
Program Memorandum Intermediaries/Carriers

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal AB-02-098

Date: JULY 24, 2002

This PM also applies to the DMERC PSC, and the 3 DMERCs

CHANGE REQUEST 2238

SUBJECT: Process for Entering Local Medical Review Policies (LMRP) and certain articles and Frequently Asked Questions (FAQs) into the Medicare Coverage Database.

This Program Memorandum (PM) provides guidance to all contractors regarding a new process for entering LMRPs and certain articles and FAQs into a Medicare Coverage Database.

Background

CMS is developing a Medicare Coverage Database that will house both national policies and LMRPs. The database will provide information to both providers via www.cms.hhs.gov and beneficiaries via www.medicare.gov. Contractor inquiry staff will also find the database a helpful resource in answering written and telephone inquiries from beneficiaries and providers. The contractor developing the database will create a web-based data entry tool allowing contractors to edit and verify their LMRPs within the Medicare Coverage Database. The attached project overview (Attachment A) provides a description of the project. Although the database will not be fully implemented for several months, this PM instructs contractors to begin preparation work now. When the Medicare Coverage Database is fully populated, users who arrive at www.lmrp.net will be redirected to www.cms.hhs.gov.

Preparation Phase

The Facilitation Contractor (Trailblazer Health Enterprises) has asked each contractor for the names of two persons designated to review and enter LMRPs into the coverage database via the web application. Contractors must comply with this request. The Facilitation Contractor will maintain the contractor ID list. Contractors will notify the Facilitation Contractor when there is a change to a contact name.

Transition Phase

The database contractor, Fu and Associates (Fu), began the transition June 1, 2002 and will transition one contractor at a time. Contractors will be notified by the Facilitation Contractor when they have been selected for LMRP database conversion. Training will be available at the time of database conversion via on-line help menus. During the transition phase, www.lmrp.net and the Medicare Coverage Database will run concurrently. During the transition, Fu will copy each LMRP directly from www.lmrp.net into the Medicare Coverage Database. Upon notification, each contractor must log into the Coverage Database, review each LMRP to ensure their LMRPs were entered correctly and make edits as needed. Once the contractor "validates" the LMRP, it will appear on the new web site when the web site is next updated (monthly or more frequently).

If during data entry Fu has any trouble with the LMRP (e.g., unable to enter an ICD-9 code because it is no longer a valid code), the data entry staff will list such concerns in the "Notes" field of the database. When validating an LMRP in the Coverage Database, the contractor must review any information in the "Notes" field. The data listed here will not appear on the viewable version of the LMRP.

Lmrp.net will remain in place during the entire transition. When a contractor that has already converted makes an LMRP change in the Coverage Database, the database will export an HTML version of the LMRP and send it to the Facilitation Contractor for posting on lmrp.net.

CMS-Pub. 60AB

Optional Activities

The Coverage Database will contain the following 5 new fields:

- Does this LMRP contain a “Least Costly Alternative” provision?
- Does this LMRP contain a “Benefit Category” provision in the absence of or as an adjunct to national policy?
- Does this LMRP contain a “Statutory Exclusion” provision in the absence of or as an adjunct to national policy?
- Does this LMRP contain an “R&N” provision in the absence of or as an adjunct to national policy?
- Does this LMRP contain a “Coding” provision in the absence of or as an adjunct to national policy?
- Does this LMRP contain a “Documentation” provision in the absence of or as an adjunct to national policy?

Each of these fields can be set to “yes,” “no,” or “no indication.” The default will be “no indication.” Fu’s data entry staff has been instructed not to alter these fields. Each contractor has the option of changing the setting of one or more of these fields to indicate the types of provisions contained in the LMRP. These fields will not display as part of the LMRP but will facilitate searches for LMRPs containing certain provisions. This is an optional activity. Contractors are not required at this time to update these fields. If and when CMS chooses to require you to update these fields, a new instruction will be issued.

The coverage database will have the ability to contain HTML hyperlinks. The HELP menu in the coverage database data entry tool will contain instructions regarding how to create hyperlinks. All contractors are encouraged to use hyperlinks in the CMS National Coverage Policy field of their LMRPs. Through the use of hyperlinks, contractors can help the reader easily jump to the actual CMS NCD or other National Coverage Provisions in Interpretive Manuals. Using hyperlinks instead of restating or paraphrasing CMS’ language will help minimize the reader’s confusion.

The coverage database can also contain graphics. The HELP menu in the coverage database data entry tool will contain instruction regarding how to upload graphics.

The coverage database can display bold text and italics text if HTML tags are used. Although bold and italics HTML tags will not be inserted by Fu, each contractor may insert HTML tags during the validation process or at a later time.

On-going Activities

After the transition phase, contractors will be responsible for entering new LMRPs, revising existing LMRPs, and retiring old LMRPs directly in the Medicare Coverage Database via the web application. If the contractor makes a revision to an existing LMRP, the prior version of that LMRP is not deleted but, rather, automatically archived by the system. If the contractor retires an LMRP, the retired LMRP are also not deleted from the system but archived.

NOTE: Contractors must continue to send e-mails of LMRPs to the Facilitation Contractor until notified they may cease.

In addition to the mandatory fields listed in PIM Exhibit 6, the following fields are mandatory:

- **Contractor’s Policy Number**
This field is currently listed in PIM Exhibit 6 as a non-mandatory field. Beginning with the effective date of this PM, the Policy Number is a mandatory field and must be included with every LMRP.
- **Coverage Topic**
This field is a new field not currently listed in PIM Exhibit 6 (but will be after this PM is manualized). When the contractor enters an LMRP into the system they choose the coverage topic from Attachment B that most closely describes the topic addressed by the LMRP.

Activities that begin in Early 2003

As indicated in the 2003 LPET BPR, contractors are required to submit to CMS those articles and FAQs appearing on the contractors websites that address local coverage, coding, and Medical Review related billing issues. In early 2003, contractors will be notified when they may begin entering articles/FAQs. Upon notification, contractors must enter all **new** articles and FAQs on these topics into the database. "New" means issued/posted on or after January 1, 2003. Within 6 months of notification, contractors must have completed data entry of all **old** articles and FAQs on these topics into the database. "Old" means any article/FAQ issued/posted between January 1, 2000 and January 1, 2003. Contractors have the discretion (but are not required) to enter into the database any articles and FAQs on these topics issued/posted prior to January 1, 2000 that are still in effect.

Contractors should NOT enter the following documents into the article/FAQ database:

- An article that is word for word identical to an NCD or LMRP, or
- An Article/FAQs that were rescinded or superseded by another article, FAQ, or LMRP prior to 2002 (All articles that were rescinded or superseded in 2002 should be included in the database with the starting effective date, and the ending effective date listed accordingly.), or
- Comment and Response documents written as an LMRP was being developed.

The *effective date* for this Program Memorandum (PM) is July 26, 2002.

The *implementation date* for this PM is July 26, 2002.

These instructions should be implemented within your current operating budget. Report all costs associated with verifying and adding LMRPs to the Medicare Coverage Database in CAFMII Activity Code 21008 as required by PIM, Chapter 11, Section 1.5. Report all costs associated with adding articles to the Medicare Coverage Database in CAFMII Activity Code 24107 as required by the LPET BPR. Report all costs associated with adding FAQs to the Medicare Coverage Database in CAFMII Activity Code 24106 as required by the LPET BPR.

This PM may be discarded after June 1, 2003.

If you have any questions, contact Melanie Combs at MCombs@cms.hhs.gov or 410-786-7683.

Attachments

Medicare Coverage Database Outline

Transition Phase

- Facilitation Contractor will gather information from each contractor regarding who they designate for reviewing and entering LMRPs into coverage database.
- Facilitation Contractor will maintain the user ID/password list for the coverage database. Periodically, the Facilitation Contractor will log into the CMS Coverage Database web site and update (add/delete/revise) the user ID/password list.
- During this phase, the database and www.lmrp.net will run and be updated concurrently.
- The Database Contractor will be adding LMRPs to the coverage database one contractor at a time, starting with TrailBlazers and then with the DMERCs using web-application. After that, two contractors per week will be selected.
- During this phase, the Database Contractor will cut/paste data directly from www.lmrp.net into the CMS coverage database via the web application.

On-going Activities

- After the transition phase, contractors will cut and paste new LMRPs directly into the coverage database using the web application. Contractors will also update the database for revisions and/or retiring of policies.

Attachment B

Coverage Topics
Acupuncture
Ambulance Services
Ambulatory Surgical Centers
Anesthesia (Inpatient)
Anesthesia (Outpatient)
Blood (Inpatient)
Blood (Outpatient)
Bone Mass Measurement
Braces (arm, leg, back, and neck)
Breast Prostheses
Canes and Crutches
Cardiac Rehabilitation Programs
Chemotherapy (Inpatient)
Chemotherapy (Outpatient)
Chiropractic Services
Clinical Trials (Inpatient)
Clinical Trials (Outpatient)
Colorectal Cancer Screening - Barium Enema
Colorectal Cancer Screening - Colonoscopy
Colorectal Cancer Screening – Fecal Occult Blood Test
Colorectal Cancer Screening - Flexible Sigmoidoscopy
Commode Chairs
Cosmetic Surgery
Custodial Care
Dental Service
Diabetes - Insulin and Syringes
Diabetic - Foot Exam
Diabetic Services
Diabetic Supplies
Diagnostic Tests, X-rays, and Lab Services
Dialysis (Kidney) Drugs used with Home Dialysis
Dialysis (Kidney) Home Dialysis Equipment and Supplies
Dialysis (Kidney) Home Support Services
Dialysis (Kidney) Inpatient
Dialysis (Kidney) Outpatient
Dialysis (Kidney) Self-dialysis Training
Doctor Office Visits
Durable Medical Equipment
Emergency Room Services
Eye Care - Following Cataract Surgery
Eye Care - Glaucoma Screening
Eye Care – Routine

Coverage Topics

Eye Care - Treatment of Macular Degeneration
Eyeglasses and Contact Lenses
Flu Shot
Foot Care
Health and Wellness Screening
Hearing Exams and Hearing Aids
Hepatitis B Shot
Home Health Care
Home Health Care for Women with Osteoporosis
Hospice Care
Hospital Care (Inpatient)
Lab Services
Mammogram Screening
Mental Health Care (Inpatient)
Mental Health Care (Outpatient)
Mental Health Care (Partial Hospitalization)
Non-Physician Health Care Provider Services
Nursing Home Care
Nutrition Therapy Services (Medical)
Ostomy Supplies
Outpatient Hospital Services
Oxygen Therapy
Pap Test and Pelvic Exam
Physical Exams (routine)
Physical, Occupational, and Speech Therapy
Pneumococcal Pneumonia Shot
Prescription Drugs (outpatient) - Very Limited Coverage
Prostate Cancer Screening
Prosthetic Devices
Radiation Therapy (Inpatient)
Radiation Therapy (Outpatient)
Second Surgical Opinions
Skilled Nursing Facility Care
Supplies
Therapeutic Shoes
Transplant (Physician)
Transplants - Cornea and Bone Marrow
Transplants - Heart, Lung, Kidney, Pancreas, Liver, and Intestine/Multivisceral
Transportation (routine)
Travel Outside of the United States
Walkers
Wheelchairs
Rays

