

# National and Local Coverage Determinations

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## **What are NCDs and LCDs?**

NCDs (National Coverage Determinations) and LCDs (Local Coverage Determinations) are decisions by Medicare and their administrative contractors that provide coverage information and determine whether services are reasonable and necessary on certain services offered by participating providers.

## **What is the difference between a NCD and an LCD?**

An NCD is mandated at the national level and all FIs, Carriers, and Medicare Administrative Contractors (MACs) follow those guidelines. An LCD is mandated at the MAC level and those guidelines are only applicable to that MAC's jurisdiction. Medicare contractors develop LCDs when there is no National Coverage Determination (NCD) or when there is a need to further define an NCD. The guidelines for LCD development are provided in [Chapter 13 of the Medicare Program Integrity Manual](#).

## **What's the difference between an LCD (local coverage determination) and an LMRP (local medical review policy)?**

The difference between LMRPs and LCDs is that LCDs consist of only "reasonable and necessary" information, while LMRPs may also contain benefit category and statutory exclusion provisions.

## **What is part of an NCD/LCD?**

Codes describing what is covered and what is not covered can be part of the NCD/LCD. This includes, for example, lists of HCPCS codes that spell out which services the NCD/LCD applies to, lists of ICD-9-CM codes for which the service is covered, lists of ICD-9 codes for which the service is not considered reasonable and necessary, etc.

## **What do NCD/LCDs specify?**

The NCD/LCDs specify under what clinical circumstances a service is considered to be reasonable and necessary.

## **What are they used for?**

They are administrative and educational tools to assist providers in submitting correct claims for reimbursement.

## **Who publishes and develops NCD/LCDs?**

Contractors publish LCDs to provide guidance to the public and medical community within their jurisdictions. Contractors develop LCDs by considering medical literature, the advice of local medical societies and medical consultants, public comments, and comments from the provider community.

## **Can an NCD/LCD be reconsidered?**

NCD/LCDs can be reconsidered. The NCD reconsideration process can be found [here](#) and each administrative contractor will have the reconsideration process on their website. A list of all MAC websites can be found [here](#).

## Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report as of July 2012.

*All information is subject to change.*

[Here](#) is a complete list of NCDs and common endocrine NCDs are listed below.

- [Blood Glucose Testing 190.20](#) (see page 10 for a brief summary and page 80 for a complete list of covered diagnosis codes and limitations.)
- [Glycated Hemoglobin/Glycated Protein 190.21](#) (see page 10 for a brief summary and page 87 for a complete list of covered diagnosis and limitations.)
- [Thyroid Testing 190.22](#) (see page 10 for a brief summary and page 91 for a complete list of covered diagnosis and limitations.)
- [Lipids Testing 190.23](#) (see page 99 for a complete list of covered diagnosis and limitations.)
- [Prostate Specific Antigen 190.31](#) (see page 11 for a brief summary of coding guidelines and page 125 for a complete list of covered diagnosis and limitations.)
- [Bone Density 150.3](#) CMS provided clarification of Bone Mass Measurement Billing Requirements [here](#). Conditions for coverage of BMMs are now contained in [chapter 15, section 80.5 of Pub. 100-02, Medicare Benefit Policy Manual](#).
- [Diabetes Outpatient Self-Management Training 40.1](#)
- [Intensive Behavioral Therapy for Obesity 210.12](#)