

1: Medicare Administrative Contractors (MACs)

Medicare Administrative Contractors Since Medicare's inception in , private health care insurers have processed medical claims for Medicare beneficiaries. Originally these entities were known as Part A Fiscal Intermediaries (FI) and Part B carriers.

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2: About Local Coverage Determinations (LCDs)

Both Medicare Administrative Contractors (MACs) and Qualified Independent Contractors (QICs) are involved in the appeal process. The Centers for Medicare & Medicaid Services (CMS), the federal body that manages the Medicare program, provides oversight of Medicare contractors.

Understanding what they are, how they impact your practice and how to access the National Coverage Database to find a particular LCD. What is a Local Coverage Determination? Each Medicare contractor has the discretion to establish which services are reasonable and necessary and therefore covered as a Medicare benefit. While LMRPs could also include provisions about benefit categories and statutory exclusions, LCDs are limited to provisions that establish clinical circumstances when services are considered to be reasonable and necessary. Each final LCD has an effective date and a distinct coverage area. LCDs typically include a description of each covered service, documentation requirements and information regarding the ICD-9 codes that do or do not support the medical necessity of the services provided. Revisions of this type do not require that the contractor provide for a comment period or notice period. However, the contractor must provide both a comment period and a notice period in the following situations: In these situations the contractor must post the draft LCD and allow a comment period of 45 calendar days or more. After comments are received and revisions if any are made to the draft LCD, the final LCD must be posted with a minimum notice period of 45 calendar days. During the draft LCD comment period contractors solicit comments and recommendations from a wide range of individuals and organizations including: Typically, the retired LCDs can be found on the contractor Web site. They can be particularly useful during periods when there is no final LCD in effect for a particular coverage topic. Practice Implications Local Coverage Determinations provide guidance that assists providers in submitting correct claims for payment. LCDs also outline how the contractor will review claims to ensure that the services provided meet Medicare coverage requirements. Some of the important issues addressed in the LCD are: Which services are covered and reimbursable - In the absence of a National Coverage Determination, Medicare contractors can establish their own coverage policies. For example, not all Medicare contractors cover or pay for iontophoresis. How to properly code the services provided - The LCD should describe relationships between codes and provide information about how to bill for specific services. Documentation requirements - The LCD describes the specific information that must be included in patient records to justify coverage for services. Utilization guidelines - Medicare contractors may establish parameters for typical or expected utilization of specific services.

3: AdvanceMed, an NCI Company - NCI, Inc.

A Medicare Administrative Contractor (MAC) is a private health care insurer that has been awarded a geographic jurisdiction to process Medicare Part A and Part B (A/B) medical claims or Durable Medical Equipment (DME) claims for Medicare Fee-For-Service (FFS) beneficiaries.

Redetermination by the Medicare Administrative Contractor. Page 1 of 6. Helpline Phone Number complaints and appeals. Apr 1, April number of different types of programs and databases. Also, the CR release date, transmittal number, and the Web address for. Contains a list of websites and phone numbers that are referenced throughout this Guide. May 13, Medicare Administrative Contractors. Publish list of hospices successfully meeting requirements. Aug 6, Volume 27, Number 6, August Medicare contractor responsible for administration and. Apr 14, Nov 10, Medicare and Medicaid Programs: Hospital Outpatient Prospective Payment and Ambulatory for CY to implement applicable statutory please call the telephone number Alphabetical List of Acronyms. Appearing in This Reporting. A CMS The Medicare contractors have produced this material as an informational not all inclusive list: The small number of claims processed at the reduced payment rate. Important For Life contractor or your local military hospital or clinic. This list is not all-inclusive. Also, the CR release date, transmittal number, and the Web address for.

4: Regional Medicare Administrative Contractors " medicare information

Medicare Administrative Contractors (MACs) What is a MAC and What Do They Do? A Medicare Administrative Contractor (MAC) is a private health care insurer that has been awarded a geographic area or "jurisdiction" to regionally manage the policies and medical claims for Medicare Part A and Part B (A/B) Fee-For-Service (FFS) beneficiaries.

5: List of Medicare Contractor Numbers | www.enganchecubano.com

Medicare Contractors LCD/NCD/Article Search Instructions: Enter a search term or LCD/NCD/Article ID# in the Search box or browse by Carrier/Contractor using the pop-open sections below.

6: Medicare Contractors | Billing Professionals Resource Center

Websites for Medicare Administrative Contractors This is more content. List of Medical directors of the MACs: CMS compiled a list of the medical directors (and their contact information) of the MACs.

7: Medicare Contractor Information, LCDs (Local Coverage Determinations), Articles

CMS hopes that Medicare contracting reform will integrate and simplify the administration of Medicare Parts A and B with primary Part A/Part B MACs which will process both Part A and Part B claims for the fee-for-service benefit.

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