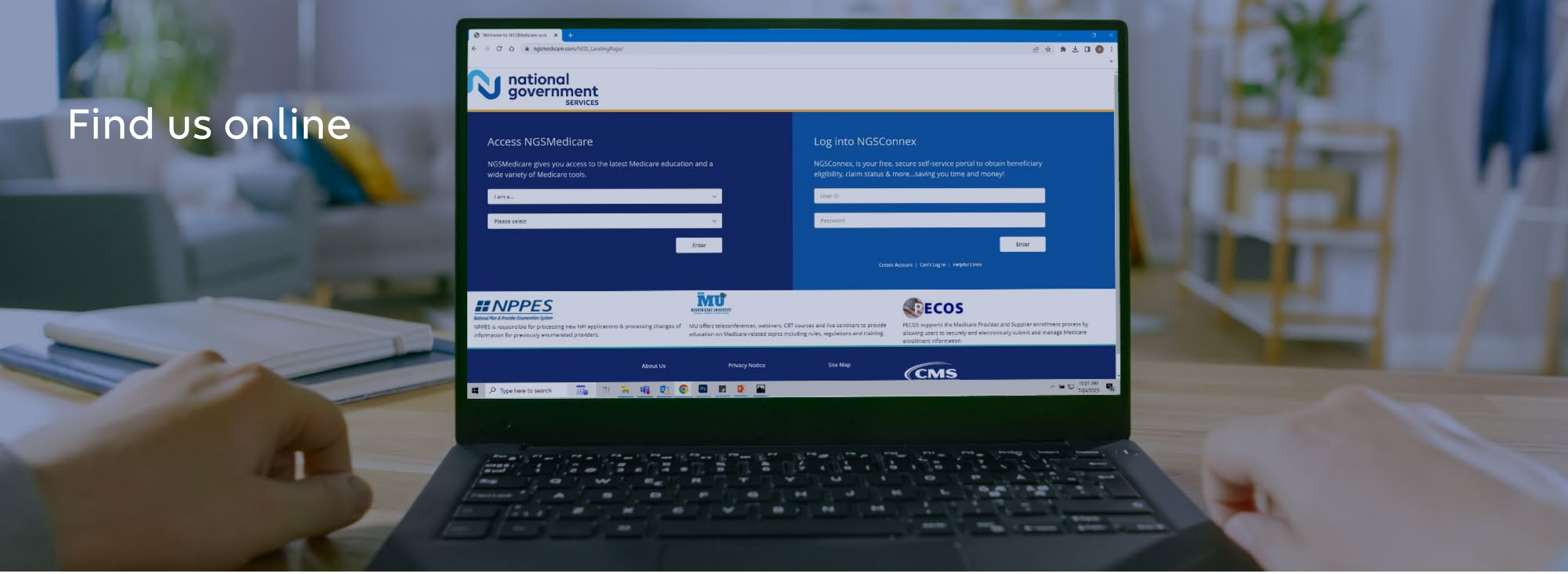

www.NGSMedicare.com
Online resources, event calendar, LCD/NCD, and tools

[IVR System](#)
The interactive voice response system (IVR) is available 24-hours a day, seven days a week to answer general inquiries

[NGSConnex](#)
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Questions?

Thank you!