REIMBURSEMENT POLICY	
Policy Name:	Use of CMS NCD and LCD
Policy Number:	PI-007
Original Effective Date:	02/20/2018
Annual Approval Date:	01/01/2022
Products:	Pennsylvania HealthChoices Medical Assistance

Disclaimer

Highmark Wholecare medical claims payment and prior-authorization policy is a reference resource regarding payment and coverage for the services described. This policy does not constitute medical advice and is not intended to govern and/or otherwise influence medical necessity decisions.

POLICY SCOPE

This policy applies to claims submitted to Highmark Wholecare under the Health Choices Medical Assistance product.

Use of CMS NCD and LCD

When no plan policy exists, we follow Centers for Medicare and Medicaid Services (CMS) National Coverage Determinations (NCD), Local Coverage Determinations (LCD) and LCD Articles when determining medically necessary diagnoses. These Determinations define coverage criteria with a list of CPT, HCPCS, and/or ICD-10-CM codes that are approved.

If a procedure or service is submitted without an appropriate diagnosis code on the claim, then the procedure or service will be denied. Likewise, if a DME HCPCS code is submitted without an appropriate diagnosis code on the claim, then the DME HCPCS code will be denied.

The CMS Coverage Data Base and Advanced Search for NCD, LCD, and Articles may be found at this link: https://www.cms.gov/medicare-coverage-database/search.aspx?redirect=Y&from=Overview

Durable Medical Equipment (DME) related LCDs may be found in the same place on the Noridian website: https://med.noridianmedicare.com/web/jadme/policies/lcd/active

CMS Medicare National Coverage (NCD) Coding Policy Manual and Change Report for Clinical Diagnostic Laboratory Services is updated quarterly and may be found at this link: https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/LabNCDsICD10

Policy History

Date	Activity
02/20/2018	Initial effective date
02/01/2021	Reviewed with no changes
01/01/2022	Updated policy source links