

Medicare Coverage Documents

NCD, LCD, NCAs – What do all these letters mean?

NCD, LCD, NCA, LCA – these are all names for policies set forth by the Centers for Medicare and Medicaid Services (CMS) to determine whether an item or service is covered and under what conditions. A national coverage determination (NCD) is a general outline of coverage which is applicable regardless to which MAC (Medicare Administrative Contractor) is administering claims for a region. LCDs (Local Coverage Determinations) are specific to a Medicare Administrative Contractor (MAC). A National Coverage Analysis (NCA) is a document published in response to a review request. Local Coverage Articles (LCA) act as companions to local coverage determinations or a stand-alone communication about an item/service.

While all these documents contain a wealth of helpful information, they are not the only resources on Medicare’s coverage of an item or service.

Request Process

National Coverage Determinations

National coverage determinations are developed through an evidence-based process and allow for public or stakeholder participation through submission of comments. In the absence of an NCD, coverage is at the discretion of the MACs based on an LCD. New NCDs are drafted and finalized in a 9-month process.

Initial 6 months



Final 3 months



Final decisions can be appealed in either the “Appeals Board” phase or via a “Reconsideration with Preliminary Discussion” which would be initiated after the final phase.

NCD Request Process

NCD request must:

Be in writing and identified as “A Formal Request for a National Coverage Determination”.

Clearly identify the benefit category and contain enough information for CMS to verify.

Accompanied by sufficient, supporting evidentiary documentation.

Address relevance, usefulness, or medical benefits of the item or service to the Medicare population.

fully explain the design, purpose, and method of using the item or service

LCD Request Process

A local coverage determination (LCD) may be created by a fiscal intermediary or carrier under Part A or Part B. LCDs note whether a particular item or service is covered by an intermediary or carrier-wide basis. Requests for a new LCD can be made by beneficiaries, HCPs (Healthcare Professionals), or any interested party doing business in the MAC jurisdiction. Review for a proposed LCD can be in the form of public comments, Contractor Advisory Committee, and open meetings.

LCD Request Process



LCD requests must:

Be in writing.

Clearly identify the Medicare benefit category and provide rationale justifying the category.

Identify the language the requestor wants in the LCD.

Include justification supported by peer-reviewed evidence and include full copies of the published evidence.

Include information that addresses the relevance, usefulness, clinical health outcomes, or medical benefits of the item/service.

Include information that fully explains the design, purpose, and/or method of using the item/service.

How to search for a coverage determination

Coverage determinations may be located by searching in the [CMS Medicare Coverage Determination Search Tool](#).

Welcome to the MCD Search

Start your search...

<input type="text" value="Enter keyword, code, or document ID"/>	All States	+	
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The search filters may be separated out by keyword, CPT/HCPCS code, or document ID (LCD, NCD, Article Number). Information can be filtered by a single state or all states and their corresponding MACS.

The search will produce results for any articles, coverage determination documents, and articles whether they be active, revised, or retired.

National Coverage Determinations (NCD)

Since national coverage determinations are policies effective for all MACs, there is no need to filter for a specific area. The document will include a description of the item/service with indications and limitations to the coverage. Revisions are notated at the bottom of the article with a link to any national coverage analyses, versions of the policy, as well as any claims processing instructions.

Local Coverage Determinations (LCD)

A local coverage document (LCD) delineates medical necessity, any appropriate documentation required for services, and guidelines regarding services provided under the policy. It will also link the associated article in the bottom of the document.

The top of the document will notate effective date, revision dates, and retirement dates. If there is a revision history, it will be above the associated documents and will include links to any policies that supersede the one you are viewing.

A local coverage determination will begin with L, and any accompanying billing and coding guidance article begin with A. Final determinations are available for reference. Proposed local coverage determinations are also available in the database for review.

Local Coverage Articles (LCA)

Articles are educational documents that fall into three categories: billing and coding guidance, response to comment, self-administered drug (SAD) exclusion list, and drafts.

- Usually as a complement to an LCD, the billing and coding guidance articles are issued to explain appropriate CPT code, revenue codes, and/or ICD-10 codes that are covered by the policy and include any affiliated local coverage documents.
- SAD exclusion lists are like billing and coding guidance, but they cover the drugs that are considered incident to a physician's service and cannot be billed by the provider.
- Response to comment articles cover issues raised by stakeholders during the proposed LCD comment period.
- Draft articles are written to support a proposed LCD and will eventually be replaced by billing and coding articles once the policy is finalized.

National Coverage Analyses (NCA)

Anytime a reconsideration is reviewed for an NCD, CMS issues a national coverage analysis. Information on the request process is in the analysis tracking sheet in addition to any important dates, contacts, actions taken, comments, and decisions. Associated national coverage determinations are linked on the analysis tracking sheet. When a review is in process, comments can be made from the Medicare Coverage Database home page or by clicking the comment button found at the top of the document itself.

Coding Analysis for Labs (CAL)

Like the national coverage analyses, CMS also reviews lab policies and includes the connected documents and history of considerations in the analysis for labs. The NCD associated with the request as well as the decision and comments can be found in the analysis.

Absence of a policy

Not all items and services have policies. Local coverage determinations retire when there is a national determination issued, if the LCD includes outdated technology, or if it is no longer meaningful. Absence of a policy does not mean that the item or service is not covered. One can refer to the following resources for additional information:

- [CMS Medicare Physician Fee Schedule for payment indicators](#)
- [CMS Internet Only Manual](#)
- [CMS NCCI and MUE edits](#)
- [Medicare Learning Network articles](#)
- [Reasonable and Necessary Guidelines of Social Security Act 1862](#)

Resources

CMS

[Local Coverage Determinations](#)

[How to Request an NCD](#)

[Expedited process to remove NCDs](#)

[MM10901 Local Coverage Determinations](#)

[Medicare Program Integrity Manual - Local Coverage Determinations](#)

[CMS MCD Search](#)

[Medicare Coverage Document Type Descriptions \(cms.gov\)](#)

[Items & Services Not Covered Under Medicare \(cms.gov\)](#)