

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: August 13, 2003.

SUBJECT: Local Medical Review Policies

This bulletin is published to provide a summary of four new Local Medical Review Policies (Cataract Extraction, Percutaneous Image-Guided Breast Biopsy, Rituximab, and Radiation Therapy Services). These policies will become effective for services performed on or after September 29, 2003. Implementation of the policy for Outpatient Psychiatric Services has been delayed.

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

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

- **Cataract Extraction (03-07)**

This policy defines the medical necessity for cataract extraction and describes the preoperative evaluation of a patient necessary to justify the performance of cataract extraction for Medicare coverage. It addresses the following four components:

- determination of visual functional status,
- visual impairment,
- patient informed consent, and;
- preoperative ophthalmologic testing and medical assessment.

This policy also includes the code for complex cataract surgery, which is intended to differentiate the extraordinary work performed during the intraoperative or postoperative periods in a subset of cataract operations.

- **Percutaneous Image-Guided Breast Biopsy(03-09)**

Percutaneous image-guided breast biopsy is a method of obtaining a breast biopsy through a percutaneous incision by employing image guidance systems. Percutaneous image-guided breast biopsy utilizes guidance for needle insertion in a breast lesion that is otherwise located only by an open procedure. This particular type of needle biopsy is chosen according to the characteristics of the lesion.

- **Radiation Therapeutic Services(03-05)**

Radiation oncology is the specialty of medicine that utilizes high-energy ionizing radiation in the treatment of malignant neoplasms and certain nonmalignant conditions. It uses several distinct therapeutic modalities: teletherapy, brachytherapy, hyperthermia, and stereotactic radiation.

These may be directed at either malignant or benign lesions. This policy addresses teletherapy for malignant and benign lesions.

- **Rituximab (Rituxan®)(03-04)**

Rituximab belongs to a group of cancer drugs known as monoclonal antibodies. It is specific for the CD20 antigen found on the surface of normal and malignant B-lymphocytes, and is used to treat patients with low-grade or follicular, CD20 positive, B-cell non-Hodgkin's lymphoma. In addition to this primary indication, it may be used to treat other types of hematogenous malignancies. Often it is given to patients who have either not responded to chemotherapy, or whose cancer has returned after chemotherapy. However, it may be used as a first-line therapy.

This policy does not address the use of Ibritumomab-Tixutan.

### **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](mailto:Patricia.neal@carefirst.com) or  
Trish Neal, RN  
CareFirst, INC  
Medicare Part A, 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](http://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.