

Medicaid's LMRP LCD List (REVISED, changes are underlined) updated 8/10/2006

NOTE: If the LMRP LCD number begins with an A, the policy only applies to hospital outpatient services. A "B" indicates physician services. If both A and B are present, then the policy applies to all type of services billed with this procedure code. Injectables, whether given in an outpatient setting or physician's office are governed by the indicated policy.

On a HCFA 1500, the detail diagnosis code must be on the included list. On an outpatient UB-92, the primary diagnosis code must be on the included list.

***** Local Coverage Determinations (LCD) can now be located on www.cahabagba.com Please note that LMRPs (Local Medical Review Policy) are retired. So although a LMRP may be retired, there also may be an ACTIVE LCD version of the policy.**

Service	Procedure Codes	Effective Date	Medicare's LCD or Transmittal Number www.cahabagba.com	Additions/Deletions
Debridement <u>Services</u>	11040,11041,11042,11043,11044,97601,97602, 97597,97598	5/1/03 approx.	A-00-03/ <u>L1505</u> B00-15/ <u>L6158 Medicare retired the B policy September 2005.</u> <u>Medicaid will continue diagnosis restrictions based on this retired policy.</u>	Added procedure codes 29850 and updated diagnosis list
Amifostine	J0207	11/04	B00-27/ <u>L5710</u>	
Aranesp	J0880 –J0881, J0882 and J0885	4/1/03 approx.	B02-01/LCD L11914	Added 776.6 Anemia of Prematurity diagnosis
Immune Globulin Intravenous	J1563, J1564 , J0850, J1566, J1567	4/1/03 approx.	A98-24/L13075 B97-33/L11961	New diagnosis codes added based on Dec05 and Jan06 Medicare Focus
Peripheal Arterial Studies Non Invasive Peripheral Arterial and Venous	93922, 93923, 93924, 93925, 93926, 93930, 93931	4/1/03 approx.	B02-12/L18959	

Studies (arterial and venous have been combined)				
Peripheral Venous Exams Non Invasive Peripheral Arterial and Venous Studies (arterial and venous have been combined)	93965, 93970, 93971,	4/1/03 approx.	B02-13/L18959	
Polysomnography Sleep Testing	95805, 95806, 95807, 95808, 95810, 95811, 95822	4/1/03 approx.	A99-15/L1062	B99-13 retired
HBO Therapy	99183	Since 1999	AB-02-183	LMRP retired 9/1/2002 and replaced with National Coverage Determination for Hyperbaric Oxygen Therapy (35-10) Update of diagnosis codes
Intensity Modulated Radiation Therapy	77301, 77418	5/1/03 approx.	A02-07	Medicaid discontinued diagnosis restriction 6/1/05
<u>Sodium Hyaluronate Joint Injections</u>	J7317, J7320	5/1/03 approx.	B98-02/ <u>L6789</u> ** According to the <u>Cahaba website, this policy is no longer retired.</u>	Medicare retired policy April 2004. Medicaid will continue diagnosis restrictions based on the retired policy.
Rituximab	J9310	5/1/03 approx.	A98-29/L1007 B98-13/L6718	New diagnosis codes added based on Dec05 and Jan06

				Medicare Focus
Deep Brain Stimulation	61855, 61862, 61880, 61885, 61886, 61888, 95970, 95971, 95962, 95961, 95972, 95973	5/1/03 approx.	AB-03-023	Added 95974 LMRP Part A was retired 5/1/03 and LMRP Part B was retired 3/31/03
Gemtuzumab Ozogamicin (Mylotarg) for Injection	J9300	5/1/03 approx.	B01-02	LMRP retired by Medicare 1/1/2005. Medicaid will maintain diagnosis restrictions.
Oxaliplatin (Eloxatin) for Injection	J9263	1/1/2006	B03-01/L13000	Diagnosis restricted 153.0 – 154.8
Echocardiography	93303, 93304, 93307, 93308, 93312, 93313, 93314, 93315, 93316, 93317, 93318, 93320, 93321, 93325, A9700	5/1/03 approx.	A98-55/L909 B95-02/L6215-Medicare retired the B policy August 2005. Medicaid will continue diagnosis restrictions based on this retired policy.	Added diagnosis codes: 401.0, 401.1, 401.9, 239, 279.11, 393.0, 398.0, 427.0, 446.0, 446.1, 459.2, 710.0, 747.81, 758.0 – 758.9, 759.0 – 759.9, 781.5, 782.5, 282.60, 674.84 Update added from revised LMRP part A in December 2003 Medicare Focus
Swallowing Studies <u>Dysphagia/Swallowing Therapy</u>	74230, 92511, 92520, 92526, 92610, 92611	8/1/03 approx.	A98-43/ <u>L923</u>	Added procedure codes: 92612, 92614, 92616, 92615, 92617 Update added from revised LMRP part A in December 2003 Medicare Focus

MRA of the Head and Neck	70544, 70545, 70546, 70547, 70548, 70549	1/1/04	A99-19 revised/L2404 B0004/L6349	Updated diagnosis codes
MRA of the Chest	71555	1/1/04	A00-19/L1177 B00-02/L6350 <u>Medicare retired the B policy July 2005. Medicaid will continue diagnosis restrictions based on this retired policy.</u>	Updated diagnosis codes
MRA Peripheral Vessels of the Lower Extremities	73725	1/1/04	A99-24/L1296 B00-03/L6376 <u>Medicare retired the B policy July 2005. Medicaid will continue diagnosis restrictions based on this retired policy.</u>	Updated diagnosis codes
MRA of the Abdomen	74185	1/1/04	A00-20/L1174 B00-01/L6351 <u>Medicare retired the B policy July 2005. Medicaid will continue diagnosis restrictions based on this retired policy.</u>	Medicaid does not cover C codes and therefore will continue policy with procedure code 74185 and applicable diagnoses.
CT Abdomen & Pelvis	72192, 72193, 72194, 74150, 74160, 74170	1/1/04	A98-59/L1495 B00-05/L6080	New diagnosis codes added based on Dec05 and Jan06 Medicare Focus
CT of the Head & Brain/ <u>Cranial CT Scan</u>	70450, 70460, 70470	1/1/04	A98-45/L13071 B98-23/L6086	New diagnosis codes added based on Dec05 and Jan06

				Medicare Focus
CTs	70480, 70481, 70482, 70486, 70487, 70488, 70490, 70491, 70492, 70496, 70498, 71250, 71260, 71270, 71275, 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 72191, 73200, 73201, 73202, 73206, 73700, 73701, 73702, 73706, 74175, 75635, 75989, 76013, 76070, 76071, 76355, 76360, 76362, 76370, 76375, 76380, 78607		<u>There are no diagnosis code restrictions at this time.</u>	<u>These procedure codes have been included for clarification regarding what codes do and do not require certain diagnoses.</u>
MRI Temporomandibular joint(s)	70336	1/1/04	No LMRP—LCD	PA Required
MRIs	70540, 70542, 70543, 71550, 71551, 71552, 72195, 72196, 72197, 73218, 73219, 73220, 73221, 73222, 73223, 73718, 73719, 73720, 73721, 73722, 73723, 74181, 74182, 74183, 75552, 75553, 75554, 75555, 76093, 76094, 76393, 76394, 76400	1/1/04	No LMRP—LCD	
MRI of the Brain	70551, 70552, 70553	1/1/04	A98-58/L13118 B99-01/L6479	New diagnosis codes added based on Dec05 and Jan06 Medicare Focus
MRI of the Spine	72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158	1/1/04	A98-57/L1261 B00-23/L6544	New diagnosis codes added based on Dec05 and Jan06

<p>PETs</p>	<p>78459, A9526, G0030, G0031, G0032, G0034, G0035, G0036, G0037, G0038, G0039, G0040, G0041, G0042, G0043, G0044, G0045, G0046, G0047, G0125, G0210, G0211, G0212, G0213, G0214, G0215, G0216, G0217, G0218, G0220, G0221, G0222, G0223, G0224, G0225, G0226, G0227, G0228, G0229, G0230, G0231, G0232, G0233, G0234, G0253, G0254, G0296</p> <p>78608, 78491, 78492, 78811- 78815 are diagnosis restricted.</p> <p>78609 and 78816 currently are not diagnosis restricted</p>	<p>1/1/04</p>	<p>A02-06/L14853</p> <p>B0210/L14971</p>	<p>Medicare Focus</p> <p>Medicaid will continue diagnoses restriction based on the retired LMRP/LCD.</p> <p>Effective April 1, 2005, CMS deleted G-codes for PET scans and cross walked the G codes to CPT codes.</p> <p>Effective with the date of service July 1, 2005, Medicaid will no longer accept G-codes for PET scans. Providers may bill either the G-code or CPT code up until July 1, 2005. The CPT codes replacing the G codes have an effective date of April 1, 2005. Medicare has retired the PET LCD but Medicaid will continue diagnosis restriction until further notice.</p>
<p>MRA of the Pelvis</p>	<p>72198</p>		<p>A03-04/L14845</p> <p>B03-06/L14401</p> <p><u>Medicare retired the B policy July 2005.</u></p>	

			<u>Medicaid will continue diagnosis restrictions based on this retired policy.</u>	
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