

MEDICARE COVERAGE

How to Find Specific Coverage Under Medicare

Deciding whether or not services and items are medically necessary is the key to Medicare coverage and payment. These decisions, or coverage determinations, typically occur at the local level. Local Coverage Determinations (LCDs) are developed by the contractors that process Medicare claims. LCDs apply to the regions or states in which the contractors operate. Medicare, however, also develops National Coverage Determinations (NCDs) that apply to all Medicare claims nationwide. CMS has [more information](#) on the NCD process available online. NCDs and LCDs, along with Medicare's other coverage manuals, lay out the criteria for medical necessity and Medicare coverage. These must be met in order for Medicare to pay for services.

The Centers for Medicare and Medicaid Services (CMS) maintains a [Medicare Coverage Database](#) which contains all NCDs and LCDs. The Medicare Coverage Database is written for Medicare contractors, providers, and healthcare professionals, but it can be of use to beneficiaries, SHIP counselors, and other advocates as well. CMS updates the information on the Database weekly, so it is current.

This guide is meant to help you use CMS resources to find out:

- 1) Technical coverage criteria are for certain conditions (will Medicare provide coverage).
- 2) What medical information a doctor or supplier may need to provide to support a claim for Medicare coverage of a procedure or item.

Sources of coverage information

National Coverage Determinations (NCDs) are made by CMS based on requests from individuals or entities identifying a service or item that can provide potential benefits or prevent potential harm to Medicare beneficiaries. Equipment manufacturers, for example, sometimes ask CMS to make an [NCD](#). CMS may also initiate an NCD internally. Through the NCD process, [CMS determines](#) whether the item or service is "reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member."

Local Coverage Determinations (LCDs) are made by Medicare contractors in the absence of an NCD to establish which items and services are reasonable and necessary (and therefore covered as a Medicare benefit). These local policies cover specific conditions and may differ from state to state.

The CMS Medicare Coverage Database has three types of LCDs:

- Final (Active) Local Coverage Determinations
- Draft Local Coverage Determinations
- Retired Local Coverage Determinations

LCDs establish clinical circumstances when services are considered to be reasonable and necessary. These coverage determinations describe which services Medicare covers, what documentation the contractor requires in the medical record to justify this coverage, and how the services and items are expected to be used.

Using the Medicare Coverage Database

The database offers multiple ways to locate and view data:

- Search- Allows users to search both the NCD and LCD databases using a variety of criteria such as key word, coverage topic, and date
- Indexes- Provides users with pre-defined lists of National and Local Coverage documents

How to Search for NCDs

- 1) Enter the [database](#) on the CMS website.
- 2) Select National Coverage
- 3) De-select all boxes EXCEPT for "Decisions (NCD)"
- 4) Enter search criteria

You can specify Keywords and/or choose Coverage Topic and/or Benefit Category from the drop down menu. When multiple criteria are entered, the program only returns records meeting all the criteria.

To search for documents that were in effect for a specific date or timeframe, specify the Date Criteria. By default the search only returns documents that are currently in effect. If specifying dates, use two digits for both the month and the day (i.e. 01/01/2008 instead of 1/1/2008).

- 5) Click on Search Now
- 6) When the next screen appears, select the appropriate NCD by clicking on the number to the left of the title.
- 7) Scroll down to the section of the NCD entitled "Indications and Limitations of Coverage" to find the most useful information for beneficiaries and advocates.

How to search for LCDs

- 1) Enter the [database](#) on the CMS website.
- 2) Select Local Coverage
- 3) De-select Articles and choose the type of LCD you would like to review from the drop down menu: Final, Draft, or Both Final and Draft

Draft Policies are works in progress that are available on the Medicare Coverage Database site for public comment. Draft Policies are not necessarily a reflection of the current policies or practices of the contractor.

- 4) Enter search criteria

Select either a state or a Medicare contractor – do not select both. Typically searching by location is easier for beneficiaries and advocates. There are county listing options for CA, MO and NY.

You may specify Keywords and/or choose a Coverage Topic from the drop down menu. When multiple criteria are entered, only records meeting all criteria are returned.

To search for documents that were in effect for a specific date or timeframe, specify the Date Criteria. By default the search only returns documents that are currently in effect. If specifying dates, use two digits for both the month and the day (i.e. 01/01/2008 instead of 1/1/2008).

- 5) Click on Search Now
- 6) When the next screen appears, scroll down and click on "Accept"

This screen contains two license agreements and a CMS disclaimer. The LCDs contain Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) coding information. CPT and CDT are registered trademark of the American Medical Association and the American Dental Association. Users agree to the AMA's and ADA's terms of use, with permission required when using CPT and CDT codes commercially.

- 7) When the next screen appears, select the appropriate LCD by clicking on the number to the left of the title.
- 8) From the "Jump to" pull down menu, select "Indications and Limitations of Coverage and/or Medical Necessity" to find useful information for beneficiaries and advocates.