

Coverage Issues Manual HCFA Pub.6

FOREWORD

A. Function of the Medicare Coverage Issues Manual.--The Coverage Issues Manual sets forth whether specific medical items, services, treatment procedures or technologies can be paid for under Medicare. National coverage decisions **have been made on the items addressed in this manual.** All decisions that items, services, etc. are not covered are based on §1862(a)(1) of the Social Security Act (the "not reasonable and necessary" exclusion) unless otherwise specifically noted. Where another statutory authority for denial is indicated, that is the sole authority for denial. Where an item, service, etc. is stated to be covered, but such coverage is explicitly limited to specified indications or specified circumstances, all limitations on coverage of the items or services because they do not meet those specified indications or circumstances are based on §1862(a)(1) of the Act. Where coverage of an item or service is provided for specified indications or circumstances but is not explicitly excluded for others, or where the item or service is not mentioned at all in this Manual, the Intermediary Manual, or the Carriers Manual, it is up to the Medicare contractor to make the coverage decision, in consultation with its medical staff, and with the Health Care Financing Administration (HCFA), when appropriate, based on the law, regulations, rulings and general program instructions.

B. Contents and Organization.--

1. Contents.--The statutory and policy framework within which coverage decisions are made may be found in title XVIII of the Social Security Act, and in Medicare regulations, rulings, and other instructions of HCFA issued under its authority, including this manual and the Intermediary and Carriers Manuals. Certain sections may include cross-references to specific sections of the statute, regulations, or other Medicare manuals.

The coverage decisions in the manual will be kept current, based on the most recent medical and other scientific and technical advice available to HCFA.

2. Organization.--The material is organized by categories, e.g., Medical Procedures, Supplies, Diagnostic Services. A Table of Contents is provided at the beginning of the manual designating coverage decision categories. Each subject discussed within the category is listed and identified by a number.

Revisions to the manual are issued through new pages; the reader is not asked to pencil-in changes in the text. Changed material will be indicated in the left margin of a page in the following manner:

Line on which change begins.

Line on which change ends.

The revision transmittal sheet identifies new material and summarizes the principal changes. When a change in policy or procedure is involved, the background and effective date for the change is provided. If, at a later date, you wish to refer to the background explanation given on a transmittal sheet, you can identify the transmittal by its number which appears on each manual page.

C. Use of the Revision Transmittal Check Sheet.--Immediate after the title page, there is a check sheet on which receipt of revisions can be recorded. Revised manual transmittals should be filed in transmittal number order to avoid discarding a more recent page in favor of an older one.

If it appears that you have not received a particular transmittal, allow 10 working days after receipt of a higher numbered transmittal before requesting a transmittal that is missing. Transmittals are not always distributed in strict numerical sequence.

D. Effective Dates for Medicare Coverage Issues Manual Issuances.--Manual transmittals specify whether the material involves a new policy or procedure, a change, or simply a clarification of existing policies or procedures. For a new or changed policy or procedure, the transmittals and the manual text specify the effective date. It usually carries prospective dates. However, a policy or procedural issuance which corrects a prior instruction may be given retroactive effect, as specified on the transmittal. A clarification is intended to improve the understanding of policies/procedures that are already in effect, and an effective date is not specified.