Use of NCD and LCD

Policy ID:	HWC-PA-RP-0007
Approved By:	Highmark Wholecare – Market Leadership
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Annual Approval Date:	10/2025
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Products:	Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 2

Disclaimer

Highmark Wholecare medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

This policy provides information regarding the coverage of, as determined by applicable federal and/or state legislation.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Pennsylvania Department of Health (DHS) and all applicable state and federal regulations.

DEFINITIONS

CMS- Center for Medicare and Medicaid Services

LCD- Local Coverage Determinations

NCD- National Coverage Determinations

Highmark Wholecare – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Wholecare members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Wholecare currently services Pennsylvania Medicaid: PA HealthChoices.

PROCEDURES

A prior authorization is not required.

When no plan policy exists, we follow Centers for Medicare and Medicaid Services (CMS) National Coverage Determinations (NCD), Local Coverage Determinations (LCD) and LCD Articles when determining medically

necessary diagnoses. These Determinations define coverage criteria with a list of CPT, HCPCS, and/or ICD-10-CM codes that are approved.

If a procedure or service is submitted without an appropriate diagnosis code on the claim, then the procedure or service will be denied. Likewise, if a DME HCPCS code is submitted without an appropriate diagnosis code on the claim, then the DME HCPCS code will be denied.

The CMS Coverage Data Base and Advanced Search for NCD, LCD, and Articles may be found at this link: https://www.cms.gov/medicare-coverage-database/search.aspx.

Durable Medical Equipment (DME) related LCDs may be found in the same place on the Noridian website: https://med.noridianmedicare.com/web/jadme/policies/lcd/active

CMS Medicare National Coverage (NCD) Coding Policy Manual and Change Report for Clinical Diagnostic Laboratory Services is updated quarterly and may be found at this link: https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/LabNCDsICD10

Post-payment Audit Statement
The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Wholecare at any time pursuant to the terms of your provider agreement.

Place of Service: Inpatient/Outpatient

REIMBURSEMENT

Participating facilities will be reimbursed per their Highmark Wholecare contract.

References

CMS