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J5 Local Coverage Decision (LCD) Script

Thank you for taking time to learn about WPS Medicare Jurisdiction 5 (J5) Local Coverage Decisions (LCD). The presentation addresses LCDs and is intended for WPS Medicare J5 Part B providers and audiences.

At the end of the presentation, we provide useful navigation tips to briefly describe where to locate National Coverage Determinations (NCD) on the Centers for Medicare and Medicaid (CMS) Website.

LCDs are developed by WPS Medicare, the J5 Medicare Administrative Contractor (MAC), not by CMS. LCDs pertain to services or items not addressed in CMS NCD or Program Manuals.

J5 LCDs only apply to WPS Medicare providers in Iowa, Nebraska, Kansas and Missouri which differs from NCD developed by CMS that apply to all jurisdictions.

LCDs define “medical necessity” and consist only of “reasonable and necessary” information. The benefit category and statutory exclusion provisions will be published in contractor’s articles.

So, why does a MAC develop LCDs?

There are various reasons why WPS Medicare finds a need to define medical necessity in a policy.

The reasons may be:

- To define the appropriate use of new technologies
- To address services with an abusive history or potential
- To define medical necessity for high volume, high dollar services

In accordance with instructions found in Chapter 13 of CMS’ Program Integrity Manual, each MAC must consolidate all outgoing contractor LCDs in its jurisdiction by selecting the least restrictive LCD for each topic.

It’s important for providers to recognize that implementation of WPS Medicare J5 LCDs started soon after the contract award date, and that some of the outgoing contractor LCDs may have evolved since the beginning of the J5 LCD consolidation process. For this reason, a new J5 MAC LCD may not appear to be taken from the least restrictive outgoing contractor LCD, because an outgoing contractor’s LCD may have already changed since WPS Medicare began the LCD consolidation process.

As this slide indicates, WPS MAC LCDs go into effect on February 1, 2008, or the day WPS Medicare becomes the Medicare Administrative Contractor, whichever is later.

The implementation of all J5 MAC segment workloads is underway.



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The “go live” date for various Part A and Part B workloads occurs on different dates and in various segments. To view a timetable that includes the “go live” or “cutover dates, please refer to the Website link

http://www.wpsmedicare.com/mac/transition/mac_dates.pdf

Provider feedback is important to WPS Medicare; therefore, providers wishing to send feedback on J5 MAC LCDs for Part B providers please send it to the following E-mail address: j5policycomments@wpsic.com and type “J5 MAC B LCD Feedback” in the Subject line of the e-mail.

To view WPS Medicare J5 MAC **Part B** LCD, please refer to http://www.wpsmedicare.com/mac/policy/b_mac_lcds.shtml on the WPS Medicare Website.

J5 MAC Part B providers wishing to view NCDs and Laboratory NCDs, should refer to the following CMS Website links:

- National Coverage Determinations
http://www.cms.hhs.gov/mcd/index_list.asp?list_type=ncd
- Laboratory NCDs
http://www.cms.hhs.gov/CoverageGenInfo/04_LabNCDs.asp#TopOfPage

It’s important to remember that these NCD policies originate from the Centers for Medicare and Medicaid Services and apply to all Medicare jurisdictions.

Next, we will review where to find the LCDs on WPS Medicare’s Website.

We will navigate the WPS Medicare Website for the next segment of the program.

Take the following steps to locate the LCDs on our Website:

1. Type wpsmedicare.com in your internet browser
2. Select the J5 MAC link on the provider side of the screen
3. Scroll to the bottom and accept the CPT disclaimer
4. Select Policy/Coverage in the tab on the top
5. Select J5 MAC Local Coverage Decisions
6. Select the J5 MAC B Local Coverage Decisions

The first item on the page is the J5 MAC Policy comment section. Click on the E-mail or send comments to j5policycomments@wpsic.com

The alphabetically organized policies are listed next. The alphabetical order is done by subject.

Let’s review the diagnostic colonoscopy in order to get an idea of how the policies are laid out. Select Colonoscopy, Diagnostic.

The link will take you to the CMS Website and you must scroll down and accept the CPT disclosure.



The policy is brought up and currently states future. The policy will change to final on February 1, 2008.

The policy layout from top to bottom is as follows:

- Contactor information
- Contractor type MAC Part B
- LCD Title
- Contractor's Determination Number
- Geographic Jurisdiction
- The original determination effective date
- Revision and Revision dates
- Indication and Limitations of Coverage and or Medical Necessity
- Coding information
 - Including CPT and HCPCS codes
 - ICD-9 Diagnosis codes that support medical necessity
- General information
 - Documentation Requirements
 - Utilization Guidelines
 - Start and end date for comment periods
 - Revision History
 - Last review date

Next we will look at how to access NCDs, and Lab NCDs.

To access NCDs do the following:

1. Go to cms.hhs.gov
2. Scroll down until you find Medicare Coverage Center on the bottom left of the page
3. Select NCDs from the list

The NCDs are arranged alphabetically by subject, so select the policy that you would like.

To access Lab NCDs do the following:

1. Go to cms.hhs.gov
2. Scroll down until you find Medicare Coverage Center on the bottom left of the page
3. Select LAB NCDs from the list
4. Scroll down and click on Index of Lab NCDs

The Lab NCDs are arranged alphabetically by subject, so select the policy that you would like.

Thank you for your time.