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I. SCOPE:

This policy applies to (1) Tenet Healthcare Corporation and its wholly-owned subsidiaries and affiliates (each, an “Affiliate”); (2) any other entity or organization in which Tenet Healthcare Corporation or an Affiliate owns a direct or indirect equity interest greater than 50%; and (3) any facility in which an Affiliate either manages or controls the day-to-day operations of the facility (each, a “Tenet Entity”) (collectively, “Tenet”).

II. PURPOSE:

The purpose of this policy is to ensure that all facilities performing services that will be billed to Medicare comply with Medicare’s National and Local Coverage Determinations.

III. DEFINITIONS:


- A. “National Coverage Determinations (NCDs)” are Centers for Medicare and Medicaid Services (CMS) nationwide determinations that outline when Medicare will pay for an item or service. These determinations describe the criteria and coverage limitations that apply to particular services, procedures or devices for coverage and payment. NCDs are binding on all Medicare Administrative Contractors (MACs)/Fiscal Intermediary (FI) (hereinafter “MAC”).
- B. “Local Coverage Determinations (LCDs)” are determinations made by a local MAC that are applicable only within the issuing MAC’s jurisdiction(s). They describe the criteria and coverage limitations that apply to particular services, procedures or devices for coverage and payment.

IV. POLICY:

It is the policy of Tenet to provide services for Medicare reimbursement that comply with Medicare’s National and Local Coverage Determinations. The following procedures will ensure that appropriate facility personnel are educated and trained on how to review an NCD and LCD to determine facility impact, implement changes as applicable, coordinate education as needed, and monitor compliance.


V. PROCEDURE:

- A. Tenet Corporate Responsibility:
 - 1. The Tenet Regulatory Work Group (“TRWG”) will appoint members to the Coverage Determination Committee (“CDC”), a subcommittee of the

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TRWG that will meet monthly. The membership shall include clinical service line subject matter experts and representation from the following departments:


- a. Project Management Office
 - b. Billing and Quality Compliance
 - c. Regulatory Counsel
 - d. Conifer Billing Integrity
 - e. Conifer Revenue Integrity
 - f. Revenue Cycle
2. The Project Management Office will appoint a CDC Project Manager that will:
- a. Receive, review and log all new and/or revised NCDs and LCDs in the Regulatory Tracking System.
 - b. Add all new and/or revised NCDs and LCDs to the monthly agenda.
 - c. Schedule and chair the monthly CDC meeting.
 - d. Track all determinations and actions taken to comply with all new and/or revised NCDs and LCDs.
 - e. Submit a monthly status report to the TRWG.
3. Monthly CDC Meeting:
- a. Review all new and/or revised NCDs and LCDs.
 - b. Assign a CDC member “Owner” to each new and/or revised NCDs and LCDs that will perform an assessment, and if applicable propose and implementation plan.
 - c. The CDC will approve all implementation plans.

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- d. The CDC will monitor the progress of all implementation plans.
- e. The CDC Project Manager will prepare and report all determinations, progress, and completions to the TRWG monthly.

4. Implementation Plan Development:

- a. Determine the applicable audience (i.e. Department, Facility, Practice, etc.).
- b. Develop processes and establish clear areas of responsibility and accountability for personnel to ensure compliance with the NCDs and LCDs, including but not limited to ensuring compliance with:
 - (1) Clinical indications or contraindications for the service, procedure or device;
 - (2) Qualifications, licensure or certification of employees, contractors and medical staff;
 - (3) Facility and/or department licensure and/or certification/accreditation;
 - (4) Data collection and submission;
 - (5) Documentation requirements. Including the updating of clinical templates within the electronic medical records (eMR) systems; and
 - (6) Charging and billing requirements.
- c. Determine the Mode of dissemination/education (i.e. email, memorandum, conference call, webinar, .edu, etc.).
- d. Develop and recommend safeguarding measures (i.e. systems, medical necessity forms, checklists, other forms, etc.)
- e. Track implementation plan through C360 Questionnaire/Attestation.


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B. Facilities Responsibility:

1. Directors are required to be knowledge of all NCDs/LCDs related to their areas of responsibility including, but not limited to the following:
 - a. Review and respond to all C360 NCD/LCD Questionnaires related to new or revised NCDs and LCDs.
 - b. Assess NCD/LCD applicability to the facility/department services.
 - c. Enter local implementation plans into C360. Local implementation plans may include the provision of education to employees, contractors and medical staff members, process review and revision, implementation of forms/checklists, etc.)
 - d. Attest to completion of all implementation plans.
 - e. Report NCD and LCD activities to the facility’s Compliance Committee Officer.
2. Compliance Committee:
 - a. Review and monitor all facility NCD and LCD compliance activities.
 - b. Review periodic auditing and monitoring as conducted by the Compliance Officer as part of the annual work plan.

C. Conifer RegTrack Department

1. Conifer RegTrack will monitor all new and revised NCDs and LCDs published by CMS and all applicable MACs.
2. Conifer RegTrack will email all CDC members, with a carbon copy to the Project Manager, an individual memorandums summarizing:
 - a. New NCDs and LCDs;
 - b. NCD and LCD revisions reducing or restricting coverage; and

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c. NCD and LCD revisions changing documentation, licensure, certification and reporting requirements.

3. Conifer RegTrack will email all CDC members with a carbon copy to the Project Manager, a monthly memorandum listing all updated NCDs and LCDs for reasons other than those listed above, including:

- a. Summaries of all new and changed NCD information, as published in CMS transmittals.
- b. Retired LCDs;
- c. LCD revisions related to administrative changes;
- d. LCD revisions for annual/routine coding updates;
- e. LCD articles containing clarifying information; and
- f. LCD revisions increasing or broadening coverage.

D. Responsible Person


The Tenet Entity Chief Executive Officer is responsible for ensuring that all personnel adhere to the requirements of this policy that these procedures are implemented and followed at the Facility, and that instances of noncompliance with this policy are reported to the facilities Compliance Officer.

E. Auditing and Monitoring

The facility Compliance Officer will conduct annual auditing and monitoring of compliance with this policy and procedure. In addition, Audit Services will audit adherence to this policy.

F. Enforcement

All employees whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy. Failure to comply with this policy will be subject to appropriate performance management pursuant to all applicable policies and procedures, up to and including termination. Such performance management may also include modification of compensation, including any merit or discretionary compensation

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awards, as allowed by applicable law.

VI. REFERENCES:

- [Medicare National Coverage Determinations Manual \(100-03\)](#)
- [Medicare Claims Processing Manual \(100-04\), Chapter 30 – Final Liability Protections](#)
- [Medicare Claims Processing Manual \(100-04\), Chapter 32 – Billing Requirements for Special Services](#)
- [Medicare Program Integrity Manual \(100-08\), Chapter 13 – Local Coverage Determinations](#)
- COMP-RCC 5.00 Medical Necessity and Advance Beneficiary Notice of Non-Coverage of Outpatient Services
- COMP-RCC 4.25 Hospital Coverage Notice For Medicare Inpatients (Including Important Message From Medicare)

VII. ATTACHMENTS:

-Attachment A: COMP-RCC 5.12.01 Medicare National and Local Coverage Determination Process Flow