

## **LOCAL MEDICAL REVIEW (LMRP) RECONSIDERATION PROCESS**

### Purpose

The LMRP Reconsideration Process is a mechanism by which interested parties can request a revision to an existing active LMRP.

### Scope

The LMRP Reconsideration Process is available only for final LMRPs. Draft, archived, or template policies, training manuals and individual claim determinations are not open to reconsideration. The whole LMRP or any part of the LMRP, i.e., Benefit Category Provisions, Utilization Guidelines, Covered ICD-9 codes, etc may be reconsidered for revision.

### General

The contractor will respond in a timely manner to requests for LMRP reconsideration. The contractor may revise or retire their LMRPs at any time on their own initiative.

### Website Requirements

The LMRP Reconsideration Process will be placed on the contractor website as a bullet under "Local Medical Review Policy" and the viewer will be able to click on the bullet and be linked to this process.

### Reconsideration Request Requirements

Effective 10/01/2002, CareFirst, INC., Medicare Part A will consider requests for LMRP revision under the following conditions.

LMRP reconsideration requests will be considered if received from the following:

- Beneficiaries residing or receiving care in a contractor's jurisdiction
- Providers doing business in a contractor's jurisdiction
- An LMRP reconsideration MAY be considered from any interested party doing business in the contractor's jurisdiction.

Reconsideration requests will only be accepted for LMRPs published in final form.

Requests will not be accepted for other documents including:

- National Coverage Decisions (NCD)
- Coverage provisions in interpretive manuals
- Draft LMRPs
- Template LMRPs, unless or until they are adopted by the contractor
- Retired LMRPs
- Individual claim determinations
- Bulletins, articles, training materials
- Any instance in which no LMRP exists, i.e., requests for development of an LMRP

If modification of the LMRP conflicts with an NCD, the request would not be considered to be a valid request. Should a beneficiary or provider want to request a reconsideration

of an NCD, the [www.access.gpo.gov/nara/index.html](http://www.access.gpo.gov/nara/index.html) website contains instructions for that process.

Requests must be submitted in writing and should include the following information:

- Name and number of policy
- Section(s) where changes are desired
- Specify the language being questioned
- Identify the language that the requestor wants added to or deleted from an active LMRP.
- Requests must include justification supported by new evidence, which may materially affect the LMRP's content or basis.
- Copies of published evidence must be included for reconsideration. The level of evidence includes:
  - Published authoritative evidence derived from definitive randomized clinical trials or other definitive studies,
  - General acceptance by the medical community (standard practice), as supported by sound medical evidence based on:
    - Scientific data or research studies published in peer-reviewed medical journals
    - Consensus of expert medical opinion
  - Medical opinion derived from consultations with medical associations or other health care experts.

(Note: Acceptance by individual health care providers, or even a limited group of health care providers, normally does not indicate general acceptance by the medical community. Testimonials indicating such limited acceptance, and limited case studies distributed by sponsors with financial interest in the outcome, are not sufficient evidence of general acceptance by the medical community.)
- Include information as to how you can be contacted (mailing and/or e-mail addresses)

Any request for LMRP reconsideration that does not meet these criteria will be considered to be an invalid request.

Contractors may consolidate valid requests if similar requests are received.

#### Process

The requestor should submit a valid LMRP reconsideration request with supporting evidence to the appropriate contractor. Only one policy reconsideration should be submitted per request. Submit the request to one of the following addresses:

Clifford L. Amend, M.D.  
CareFirst of Maryland, Inc.  
Medicare Part A  
1946 Greenspring Drive  
Timonium MD 21093

or

[clifford.amend@carefirst.com](mailto:clifford.amend@carefirst.com)

Within 30 days of the day the request is received, the contractor will determine whether the request is valid or invalid. If the request is invalid, the contractor will respond to the requestor, in writing, explaining why the request is invalid.

Within 90 days of the day the request was received, the contractor will make a final LMRP reconsideration decision on the valid request and notify the requestor of the decision, with its rationale.

If the decision is made to revise the LMRP, the contractor will follow the normal process for LMRP development/revision and publish the revision on the website.

**THIS BULLETIN SHOULD BE SHARED WITH ALL HEALTH CARE PRACTITIONERS AND MANAGERIAL MEMBERS OF THE PROVIDER/SUPPLIER STAFF. BULLETINS ISSUED AFTER OCTOBER 1,1999 ARE AVAILBABLE AT NO-COST FROM OUR WEBSITE AT [www.marylandmedicare.com](http://www.marylandmedicare.com)**

Reference: Transmittal 28, CR 2196

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CMD Signature: \_\_\_\_\_ Date

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