

TO: Executive Officers of Facilities Serviced by CareFirst of Maryland, Inc.,
Medicare Part A

FROM: CareFirst of Maryland, Inc., Medicare Part A Medical Review

DATE: May 13, 2003.

SUBJECT: Local Medical Review Policies

The attached page contains a summary of three new Local Medical Review Policies (Echocardiography, Infliximab, and Wireless Capsule Endoscopy). These policies will become effective for services performed on or after June 27, 2003.

The complete version of each policy may be found on the Maryland Medicare website at <http://www.marylandmedicare.com>.

The following are summaries of the new Local Medical Review Policies:

- **Echocardiography**

Echocardiography is a non-invasive technique where pulsed high frequency sound waves are used to locate and study the movements and dimensions of cardiac structures. The sound waves track the motions of the cardiac structures over a period of time.

According to the American College of Cardiology and the American Heart Association (ACC/AHA), while cardiac ultrasound may be applied in different forms (M-mode, two-dimensional, spectral and color flow Doppler imaging), and by two different techniques (transthoracic, transesophageal), all are encompassed in the term echocardiography.

- **Infliximab (Remicade™)**

Infliximab is a chimeric IgG monoclonal antibody, which binds specifically to human tumor necrosis factor alpha. Infliximab neutralizes the biological activity of tumor necrosis factor alpha by binding with high affinity to the soluble and transmembrane forms of the molecule and inhibiting its binding to its receptor. The clinical result is a decrease in inflammation.

- **Wireless Capsule Endoscopy**

Wireless capsule endoscopy is the process of using a miniature digital camera to visualize the entire length of the small intestine. After being swallowed, the camera is passively transported through the bowel as it creates two visual images per second. The images are transmitted to a recording unit, which the patient wears during the process. The recorded images are then downloaded onto a computer where they can be examined as a video stream by the physician.

This technology is useful for the evaluation of gastrointestinal bleeding believed to be of small bowel origin.

General Guidelines

The following general Medicare guidelines apply to all services billed to Medicare.

- **Medically Necessary and Reasonable**

Title XVIII of the Social Security Act, Section 1862 (a)(1)(A) states "...no payment may be made under Part A or Part B for any expenses incurred for items or services which are not reasonable

and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.”

Medicare limits coverage of many procedures to certain ICD-9-CM diagnosis codes. Please be aware that it is not enough to link the procedure code to a payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid, but in addition, the procedure must be medically reasonable and necessary and representative of the patient’s condition. Medicare may require documentation of medical necessity on a pre-payment and /or post-payment basis or comprehensive medical review basis.

Please note that the ICD-9-CM codes must be coded to the highest level of specificity, coding to the fourth or fifth digit. This is a requirement for all claims.

- **Documentation**

Documentation supporting the medical necessity of the service should be legible, maintained in the patient’s medical record, and must be made available to Medicare upon request.

- **Reimbursement**

All of the coverage criteria listed for an individual Local Medical Review Policy must be met.

- **National Policy**

In the event that a national policy is established for any of these local medical policies, the national policy will take precedence over the local policy.

- **Medical Review**

Medicare will continue to monitor the utilization of services for these policies through the Medical Review process.

Effective October 1, 2002, Fiscal Intermediaries are no longer required to distribute full-text Local Medical Review Policies (LMRP) to all providers via hardcopy. Instead, the Intermediary will meet the LMRP notice requirements in the following manner:

- The full text of the policy will be posted to the Maryland Medicare website
- If you are unable to access the website for a copy of the policy(ies) contact:

Patricia.neal@carefirst.com or
Trish Neal, Medical Review
1946 Greenspring Drive
Timonium MD 21093

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 AVAILABLE AT NO COST FROM OUR WEBSITE AT www.marylandmedicare.com

Questions related to Claims should be directed to Donald Doyle, (410) 561-4036; Audit and Reimbursement to Adam Weber, (410) 561-7948; and Medical Review to Trish Neal, (410) 561-4041.