

# ASCO-ASH NATIONAL CAC MEETING

ASCO Headquarters

Alexandria, Virginia

July 24, 2009

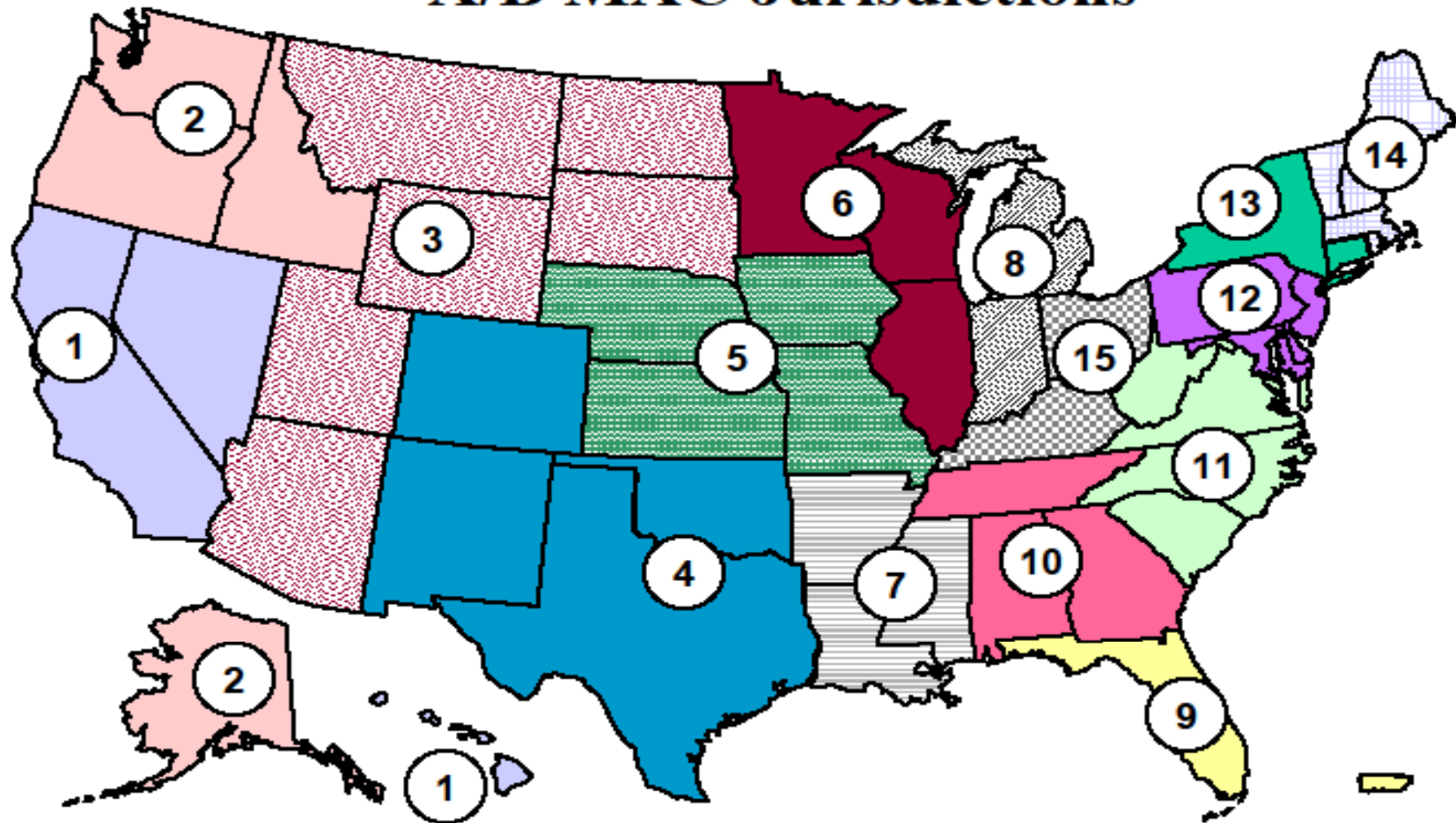


**Palmetto GBA**  
PARTNERS IN EXCELLENCE™



# NEW CONTRACTOR AREAS

## A/B MAC Jurisdictions



# TRANSITION ISSUES

- Enrollment...NPI, PTAN issues
- Electronic Data Interchange
- Electronic Funds Transfer
- Claims...Carried Over
- CACs ...Minimum 3 per year
- Coverage...LCD Changes
- Address Changes for Claims, etc.



# NEW MACs and OLD LCDs

- New contractor must review old A & B LCDs from former contractor(s)
  - Least restrictive / most appropriate LCD from one contractor will be used -- some exceptions
  - LCDs can't be amended or revised until cutover
  - New LCDs posted on the websites with connections to CMS Medicare Data Base
- CAC (Carrier Advisory Committee) structure will continue in each jurisdiction-3 per year mandated by CMS
- After cutover, reconsideration always possible using CAC process



# PURPOSE & VALUE OF CACS

- For Contractor: Can we talk?
  - Input for LCDs
  - Learn about problems
  - Specialty Advice
  - Outreach Activities
- For Societies: Can we influence?
  - Input & knowledge of LCDs
  - Update on Medicare Rules/Regs
  - Chance to air problems, complaints
  - Contact with Med Directors



# NATIONAL COVERAGE DECISIONS

- National: NCDs come from CMS
  - Based on scientific studies & data collected
  - Presented often at MCAC-open meetings
  - Notice and comment welcome
  - **Reconsiderations always possible**
- NCDs cover entire country
  - May specify services always covered
  - May specify services never covered
  - Published in CMS Coverage Manual
  - May change as science changes, new studies emerge, or as laws change.



# NATIONAL COVERAGE DECISIONS

- Examples of NCDs (303 currently)
  - Abarelix for treatment of prostate ca
  - Acupuncture
  - Bariatric surgery for morbid obesity
  - Bone (mineral) density studies
  - Breast reconstruction post mastectomy
  - Colonic irrigation
  - Deep brain stimulation for Parkinson's
  - Electrical nerve stimulators studies
  - Xenon Scan



# LOCAL COVERAGE DECISIONS

- Local: LCDs from 1 or more states/areas
  - Written by local CMDs about situations that are data based & need control or instruction
  - Presented at state CACs open to medical and specialty societies representatives
  - Notice and comment always welcome
  - **Reconsiderations always possible**
- LCDs cover a Medicare Jurisdiction (e.g., J-1)
  - Discuss and describe medical necessity
  - Usually give codes & conditions for payment
  - May state frequency of service and diagnoses and always published locally and nationally

[www.cms.hhs.gov/MCD](http://www.cms.hhs.gov/MCD)

# LOCAL COVERAGE DECISIONS

- Example of J-1 LCDs (Currently 90 "B" LCDs)
  - Abdominal and peritoneal ultrasound
  - Actinic keratosis
  - Botulinin toxin, types A and B
  - Category III CPT codes
  - CT colonography
  - External counterpulsation (ECP)
  - Gonadotropin releasing hormone analogs
  - Intravenous immune globulin (IVIg)
  - Non-invasive peripheral arterial studies
  - Physical medicine and rehabilitation policy
  - Vitamin B-12 injection

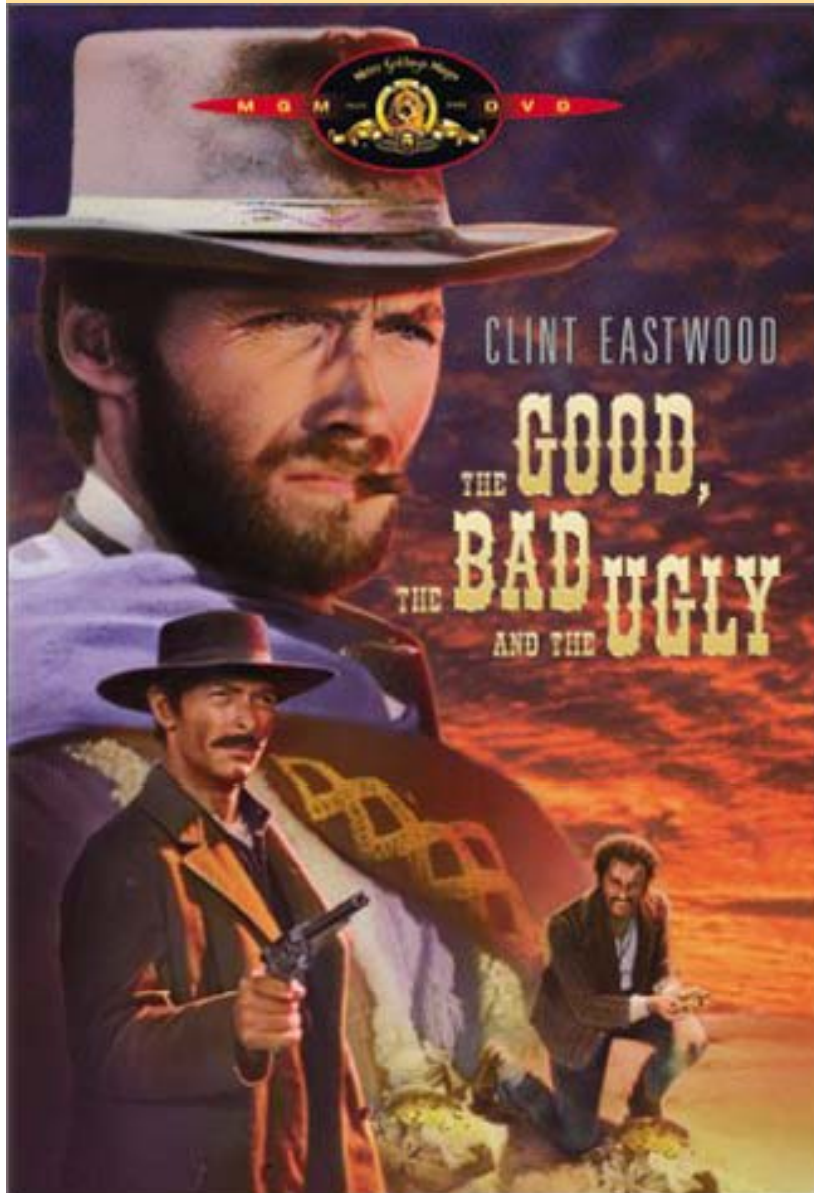


# REQUESTING RECONSIDERATIONS

- Send in writing to local Contractor
  - Specific address for reconsiderations or
  - Specific address of CMD
- Add supporting scientific evidence
  - Literature in peer reviewed journals
  - Expert opinion from credible sources
  - Guidelines/statements from specialty societies
  - Results of medium or long term studies
- Be specific in requests
  - CPT, ICD-9, organ systems or special circumstances
- Be conscious of vested interests
- Contractor must respond in 30 days



# RESPONDING TO MEDICAL REVIEW



- WHO CAN ASK FOR RECORDS / DOWNCODE OR DENY PAYMENT
  - MEDICARE A/B ADMIN. CONTRACTORS (MACs)
  - MEDICAL INTEGRITY (FRAUD) CONTRACTOR
  - CERT CONTRACTOR
  - RAC CONTRACTOR
  - QIO
  - BUNDLING AND MEDICAL UNLIKELY EDITS
  - PRIVATE INSURANCE COMPANIES (FOR MEDICARE ADVANTAGE)

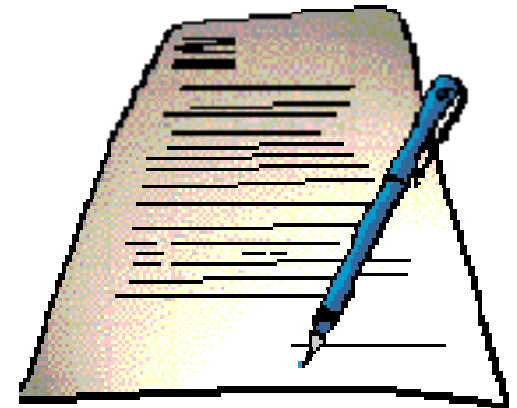
# OTHER REVIEWS OR POSSIBLE DENIALS

- Medicare bundling edits: “Correct Coding Initiative” (CCI)
  - Some procedure codes part of other codes and not split apart
  - If bill separately you may be paid lesser code
- Medicare unlikely edit (MUE)
  - Occurs when frequency of services extremely unusual compared to norm
  - Usually coding error not medical necessity error
- MUA: Medication unlikely audit
  - For medication dosage extremely high



# HOW YOU COPE WITH POLICIES

- Know what is covered and which diagnoses and CPT codes to use—they're written in most LCDs
  - e.g., screening vs diagnostic
  - J HCPCS codes for drugs
- Know the number tests, number specimens, frequencies or time frames that will be paid
- Doctor should chart any unusual cases or exceptions if may need to appeal
- If you believe Medicare will not pay:
  - Have patient sign an ABN (Advanced Beneficiary Notice)
  - ABN is downloadable from CMS



[www.cms.hhs.gov/bni](http://www.cms.hhs.gov/bni)

**CMS**

...TERS for MEDICARE & MEDICAID SERVICES

# KNOW YOUR APPEAL RIGHTS

- Initial Determination-MAC
- Redetermination-MAC
- Reconsideration-QIO
- Administrative Law Judge
- Medicare Appeals Board
- Federal Court



# APPEALS PROCESS



- Instructions come with any denial
  - Time frames (120 days)
  - Addresses
- No penalty for appeals
  - Fresh person with each appeal
- Recommend appeals with CERT, RAC
- Useful to discuss with med organizations and societies to see if other appeals win