

LCD for Medicare Part B Coverage of Services and Procedures in Nursing Facilities (L26570)

Contractor Information

Contractor Name

Wisconsin Physicians Service Insurance Corporation

Contractor Number

05101, 05201, 05301, 05401

Contractor Type

MAC - Part A

LCD Information

LCD ID Number

L26570

LCD Title

Medicare Part B Coverage of Services and Procedures in Nursing Facilities

Contractor's Determination Number

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CMS National Coverage Policy

Title XVIII of the Social Security Act, section 1862 (a) (7) excludes routine physical examinations.

Title XVIII of the Social Security Act, section 1862 (a) (1) (A) only allows coverage and payment for only those services that are considered to be medically reasonable and necessary.

Oversight Region

Region I

Original Determination Effective Date

For services performed on or after 02/01/2008

Original Determination Ending Date

Revision Effective Date

For services performed on or after 03/01/2008

Revision Ending Date

Indications and Limitations of Coverage and/or Medical Necessity

Federal legislation has set forth requirements for skilled nursing facilities (SNFs) to participate in the Medicare program, and for nursing facilities (NFs) to participate in the Medicaid program.

One requirement is that each SNF or NF resident have an initial and a periodic comprehensive assessment, in order to institute a comprehensive care plan that meets the resident's medical, nursing, mental, and psychological needs. The care plan must be developed and revised by an interdisciplinary team that includes at least the attending physician and a registered nurse with responsibility for the resident. The components of the care plan are then documented on the physician's order sheet, which is signed by the physician and the nurse.

The physician's order sheet is used to list the medications, diet, activities, and hygienic needs of a resident of SNF or NF. However, it has also been used to list various provider specialties which may render services and procedures to the resident, and various screening services which may be routinely performed on the resident. Provider specialties have often included audiology, optometry, podiatry, psychology, psychiatry, physical therapy, and occupational therapy.

Routine screening services have often included laboratory tests, electrocardiograms, and portable chest x-rays. These so-called RN or standing orders for care by other provider specialties and provision of routine screening services have resulted in considerable overutilization, and so are being addressed by this policy.

Medicare will consider only those services and procedures medically necessary if used for the diagnosis or treatment of an illness or injury or to improve the functioning of a malformed body member.

This policy applies to a "PRN" or "standing" order for any provider specialty or for any routine screening service except as otherwise specified in manual instructions, whether the order is written on the physician's order sheet integral to the resident's comprehensive care plan, or elsewhere in the resident's medical record.

This intermediary will not cover any service or procedure that is performed on a resident of a SNF or NF, unless:

The resident's attending physician evaluates the resident and authorizes the order for the service or procedure, or for the referral of the resident to another provider specialty. Attending/primary physician is defined as a doctor of medicine or doctor of osteopathy who has been designated by the patient, or the patient's family, to act as the physician responsible for providing and coordinating the patient's care. In an urgent care situation, the evaluation and authorization may be made by telephone with a follow-up visit within a reasonable length of time.

A named physician, whose attendance is requested only by the resident or the resident's interested family member or legal guardian, evaluates the resident and authorizes the order for the service or procedure. The attending physician must be notified of any change in the resident's physical, mental, or psychosocial status, or of the need to alter the resident's treatment significantly.

Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

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| 99999 | Not Applicable |
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CPT/HCPCS Codes

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| XX000 | Not Applicable |
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ICD-9 Codes that Support Medical Necessity

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|-------|----------------|
| XX000 | Not Applicable |
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Diagnoses that Support Medical Necessity

ICD-9 Codes that DO NOT Support Medical Necessity

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

General Information

Documentation Requirements

The medical necessity for and nature of each service or procedure must be clearly documented by a physician, and this physician's authorization of the order for the service or procedure or for referral of the resident to another provider specialty, must be clearly recorded in the resident's medical record.

Appendices

Utilization Guidelines

Sources of Information and Basis for Decision

1. Section 1862(a)(1)(A) of the Social Security Act.
2. Section 1862(a)(7) of the Social Security Act.
3. 42CFR Part 483, Subpart B - Requirements for Long Term Care Facilities.
4. From the Health Care Financing Administration: An article on physical therapy in skilled nursing facilities. JAMA 271: 974, 1994.
5. Kim, David E., and Dan R. Berlowitz. The Limited Value of Routine Laboratory Assessments in Severely Impaired Nursing Home Residents. JAMA 272: 1447-1452, 1994.
6. Ouslander, Joseph G., and Dan Osterweil. Physician Evaluation and Management of Nursing Home Residents. Ann. Int. Med. 120: 584-592, 1994.

Advisory Committee Meeting Notes

Start Date of Comment Period

End Date of Comment Period

Start Date of Notice Period

12/15/2007

Revision History Number

2

Revision History Explanation

added Iowa and Missouri

Reason for Change

Other

Last Reviewed On Date

11/01/2007

Related Documents

This LCD has no Related Documents.

LCD Attachments

There are no attachments for this LCD.

All Versions

Updated on 04/25/2008 with effective dates 03/01/2008 - N/A