How to Deal With LCD’s

Harold J. Welch, MD
Vascular Surgery, Lahey Clinic
Associate Professor of Surgery
Tufts University School of Medicine

What is an LCD?
(Local Coverage Determination)

An LCD, as established by Section 522 of the Benefits Improvement and Protection Act, is a decision by a Medicare Contractor (A/B MAC, DME MAC, HHN MAC, Fiscal Intermediary or Carrier) whether to cover a particular service or item on an contractor-wide basis in accordance with Section 1862(a)(1)(A) of the Social Security Act (i.e., a determination as to whether the service is reasonable and necessary). The difference between LMRPs and LCDs is that LCDs consist only of “reasonable and necessary” information, while LMRPs frequently also contained benefit category or statutory provisions.

For a full description of the process and criteria used in developing LCDs, refer to Chapter 13 of the Medicare Program Integrity Manual.

Disclosures

• None
- Have to play by the rules
- Same as dealing with insurance companies
- Document symptoms, interference with ADL’s, size & location, previous treatment, reflux,(saphenous and non-saphenous), planned treatment
Remember.....

• “We’re from the government, and we’re here to help you”