CHANGE REQUEST 1859

CHAPTERS	REVISED SECTIONS	NEW SECTIONS	DELETED SECTIONS
1	2.3.7		
Exhibit	6		
Exhibit	6.1		

CLARIFICATION/MANUALIZATION--EFFECTIVE DATE: October 1, 2001
IMPLEMENTATION DATE: October 1, 2001

Note that this transmittal does not contain any of the changes that will be needed as a result of §522 of the Benefits Improvements and Protection Act (BIPA) of 2000. These BIPA §522 changes will be communicated to contractors via a separate transmittal.

Chapter 1, §2.3.7 - Local Medical Review Policy (LMRP) Format - changes the contact for the submission of LMRPs and reminds contractors that they are required to submit LMRPs as noted in exhibit 6.1.

Exhibit 6 - LMRP Format - replaces the format chart due to information being deleted in Change Request 1021. Adds a statement to the CMS National Coverage Policy column for contractors to add a description if they are expanding a National Coverage Decision. Adds the statement "this is a mandatory field" to more fields to ensure consistency among the LMRPs.

Exhibit 6.1 - LMRP Submission/Requirements - clarifies the requirement of submitting LMRPs when a corporation has multiple contractor numbers, changes the contact for LMRP submissions, and adds a requirement to send an e-mail of new contact persons and to submit a LMRP in one attachment.

These instructions should be implemented within your current operating budget.

If you have any questions, contact Karen Daily at 410-786-0189 or at kdaily@cms.hhs.gov.

2.3.7 - LMRP Format - (Rev. 14, 09-26-01)

Any newly developed policies as of February 1, 2001, must use the standard format listed in Exhibit 6. Contractors must forward new, revised, and final LMRPs to julie.berkey@tbhe.org no later than 2 days after the start of the notice period. See Exhibit 6.1 for submission requirements for LMRPs. *Contractor policies will not be accepted if not forwarded as required in Exhibit 6.1.*

All new LMRPs must be written in Hyper Text Markup Language (HTML). The LMRPs on your Web site must be in HTML. This does not prohibit a contractor from writing policies in word or another application and then translating them into HTML. Contractors must specify in the HTML title the contractor name and topic of the LMRP. *If needed, contractors may use their initials for their name in the HTML title field.* "Title" refers to the HTML tag called "title" in the source code of HTML. A sample HTML format is located at www.medicarecmd.net. Contractors are encouraged to used this HTML sample. Contractors may alter the appearance of the HTML file to meet their own Web site needs, e.g., change the background color.

Contractors are encouraged to put existing LMRPs into these formats.

Exhibit 6 - LMRP Format - (Rev. 14, 09-26-01)

Contractors must ensure that all *new* LMRPs are written in the following format. *However, contractors are encouraged to format all revised policies as follows.* Contractors may use column and headings instead of using the table format as shown below but the LMRP content must include all the same information.

Contractor's Policy Number	*Enter a unique policy identifier that the policy author designates. The numbering system is entirely up to the contractor and is used to catalog the policy for internal use.*
Contractor Name	*The contractor name is the proper name assigned by CMS and used in the Contractor Report of Workload Data (CROWD) system. This is a mandatory field.*
Contractor Number	*The contractor number is the proper name assigned by CMS and used in the CROWD system. Include only one contractor number. This is a mandatory field.*
Contractor Type	*Indicate if this policy is for a fiscal intermediary (FI), carrier, regional home health intermediary (RHHI) or durable medical equipment regional carrier (DMERC). Select only one contractor type. This is a mandatory field.*
LMRP Title	*Enter a brief, one line description of the topic or subject matter of the policy. The subject identifies the name of the medical policy. This field is used in the Keyword Search function for researching and drafting policies. To improve identifying your policies, try not to use special characters such as parentheses, slashes, and ellipses in this field. Only use these characters when absolutely necessary. This is a mandatory field.*
AMA CPT Copyright Statement	*Include the following statement in each LMRP that contains CPT codes. "CPT codes, descriptions and other data only are copyright 2001 American Medical Association (or such other data of publication of CPT). All Rights Reserved. Applicable FARS/DFARS Clauses Apply."*
CMS National Coverage Policy	*Indicate any associated CMS National Coverage Determination or Coverage Provision in an Interpretive Manual. Include a description if a National Coverage Determination or Provision is being expanded, adds greater clarification and/or codes. This is a mandatory field.*
Primary Geographic Jurisdiction	*The geographical area to which the LMRP will apply. For carriers and DMERCs, this jurisdiction is usually established based upon the contractor number. For RHHIs and FIs, this jurisdiction is established based upon the contractor number but may not include all States within CMS established jurisdiction. For example, an FI with the primary geographic jurisdiction of Connecticut, Michigan and New York may only develop a LMRP for Connecticut and not Michigan or New York. Contractors must indicate the primary jurisdiction to which this policy applies. This is a mandatory field.*
Secondary Geographic Jurisdiction	*RHHIs and FIs may also have a secondary geographic jurisdiction for those facilities that nominate to have the FI or RHHI process their claims. The secondary geographic jurisdiction is the State in which the provider is located. Include all States for the providers to which this policy applies.*
CMS Region	*List the region that retains oversight of the Medicare contractor's LMRP development process. Include only one region. This is a mandatory field.*
CMS Consortium	*List the consortium for the regional office listed above. Include only one consortium. This is a mandatory field.*

DMERC Region LMRP Covers	*List the region that this policy covers. This is a mandatory field for DMERCs only.*
Original Policy Effective Date	*List the **original** date this policy became effective. For example, all policy rules, requirements and limitations became effective for services performed on and after this date. The format is MM/DD/YYYY. This is a mandatory field.*
Original Policy Ending Date	*The date for which the policy is no longer effective. For example, all policy rules, requirements and limitations within this policy are no longer effective for services performed after this date. This date may be the same as, but not before the final revision ending effective date. The format is MM/DD/YYYY. This is a mandatory field for terminated policies.*
Revision Effective Date	*The beginning date for which a revision becomes effective. For example, all policy rules, requirements and limitations within this revision are effective for services performed after this date. The format is MM/DD/YYYY. This is a mandatory field for revised policies.*
Revision Ending Date	*The date for which this revision is no longer effective. For example, all policy rules, requirements, and limitations within this revision are no longer effective for services performed after this date. The format is MM/DD/YYYY. This is a mandatory field if a revised policy is itself subsequently revised or if a revised policy is terminated without a subsequent revision.*
LMRP Description	*Characterize or define the item/service and explain how it operates or is performed. Use this field to enhance the policy subject. This is a mandatory field.*
Indications and Limitations of Coverage and/or Medical Necessity	*List the general indications for which an item/service is covered and/or considered reasonable and necessary. Also, list limitations such as least costly alternative reductions. This is a mandatory field.*
CPT/HCPCS Section and Benefit Category	*Define the CPT/HCPCS section to which the policy applies. Also state the appropriate benefit category. For example: physician services, DME, diagnostic services, prosthetic devices, evaluation and management, medicine, pathology and laboratory, radiology, nuclear, ultrasound and surgery. This is a mandatory field.*
Type of Bill Code	*Enter the related type of bill codes for the item, service or procedure. Type of bill codes apply to FIs only. This is a mandatory field for FIs and RHHIs.*
Revenue Codes	*Enter the related revenue code for the item, service or procedure. Revenue codes apply to FIs only. This is a mandatory field for FIs and RHHIs.*
CPT/HCPCS Codes	*Enter the related HCPCS codes and any appropriate modifiers for the item/service. You may list the codes as a range. A policy may be associated with one or many HCPCS codes or a combination of all these. This is a mandatory field.*
Not Otherwise Classified (NOC)	*Use this field in the absence of HCPCS codes. List the NOC code and the classified codes associated text. This is a mandatory field.*
ICD-9 Codes that Support Medical Necessity	*List the ICD-9 codes or code ranges, using maximum specificity, for which the item/service is generally covered, and/or considered medically necessary. A policy can be associated with one or many diagnosis codes, one or many ranges of diagnosis codes, or a combination of all of these. This is a mandatory field.*
Diagnoses that Support Medical Necessity	*In the absence of ICD-9 codes, include the medical diagnoses that support the medical necessity for the item, service or procedure.*

ICD-9 Codes that DO NOT Support Medical Necessity	*List the ICD-9 codes that do not support the medical necessity of the service. Use this field when developing policies using an "exclusionary" approach in writing LMRP for which there are only limited exceptions of ICD-9 codes that would not support the medical necessity of the service.*
Diagnoses that DO NOT Support Medical Necessity	*In the absence of ICD-9 codes that do not support medical necessity, include the medical diagnoses that will not support medical necessity. Use this field when developing policies using an "exclusionary" approach in writing LMRP for which there are only limited exceptions of diagnoses that would not support the medical necessity of the service.*
Reasons for Denials	*Indicate the specific situations under which an item/service will **always** be denied. Also, list the reasons for denial such as "investigational, cosmetic, routine screening, dental, program exclusion, otherwise not covered, or never reasonable and necessary." This is a mandatory field.*
Noncovered ICD-9 Codes	*If an item/service is **always** denied for a certain ICD-9 code, list the ICD-9 code(s) or code range(s) and narrative that are **never** covered. A policy can be associated with one or many noncovered diagnosis codes, one or many ranges of diagnosis codes or a combination of all of these.*
Noncovered Diagnosis	*List the medical diagnoses that are not covered.*
Coding Guidelines	*Describe the relationships between codes and define how items/services are billed. Include information about the units of service, place of service, HCPCS modifiers, etc. An example of an appropriate coding technique is "use CPT xxxxx to bill this item/service rather than yyyyy." Include payment issues and payment considerations in the indications and limitations of coverage section.*
Documentation Requirements	*Describe specific information from the medical records or other pertinent information that would be required to justify the item/service. For example, progress notes, pathology report, certificates of medical necessity (CMN), or photographs. Give instructions as to how Electronic Media Claim billers should submit documentation.*
Utilization Guidelines	*Include information concerning the typical or expected utilization for the service. This is an optional field.*
Other Comments	*Include information not included in other field sections. There is NO maximum field length.*
Sources of Information and Basis for Decision	*List the information sources, pertinent references (other than national policy) and other clinical or scientific evidence reviewed in the development of this policy. Cite, for example: Agency for Health Care Policy and Research (AHCPR) guidelines, position papers released by specialty societies or other sources used during the development of this policy. Also include the basis for your coverage decision and references that may apply. This is a mandatory field.*
Advisory Committee Notes	*All contractors **must** include the following information regarding the development of the LMRP: the meeting date on which the policy was discussed with the advisory committee. This is a mandatory field for those contractors who hold meetings.*
Start Date of Comment Period	*Enter the date the LMRP was released for comment. Use MM/DD/YYYY as the format. This is a mandatory field.*
End Date of Comment Period	*Enter the date the comment period ended. Use MM/DD/YYYY as the format. This is a mandatory field.*

Start Date of Notice Period	*Enter the date the medical community was notified about the LMRP. Use MM/DD/YYYY as the format. When no day is provided, enter 01 as the day. This is a mandatory field.*
Revision History	*The revision history includes the revision number, the effective date of the revision and an explanation of the revisions made to the policy. Any revision to LMRP that increase restrictions on coverage* ***requires*** *the usual notice and comment period. Revisions to utilization guidelines that increase restrictions on coverage are also subject to the notice and comment period. The revision number is a unique identifier that allows users to recognize if a policy is changed from its original form. The numbering system is entirely up to the contractor and is used to catalog the policy for your internal use. The revision dates are listed with the most recent revision date listed first. Use MM/DD/YYYY as the format. This is a mandatory field for revisions.*

All LMRPs must include the following paragraph:

"This policy does not reflect the sole opinion of the contractor or contractor medical director. Although the final decision rests with the *contractor*, this policy was developed in cooperation with advisory groups, which includes representatives from [fill in appropriate specialty name]."

Exhibit 6.1 - LMRP Submission/Requirements (Rev. 14, 09-26-01)

To provide the most accurate information for the LMRP database and Web site and for consistency, contractors are required to do the following *when submitting new or revised policies:*

- If a FI/carrier has different contractor numbers for each State, they must submit separate LMRPs for each contractor number even if the LMRPs are identical. *Contractors are allowed to send one e-mail with each LMRP attached for each contractor number. Attachments must indicate which contractor number it applies to even if they are the same policy. For example, an organization has contractor numbers 12345 and 67890. They can submit one email for the same LMRP with the first attachment indicating it applies to contractor number 12345 and the second attachment applying to 67890.*

- Do not submit a file/*attachments* with multiple policies, each policy *must* be in a separate file with a separate name. *Do not e-mail a LMRP attachment/file that contains more than one policy (e.g. 300 different policies in one attachment).*

- Do not *submit a single LMRP that is separated into several attachments/files*. For example, do not send an appendix of ICD-9 codes in a separate file. *If needed, WinZip the LMRP and submit as one document.*

- In the body of the e-mail to *julie.berkey@tbhe.org,* the contractor name and number must be indicated.

- Remove the password feature from all LMRPs prior to submission.

- Always refer to LMRPs by their file name. Do not refer to them by their internal policy identification number or title.

- *For revised policies,* ensure that corrections to a LMRP are accepted prior to saving the file. If not, the corrections are encrypted as hidden text and can appear on the document.

- Do not submit .dat, .pdf or .dot files.

- Check the accuracy/validity of HCPCS and ICD-9 codes prior to submission.

- Do not use an "x", underbar, asterisk or any other mark to indicate any fourth or fifth digit subclassification range of an ICD-9 code. List all the ICD-9 codes, including fourth and fifth digit subclassifications, which establish medical necessity.

- Do not include the shaded areas of gray from the ICD-9 book which have been added to LMRPs. Code the ICD-9 fourth and fifth digit subclassification as applicable.

- Do not send scanned LMRPs.

- Only submit a NEW LMRP when the policy addresses a service/item that is not currently addressed in another LMRP on www.lmrp.net. This policy would be new to the lmrp.net database.

- Only submit a REVISED LMRP if the LMRP addresses a subject that is currently addressed in another policy on www.lmrp.net. Include the file name of the LMRP on *www.lmrp.net* that should be replaced by the revised LMRP.

- Only request a DELETION of a LMRP if the policy is being retired or appears on the Web site in error. *Include the file name of the LMRP on* www.lmrp.net *that needs deleted.*

- *To keep the Contractor Information Database current, contractors must send an e-mail to* julie.berkey@tbhe.org *of any new contact persons.*

For further clarification of the submission of LMRPs, contact *Julie Berkey at julie.berkey@tbhe.org*