

**Medicare Resident & New Physician Guide: Helping Health Professionals  
Navigate Medicare, Seventh Edition 2003  
Chapter 9, Page 116**

**Local Medical Review Policies (LMRP) Being Converted to Local Coverage  
Determinations (LCD)**

Effective December 7, 2003, Medicare contractors will begin issuing Local Coverage Determinations (LCD) instead of Local Medical Review Policies (LMRP). A LCD is a decision by a fiscal intermediary or carrier as to whether a particular service will be covered on an intermediary-wide or carrier-wide basis. This determination takes into account whether the service is reasonable and necessary in accordance with Section 1862(a)(1)(A) of the Social Security Act. The difference between a LCD and a LMRP is that a LCD consists only of reasonable and necessary information, while a LMRP may also contain benefit category or statutory exclusion provisions such as reasons for denial, the abstract or description, and coding guidelines. Medicare fiscal intermediaries and carriers will either retire or convert all existing LMRPs into LCDs no later than December 2005. Until this conversion is complete, the term LCD will refer to both reasonable and necessary provisions of a LMRP and a LCD that contains only reasonable and necessary language.