

## Medicare Coverage Document Type Descriptions

Table 1: Medicare Coverage Document Type Descriptions

Document Type	Description
LCD	<p><b>A Local Coverage Determination (LCD) is a decision made by a Medicare Administrative Contractor (MAC) on whether a particular service or item is reasonable and necessary, and therefore covered by Medicare within the specific jurisdiction that the MAC oversees.</b></p> <p>MACs are Medicare contractors that develop LCDs and process Medicare claims. MACs develop an LCD when there is no national coverage determination (NCD) (e.g., when an item or service is new) or when there is a need to further define an NCD for the specific jurisdiction.</p> <p>LCDs are specific to an item or service (procedure) and they define the specific diagnosis (illness or injury) for which the item or service is covered. LCDs outline how the contractor will review claims to ensure that the services provided meet Medicare coverage requirements.</p> <p>Before an LCD becomes final, the MAC publishes Proposed LCDs, which include a public comment period.</p> <p>LCD document IDs begin with the letter “L” (e.g., L12345). Proposed LCD document IDs begin with the letters “DL” (e.g., DL12345).</p> <p>The guidelines for LCD development are provided in Chapter 13 of the Medicare Program Integrity Manual. The Social Security Act, Sections 1869(f)(2)(B) and 1862(l)(5)(D) define LCDs and provide information on the process.</p>
LCD Tracking Sheet	<p><b>A Local Coverage Determination (LCD) Tracking Sheet provides an overview of the Proposed LCD development process.</b> The LCD Tracking Sheet is a pop-up modal that displays detailed information about a specific Proposed LCD including a summary of the issue, requestor information, links to key documents, important process-related dates, contact information, and a history of considerations. The Tracking Sheet was introduced for Proposed LCDs published after 1/1/2022 and will display automatically when a Proposed LCD is viewed. It may be closed and re-opened by the viewer, as needed.</p>
Article	<p><b>Local coverage Articles are a type of educational document published by the Medicare Administrative Contractors (MACs). Articles often contain coding or other guidelines that are related to a Local Coverage Determination (LCD).</b></p> <p>MACs are Medicare contractors that develop LCDs and Articles along with processing of Medicare claims.</p> <p>There are different article types:</p> <p><b>Billing and Coding articles</b> provide guidance for the related Local Coverage Determination (LCD) and assist providers in submitting correct claims for payment. Billing and Coding articles typically include CPT/HCPCS procedure codes, ICD-10-CM diagnosis codes, as</p>

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	<p>well as Bill Type, Revenue, and CPT/HCPCS Modifier codes. The code lists in the article help explain which services (procedures) the related LCD applies to, the diagnosis codes for which the service is covered, or for which the service is not considered reasonable and necessary and therefore not covered.</p> <p><b>Response to Comment (RTC) articles</b> list issues raised by external stakeholders during the Proposed LCD comment period.</p> <p><b>Self-Administered Drug (SAD) Exclusion List articles</b> list the CPT/HCPCS codes that are excluded from coverage under this category. The Medicare program provides limited benefits for outpatient prescription drugs. The program covers drugs that are furnished "incident-to" a physician's service provided that the drugs are not "usually self-administered" by the patient. CMS has defined "not usually self-administered" according to how the Medicare population as a whole uses the drug, not how an individual patient or physician may choose to use a particular drug. For purpose of this exclusion, "the term 'usually' means more than 50 percent of the time for all Medicare beneficiaries who use the drug. Therefore, if a drug is self-administered by more than 50 percent of Medicare beneficiaries, the drug is excluded from coverage" and the MAC will make no payment for the drug.</p> <p><b>Draft articles</b> are articles written in support of a Proposed LCD. A Draft article will eventually be replaced by a Billing and Coding article once the Proposed LCD is released to a final LCD.</p> <p>Articles are often related to an LCD, and the relationship can be seen in the "Associated Documents" section of the Article or the LCD. Article document IDs begin with the letter "A" (e.g., A12345). Draft articles have document IDs that begin with "DA" (e.g., DA12345).</p>
NCD	<p><b>National Coverage Determinations (NCDs) are national policy granting, limiting or excluding Medicare coverage for a specific medical item or service.</b></p> <p>NCDs are developed and published by CMS and apply to all states. NCDs are made through an evidence-based process, with opportunities for public participation. Medicare coverage is limited to items and services that are considered "reasonable and necessary" for the diagnosis or treatment of an illness or injury (and within the scope of a Medicare benefit category). An NCD sets forth the extent to which Medicare will cover specific services, procedures, or technologies on a national basis. Medicare Administrative Contractors (MACs) are required to follow NCDs.</p> <p>If an NCD does not specifically exclude/limit an indication or circumstance, or if the item or service is not mentioned at all in an NCD or in a Medicare manual, an item or service may be covered at the discretion of the MAC based on a Local Coverage Determination (LCD). LCDs cannot contradict NCDs, but exist to clarify an NCD or address common coverage issues.</p> <p>Prior to implementation of an NCD, CMS must first issue a Manual Transmittal, CMS ruling, or Federal Register Notice giving specific directions to claims-processing contractors. That issuance, which includes an effective date and implementation date, is the NCD. If</p>

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	appropriate, the Agency must also change billing and claims processing systems and issue related instructions to allow for payment. The NCD will be published in the Medicare National Coverage Determinations Manual. An NCD becomes effective as of the date of the decision memorandum.
NCA/CAL	<p><b>NCAs: National Coverage Analysis (NCA).</b> When an NCD is under consideration, either a new review or a reconsideration, there are numerous documents that support the process. These documents are considered the NCA. They include tracking sheets to inform the public of the issues under consideration and the status (i.e., Pending, Closed) of the review, information about and results of MEDCAC (formerly known as MCAC) meetings, Technology Assessments, and Decision Memoranda that announce CMS's intention to issue an NCD. These documents, along with the compilation of medical and scientific information currently available, any FDA safety and efficacy data, clinical trial information, etc., provide the rationale behind the evidence-based NCDs.</p> <p><b>CALs: Coding Analyses for Labs (CAL) is an abbreviated process, similar to the National Coverage Determination (NCD) process, for making changes to the coding component of the negotiated laboratory NCDs.</b> The process is used for adjusting the list of covered (or non-covered) ICD-10 diagnosis codes and coding guidance in the NCDs when there is a question regarding whether the code flows from the narrative indications in the NCD. A tracking sheet is posted opening a CAL and a 30-day public comment period follows. A decision memorandum announcing and explaining the decision is posted following the comment period. Changes are implemented in the next available quarterly update of the laboratory edit module. More details regarding the process can be found in 68 FR 74607.</p>
NCA Tracking Sheet	<b>When an NCD is under consideration, either a new review or a reconsideration, there are numerous documents that support the process. One of these is the tracking sheet.</b> The NCA Tracking Sheet provides detailed information about a specific NCA, including recent steps and due dates, and will be updated whenever there are updates to the process.
Proposed Decision Memo	<b>The proposed decision memo is typically posted 6 or 9 months after the opening of the NCA and gives the reader an idea of the direction the review is headed.</b> Consistent with 1862(l)(3)(B), CMS provides 30 days for public comment on the aforementioned proposal.
Decision Memo	<b>The decision memorandum is the public document that lays out and describes the analytic framework for our decision on a topic under NCD review.</b> Its purpose is to inform the reader of the decision, the reasons for the decision and process followed, and provide a summary of the evidence considered. The decision memorandum alerts the public of our intent to implement the decision at some point in the future. The effective date of the NCD will be the date the decision memo is issued.

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MEDCAC	<p><b>The Medicare Evidence Development &amp; Coverage Advisory Committee (MEDCAC) process was established to provide independent guidance and expert advice to CMS on specific clinical topics. It is used to supplement CMS's internal expertise and to ensure an unbiased and contemporary consideration of "state of the art" technology and science.</b></p> <p>The MEDCAC reviews and evaluates medical literature, reviews technology assessments, public testimony and examines data and information on the benefits, harms, and appropriateness of medical items and services that are covered under Medicare or that may be eligible for coverage under Medicare. The MEDCAC judges the strength of the available evidence and makes recommendations to CMS based on that evidence. They advise CMS on whether specific medical items and services are reasonable and necessary under Medicare law. They perform this task in an open and public forum. The MEDCAC is advisory in nature, with the final decision on all issues resting with CMS. MEDCAC members are valued for their background, education, and expertise in a wide variety of scientific, clinical, and other related fields. In composing the MEDCAC, CMS was diligent in pursuing ethnic, gender, geographic, and other diverse views, and to carefully screen each member to determine potential conflicts of interest. More information can be found here: <a href="https://www.cms.gov/medicare-coverage-database/details/medicare-coverage-document-details.aspx?MCDId=10&amp;mcdtype=Guidance+Documents&amp;MCDIndexType=1&amp;bc=gAACAAAAAAAA&amp;">https://www.cms.gov/medicare-coverage-database/details/medicare-coverage-document-details.aspx?MCDId=10&amp;mcdtype=Guidance+Documents&amp;MCDIndexType=1&amp;bc=gAACAAAAAAAA&amp;</a></p>
TA	<p><b>Each National Coverage Determination (NCD) is supported by a comprehensive Technology Assessment (TA) process, which often focuses on the quality of the evidence for a given technology.</b></p> <p>Health care Technology Assessment is a multidisciplinary field of policy analysis that studies the medical, social, ethical and economic implications of the development, diffusion and use of technologies. For some NCDs, external TAs are requested through the Agency for Health Research and Quality (AHRQ).</p> <p>For a description of the TA process and guiding principles for selecting which topics are referred for external TA assistance see <a href="https://www.cms.gov/medicare-coverage-database/details/medicare-coverage-document-details.aspx?MCDId=7">https://www.cms.gov/medicare-coverage-database/details/medicare-coverage-document-details.aspx?MCDId=7</a></p>
Medicare Coverage Documents	<p><b>Medicare Coverage Documents are published by CMS to help to relay information that is related to coverage on a national level.</b> Examples include guidance documents, compendia, and solicitations of public comments.</p>