

TO: ALL PROVIDERS

FROM: CAREFIRST OF MARYLAND INC., MEDICARE PART A

DATE: FEBRUARY 7, 2005

**SUBJECT: MEDICAL REVIEW DENIALS DUE TO NON-COVERED
DIAGNOSES**

There are many Local Coverage Determinations (LCDs) and National Coverage Determinations (NCDs), which provide coverage criteria as to the medical necessity of diagnostic services (i.e. laboratory, radiological, etc). Many of these services are evaluated for medical necessity by automated review. CareFirst of MD, Inc. frequently receives requests to adjust the claim by adding additional diagnoses which support coverage. However, claims that have been previously adjudicated by Medical Review can not be adjusted. Therefore, many providers will request an appeal and indicate that certain diagnoses were inadvertently left off of the claim. While this may be an appropriate reason for appeal, the added diagnosis(es) must be supported by medical records accompanying the appeal.

The key to avoiding claims denied due to non-covered diagnoses is insuring that all diagnoses applicable to the service(s) or item(s) are on the claim. Additionally, documentation in the beneficiary's medical record must support the medical necessity of any services or items provided.

Please note that it is very important that you submit all of the information in the Additional Development Request. These denials count toward your overall claims payment error rate and may result in a more intensive level of medical review.

Our web site is available for easy reference of LCDs and coding at www.marylandmedicare.com. The Centers for Medicare & Medicaid Services (CMS) web site is cms.hhs.gov/coverage/#lab for referencing NCDs.

If you have any questions you can contact our Provider Service line at 1-866-488-0545.