


MEDICAL POLICY STATEMENT		
Effective Date	Next Annual Review Date	Last Review / Revision Date
1/2007	7/2012	7/2011
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CSMG Medical Policy Statements are derived from literature based and supported clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services are those health care services or supplies which are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative and are not provided mainly for the convenience of the member or provider.

A. SUBJECT

National and Local Coverage Determinations

B. BACKGROUND

This document is to establish a policy to review the National and Local Coverage Determinations.

The vast majority of coverage determinations are provided on a local level, and developed by clinicians at CSMG to pay Medicare claims for services rendered to CSMG members. However, in certain cases, Medicare deems it appropriate to develop a national coverage determination (NCD) for an item or service to be applied on a national basis for all Medicare beneficiaries meeting the criteria for coverage.

National And Local Coverage Determinations: <http://www.cms.hhs.gov/mcd/search.asp>

National coverage determinations (NCDs) are made through an evidence-based process, with opportunities for public participation. In some cases, CMS' own research is supplemented by an outside technology assessment and/or consultation with the Medicare Coverage Advisory Committee (MCAC). In the absence of a national coverage policy, an item or service may be covered at the discretion of the Medicare contractors based on a local coverage determination (LCD).

A local coverage determination (LCD), as established by Section 522 of the Benefits Improvement and Protection Act, is a decision by a fiscal intermediary or carrier whether to cover a particular service on an intermediary-wide or carrier-wide basis in accordance with Section 1862(a)(1)(A) of the Social Security Act (i.e., a determination as to whether the service is reasonable and necessary). The difference between LMRPs and LCDs is that LCDs consist only of "reasonable and necessary" information, while LMRPs may also contain category or statutory provisions.

http://www.cms.hhs.gov/mcd/index_article_bystate.asp

C. POLICY

For Special Needs Plan members, reference the below link to search for Applicable National Coverage Descriptions (NCD) and Local Coverage Descriptions (LCD).

CSMG will comply with CMS national coverage determinations and determinations of local carriers when developing medical policy.

D. REVIEW / REVISION HISTORY

Date Issued: 1/2007

Date Revised: 7/2007

Date Reviewed: 7/1/2009, 7/1/2011

E. REFERENCES

1. CareSource Medical Management Medical Necessity Determination Policy and Procedure

The Medical Policy Statement detailed above has received due consideration as defined in the Medical Policy Statement Policy and is approved.