



Where Do I Find That?

You need to know where to find the coverage guidelines of the third-party payers.

BY JEFFREY LEHRMAN, DPM

Providers and their staff typically need to know where to find guidance regarding coding, coverage, medical necessity, limitations, documentation requirements, and more. Oftentimes this guidance differs based on third-party payer. In many cases, this guidance is available online and is readily accessible.

Medicare

Medicare is a national program, but it is administered on a local level by Medicare Administrative Contractors (MACs). There are seven Part B MACs in the United States. Some of the Part B MACs have large jurisdictions, including 13 states and some have small jurisdictions, including only two states. Figure 1 shares the information regarding which Part B MACs have jurisdiction over which states.

Most of the time, when providing Part B services to Medicare beneficiaries, guidance regarding coding, coverage, medical necessity, and documentation requirements come from the Part B MAC, not from Medicare. Most of the time, the question of, “What are the Medicare guidelines for _____?” is the incorrect question

and instead that question should be, “What are my MAC’s guidelines for _____?” Most of the time, the question of, “How frequently does Medicare allow payment for _____?” is the incorrect question and instead that question should be, “How frequently does my MAC allow payment for _____?” Most of the time, the question of, “Does Medicare cover

cases, an LCD is accompanied by a Local Coverage Article (LCA) that offers guidance regarding coding. Part B MACs choose to issue LCDs for certain services. An important point that is often misunderstood is that different Part B MACs issue LCDs for different services. For example, one Part B MAC may have an LCD for ulcer debridement while another may not.

It is important for providers to look for guidance from their own Part B MAC rather than from national forums.

_____?” is the incorrect question and instead that question should be, “Does my MAC cover _____?”

Providers and their staff must know which Part B MAC has jurisdiction over their state. When navigating to their Part B MAC’s website, providers can find a list of policies. Here, a listing of the Part B MACs Local Coverage Determinations (LCDs) can be found. LCDs normally provide guidance regarding coverage, medical necessity, limitations, documentation requirements, and more. In many

Perhaps even more important to understand is that two different Part B MACs LCDs may have different guidance. This is why, in many cases, it is so important for providers to look for guidance from their own Part B MAC rather than from national forums. Furthermore, providers in one Part B MAC’s jurisdiction may not find the correct guidance if speaking to a colleague about coverage guidelines if that colleague practices in a state that falls under the jurisdiction

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of a different Part B MAC. A provider in Texas may be subject to different guidelines, for certain services, than a provider in New York State.

It is good practice for providers to review the list of LCDs issued by their Part B MAC. Here is where providers can find those listings:

Noridian Part B MAC—<https://www.cms.gov/medicare-coverage-database/reports/local-coverage-final-lcds-contractor-report.aspx?contractorName=5&contractorNumber=360%7c1&lcdStatus=all>

Novitas Part B MAC—<https://www.cms.gov/medicare-coverage-database/reports/local-coverage-final-lcds-contractor-report.aspx?contractorName=6&contractorNumber=331%7c1&lcdStatus=all>

WPS Part B MAC—<https://www.cms.gov/medicare-cov->

A/B MAC Jurisdictions as of June 2019

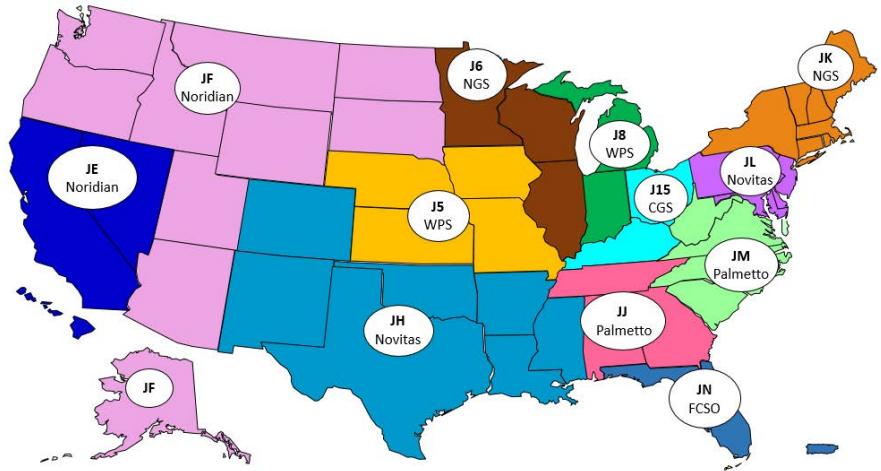


Figure 1: A/B MAC Jurisdictions

erage-database/reports/local-coverage-final-lcds-contractor-report.aspx?contractorName=8&contractorNumber=147%7c1&lcdStatus=all

NGS Part B MAC—<https://www.cms.gov/medicare-coverage-database/reports/local-coverage-final-lcds-contractor-report.aspx?contractorName=1&contractorNumber=298%7c1&lcdStatus=all>

CGS Part B MAC—<https://www.cms.gov/medicare-coverage-database/reports/local-coverage-final-lcds-contractor-report.aspx?contractorName=9&contractorNumber=228%7c2&lcdStatus=all>

Palmetto Part B MAC—<https://www.cms.gov/medicare-coverage-database/reports/local-coverage-final-lcds-contractor-report.aspx?contractorName=2&contractorNumber=all&lcdStatus=all>

First Coast Services Part B MAC—<https://www.cms.gov/medicare-coverage-database/reports/local-coverage-final-lcds-contractor-report.aspx?contractorName=4&contractorNumber=368%7c1&lcdStatus=all>

Furthermore, it is recommended that providers and/or their staff subscribe to the e-mail listserv of the Part B MAC which has jurisdiction over their state. Updates to these coverage determinations are shared via these listservs.

DMEMACs

Just as the Part B MACs issue LCDs, the DMEMACs do the same. There are only two DMEMACs in the United States and Figure 2 depicts which states fall under the jurisdiction of which DMEMAC. It is recommended that providers who prescribe and/or supply DME review the list of LCDs issued by their DMEMAC. Here is where providers can find those listings:

CGS DMEMAC—<https://www.cms.gov/medicare-coverage-database/reports/local-coverage-final-lcds-contractor-report.aspx?contractorName=9&contractorNumber=388%7c1&lcdStatus=all>

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DME MAC Jurisdictions as of June 2019

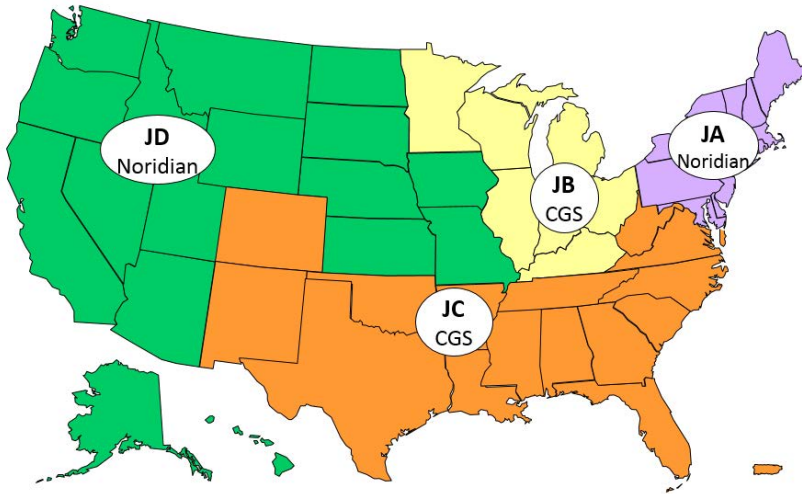


Figure 2: DME MAC Jurisdictions

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Noridian DMEMAC—<https://www.cms.gov/medicare-coverage-database/reports/local-coverage-final-lcds-contractor-report.aspx?contractorName=5&contractorNumber=389%7c1&lcdStatus=all>

Furthermore, it is recommended that providers and/or their staff who are involved with prescribing and/or supplying DME subscribe to the e-mail listserv of the DMEMAC which has jurisdiction over their state. Updates to these coverage determinations are shared via these listservs.

Non-Medicare Payers

Non-Medicare third-party payers also issue coverage determinations. These are often found on the website of the third-party payer. In some cases, third-party payers do not issue coverage determinations and instead default to the coverage guidelines of the policies of the Part B MAC which has jurisdiction in the state where the services were provided. It is best that providers check with each third-party to whom they submit claims to see what coverage policies each of their third-party payers has issued. Sometimes, the coverage guidelines for the same service or product may differ from one patient to the next, even within

the same practice in the same state, if different third-party payers have different coverage guidelines for the same service in that state.

No Coverage Policy

Sometimes, a situation arises where a third-party payer does not have a coverage policy for a certain service. For example, none of the Part B MACs have an LCD for the service of a bunionectomy. In the absence of

a coverage policy, most third-party payers, including the Part B MACs, state coverage and frequency considerations are based on medical necessity. This includes the presence and documentation of the medical necessity of the service performed and/or the product dispensed.

Summary

Unless providers are outsourcing this type of work, they need to know where to find the coverage guidelines of the third-party payers to whom they are submitting claims. When it comes to Medicare beneficiaries, this means knowing who the provider's Part B MAC and DMEMAC are. For non-Medicare payers, this may require reviewing a number of policies, depending on how many third-party payers provider submits claims to. Providers can stay current with these policies by subscribing to the listserv of the third-party payer. **PM**



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