



Medicare Research Tools

HIICAP Regional Training
Fall 2025

The **Medicare Rights Center** is a national not-for-profit consumer service organization that works to ensure access to affordable health care for older adults and people with disabilities.

Medicare Rights works with HIICAP through:

- Monthly coordinator calls
- Quarterly Medicare Counselor newsletters
- Fall and spring regional trainings

Helpline available for HIICAP counselors:

800-480-2060

hiicap@medicarerights.org

Learning Objectives

- **Understand** information contained in the POMS, CMS Manuals, NCDs and LCDs
- **Use these resources** to answer Medicare-related questions

Medicare guidance

Medicare guidance

- **4 key resources** that provide official guidance for Medicare-related questions:
 - Social Security Administration's Program Operations Manual Systems (POMS)
 - Centers for Medicare & Medicaid Services (CMS) Manuals
 - National Coverage Determinations (NCDs)
 - Local Coverage Determinations (LCDs)

Program Operations Manual Systems (POMS)



What are SSA POMS?

- **Program Operations Manual System:** SSA's primary guidance related to Medicare
 - Used by SSA employees to answer question about:
 - Medicare eligibility
 - Original Medicare enrollment process
 - Medicare's coordination with SSA benefits


POMS structure

- POMS are structured in hierarchal numbering:
 - Prefix → chapter → section → subsection
 - Ex: HI 00801.002
- Each section includes:
 - **Policy explanation:** the Medicare rule and why it exists
 - **Procedure:** steps for SSA staff
 - **Case studies:** real world examples
 - **References:** links to related POMS section or legal citation

How to access POMS

POMS can be found online at: [SSA's Program Operations Manual System](#)

- Multiple sections
- **Health Insurance (HI)** is usually most relevant section for Medicare counseling

 Social Security

SEARCH MENU LANGUAGES SIGN IN / UP

Program Operations Manual System (POMS)

POMS Home Page	Chapter List for Health Insurance
POMS Table of Contents	HI - Health Insurance
POMS Recent Changes	HI 002: Computations/Offsets
Emergency Messages	HI 004: Definitions
Chief Judge Bulletins	HI 006: Covered Services (HI-SMI)
HALLEX	HI 008: Requirement for Entitlement and Termination
Instruction Title Lists	HI 009: Evidence of Entitlement
SSA Program Rules	HI 010: Premium Collections
	HI 011: Medicare Income-Related Monthly Adjustment Amount
	HI 012: Claims Process — Provider's, Physician's, and Supplier's Services
	HI 022: Medicare Overpayments
	HI 030: Eligibility for Subsidized Medicare Prescription Drug Coverage
	HI 041: Medicare Violations/Fraud

Centers for Medicare and Medicaid Services (CMS) Guidance materials



What is CMS?

- **Centers for Medicare & Medicaid services (CMS):** federal agency that oversees:
 - Medicare
 - Medicaid
 - Children health insurance program
- Enforces regulation and ensures quality of care
- Publishes official rules, coverage policies, and educational resources regarding these programs

CMS guidance

- CMS publishes regulatory and policy updates:
 - New rules and regulations
 - Proposed changes to Medicare coverage or policy
 - Public comments in response to the above

Key CMS resources

- **CMS Manuals:** provide guidelines and procedures to administer CMS programs
 - Explain rules for Medicare-related topics such as coverage, billing, and documentation.
- **Medicare Coverage Database (MCD):** provides detailed information on Medicare program's
 - Coverage options
 - Eligibility
 - Benefits

Key CMS resources

- **Medicare Learning Network (MLN):** provides educational resources for providers to comply with documentation standards, including:
 - Fact sheets
 - Toolkits
 - Training
- **CMS fact sheets:** provide quick answers to frequently asked questions

How to access CMS manuals

Manuals can be found online at:

[Manuals | CMS](#)

The screenshot shows the CMS.gov website interface. At the top, the CMS.gov logo and "Centers for Medicare & Medicaid Services" are visible. Navigation links include "About CMS", "Newsroom", "Data & Research", and a search icon. A main menu contains "Medicare", "Medicaid/CHIP", "Marketplace & Private Insurance", "Initiatives", and "Training & Education". A breadcrumb trail reads: Home > Medicare > Regulations & guidance > Manuals > Internet-Only Manuals (IOMs). A left sidebar lists "Manuals" with sub-items: "Internet-Only Manuals (IOMs)", "Paper-Based Manuals", and "Future Updates to the IOM". The main content area is titled "Internet-Only Manuals (IOMs)" and contains a paragraph explaining that IOMs are replicas of the Agency's official record copy, used for program issuances, operating instructions, policies, and procedures. Below the text are controls for "Show Entries" (set to 10 per page) and "Filter On". A table lists the first three IOMs:

Publication #	Title
100	Introduction
100-01	Medicare General Information, Eligibility and Entitlement Manual
100-02	Medicare Benefit Policy Manual

Commonly used manuals

- **Medicare Benefit Policy Manual:**

- Which services are covered under Original Medicare and the criteria for coverage
- Info about Original Medicare provider types
- Useful when researching for Original Medicare appeals and billing issues

- **Medicare Managed Care Manual:**

- Contains the rules that govern Medicare Advantage plans, including enrollment, pricing, and coverage
- Useful when trying to push an Advantage plan to assist a beneficiary or understand Advantage plan benefits

Note: Chapter about enrollment and SEPs has been separated out and lives at this link at the bottom:



Related Links

[Medicare Managed Care Eligibility and Enrollment](#)

Commonly used manuals

- **Medicare Part D Manual:**

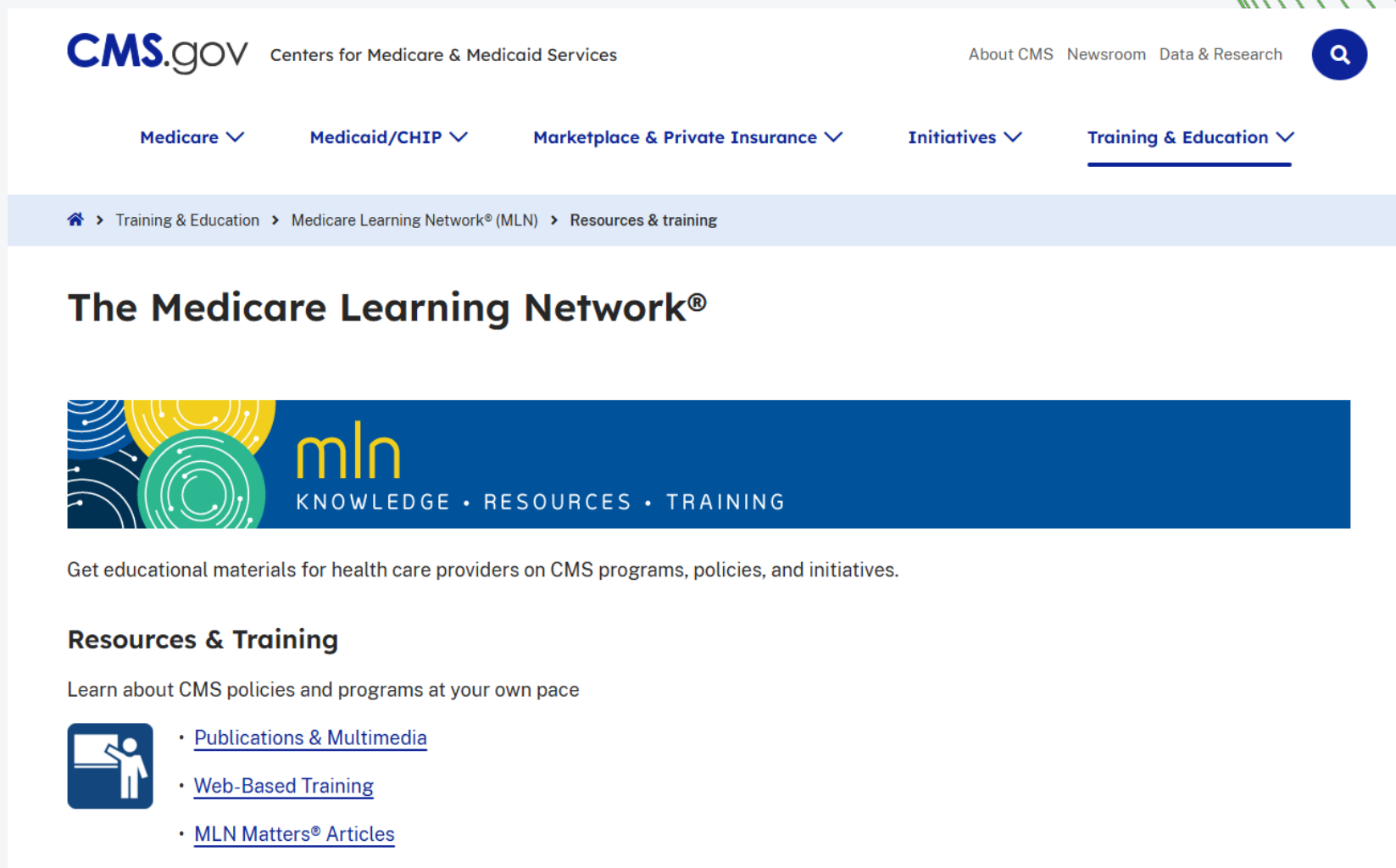
- Contains the rules that govern Part D plans, including enrollment, pricing, and coverage
- Useful when trying to understand Part D pricing or to view the rules surrounding appeals and grievances
- Shares a chapter about enrollment and SEPs with the Managed Care Guidance, see screenshot

- **Medicare Secondary Payer Manual:**

- Chapter 2 contains the details about when Medicare pays primary and secondary and how those payment amounts are calculated
- Useful when trying to answer questions about coordination of benefits

How to access MLN resources

[MLN homepage](#)



The screenshot shows the CMS.gov website's navigation and content for the Medicare Learning Network (MLN) Resources & Training page. The top navigation bar includes the CMS.gov logo, the text "Centers for Medicare & Medicaid Services", and links for "About CMS", "Newsroom", and "Data & Research". A search icon is located in the top right corner. Below the navigation bar, there are five main menu items: "Medicare", "Medicaid/CHIP", "Marketplace & Private Insurance", "Initiatives", and "Training & Education", with the latter being underlined. A breadcrumb trail below the menu reads: "Home > Training & Education > Medicare Learning Network® (MLN) > Resources & training". The main heading is "The Medicare Learning Network®". Below this is a blue banner with the MLN logo (stylized "mln" in yellow and green) and the text "KNOWLEDGE • RESOURCES • TRAINING". A paragraph below the banner states: "Get educational materials for health care providers on CMS programs, policies, and initiatives." The section is titled "Resources & Training" and includes the text "Learn about CMS policies and programs at your own pace". To the left of the list is an icon of a person pointing at a screen. The list contains three items: "Publications & Multimedia", "Web-Based Training", and "MLN Matters® Articles", all with underlined links.

CMS.gov Centers for Medicare & Medicaid Services

About CMS Newsroom Data & Research

Medicare ▼ Medicaid/CHIP ▼ Marketplace & Private Insurance ▼ Initiatives ▼ Training & Education ▼

Home > Training & Education > Medicare Learning Network® (MLN) > Resources & training

The Medicare Learning Network®

mln
KNOWLEDGE • RESOURCES • TRAINING

Get educational materials for health care providers on CMS programs, policies, and initiatives.

Resources & Training

Learn about CMS policies and programs at your own pace

- [Publications & Multimedia](#)
- [Web-Based Training](#)
- [MLN Matters® Articles](#)

Commonly used MLNs

- **QMB MLN:**
 - Determine whether QMB billing protections apply to client's situation
 - Send to providers who are improperly billing
- **Annual Wellness Visit MLN:**
 - Answer beneficiary questions about coverage for Annual Wellness Visit, annual physicals
 - Guide providers in billing these services
- **SNF Billing MLN:**
 - Understand rules around SNF billing including coverage criteria, benefit periods, and coordination of benefits
 - Determine whether actions of the SNF/the plan/the MAC comply with guidelines

National Coverage Determinations (NCDs)



What are NCDs?

- **National coverage determination:** nationwide

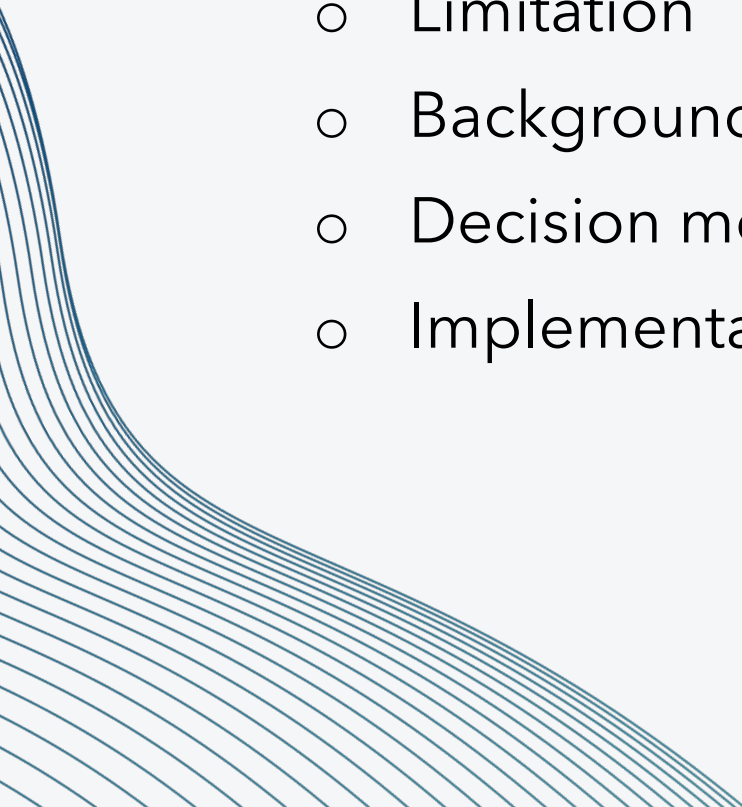
Medicare policies issued by CMS

- NCD define whether Medicare will cover a specific item, service or procedure
- NCD applies uniformly across all states and is are binding on all Medicare Administrative Contractors (MACs)

NCD guidance

- NCD provides guidance on:
 - Coverage status
 - Medical necessity criteria
 - Limitation of coverage
 - Documentation requirements
 - Coding and billing guidance

NCD structure

- Each NCD includes:
 - Coverage indication
 - Limitation
 - Background
 - Decision memo
 - Implementation instruction
- 

How to access NCDs

NCDs can be found at CMS Medicare Coverage Database:

[MCD Search](#)

The screenshot shows the CMS Medicare Coverage Database (MCD) Search page. At the top, there is a navigation bar with the CMS.gov logo, the text "Centers for Medicare & Medicaid Services", and links for "About Us", "Newsroom", and "Data & Research". Below this is a dark blue header with the "MCD Medicare Coverage Database" logo and navigation links for "Search", "Reports", and "Downloads". There are also icons for a shopping cart, help, and settings, along with links for "Archive" and "API".

The main content area features a large orange heading: "Welcome to the MCD Search". Below this is a search section with the text "Start your search..." and a search input field containing the placeholder text "Enter keyword, code, or document ID". To the right of the input field is a dropdown menu set to "All States" and a green search button with a magnifying glass icon.

At the bottom of the page, there are three informational boxes:

- Notice Board:** Contains two entries: "08/01/2025 Check out the Latest Site Updates" and "04/25/2025 Opportunity for User Feedback to Improve Searching on the MCD".
- Beneficiary?:** Includes a link "Are you a beneficiary and need help using the MCD?" and text: "Need more help? Visit [medicare.gov](#) for beneficiary-specific information or call 1-800-MEDICARE for other questions."
- Public Comments:** Includes a link "See National Coverage Analyses (NCAs) Open for Public Comment".

Local Coverage Determinations (LCDs)



What are LCDs?

- **Local Coverage Determinations:** decisions made by **Medicare Administrative Contractors (MACs)** about whether a service or item is reasonable and necessary in their jurisdiction
 - They apply only within the MAC's region and cannot contradict National Coverage Determinations (NCDs)
 - NY Medicare contractor for Part A and B is National Government Services (NGS)

LCD guidance

- LCDs:
 - Fill gaps where no NCD exists
 - Tailor coverage to local clinical practices
 - Prevent denials by following MAC-specific rules

LCD structure

- Each LCD typically includes:
 - Contractor and jurisdiction information
 - CMS national policy references (if applicable)
 - Indications and limitations of coverage
 - Summary and analysis of clinical evidence
 - Coding guidelines (often in a related article)
 - Revision history and effective dates

How to access LCDs

- LCDs can be found at CMS Medicare Coverage Database:
[MCD Search](#)
 - Use the “Search by LCD” option
 - Filter by state or MAC jurisdiction
 - Review both the LCD and any associated billing/coding articles

Case studies



Example#1

Robert and his spouse have both recently turned 65. Robert has 40 years of work history, but his wife Linda doesn't have any work history. Robert wants to know if Linda can be eligible for Medicare based on his work history.

How can one evaluate if Linda is eligible for Medicare based on Robert's work history?



Answer

Since the issue pertains to Medicare eligibility, the best place to look would be **SSA POMS**.

Section [**GN00302.380**](#) confirms that an uninsured individual (meaning a person without full work history for Social Security purposes) may apply for Part A (called Hospital Insurance (HI), in the POMS) based on their spouse's work history.



Answer

The chapter also states **key requirements** for uninsured spouse to be eligible such as:

- The spouse must be at least 65 years old
- The worker (Robert) must be fully insured (have enough work history) under Social Security
- The marriage must have lasted at least one year
- Proof of age must be submitted for both the worker and the uninsured spouse



Language from GN 00302.380

“... an uninsured spouse may apply for HI coverage based on his/her spouse's E/R [employment record] even if the spouse is not yet applying for coverage or monthly benefits. In this situation, proof of age must be submitted for both the worker and uninsured spouse to establish the spouse's eligibility for HI [Medicare Part A].”

Tips for reading the POMS

- POMS uses some specific terms, for example:
 - Hospital Insurance (HI) - Part A
 - Supplemental Medical Insurance (SMI) - Part B
 - Premium surcharge rollback - refers to late enrollment penalty
 - FO - Field Office
- If you come across an unknown term or acronym, see if it is defined in earlier sections
- If you do not find your answer right away, see if cross-referenced sections or links at bottom of page can help



Example #2

Nadine is researching coverage for home health aide services for a client, and she cannot get a clear answer on when these services are covered under Part A and when they are covered under Part B.

Where can Nadine look to find answer?



Answer

Since the question is about Medicare coverage for a service, the best place to look would be the **CMS manuals**. They provide guidance on coverage, eligibility and benefits. Nadine should look in [CMS Benefit Policy manual - Chapter 7 - Home Health Services.](#)



Answer

Sections 60.1 and 60.2 clarify that:

- Part A covers the first 100 days of home health care if someone has Parts A and B and spent at least three consecutive days as a hospital inpatient or had a Medicare-covered skilled nursing facility stay
- Part B covers community-initiated services for beneficiaries enrolled in both Part A and B who don't meet the post-institutional requirement



Language from Section 60.1

“Part A finances up to 100 visits furnished during a home health spell of illness if the following criteria are met:

- Beneficiaries are enrolled in Part A and Part B and qualify to receive the Medicare home health benefit;
- Beneficiaries must have at least a three consecutive day stay in a hospital or rural primary care hospital; and
- Home health services must be initiated and the first covered home health visit must be rendered within 14 days of discharge from a 3 consecutive day stay in a hospital or rural primary care hospital or within 14 days of discharge from a skilled nursing facility in which the individual was provided post-hospital extended care services. If the first home health visit is not initiated within 14 days of discharge, then home health services are financed under Part B.”

Tips for navigating manuals

- Use table of contents
- Control + F for key terms
- Look in cross-referenced sections for more information
- Google the topic you are looking for and add “CMS manuals” or “Medicare manuals” to end of search terms



Example#3

Jordan has a 73-year-old client who needs a power wheelchair. Medicare denied coverage, and Jordan is helping his client navigate the process of appealing Medicare's decision.

Where can Jordan find information to understand how CMS determines coverage for power wheelchair?



Answer

Jordan can look into NCD rulings to understand Medicare's coverage criteria for power wheelchairs. He can search the Medicare Coverage Database for power wheelchair and read the related NCD that outlines specific coverage requirements. He can give this information to his client to share with their doctor.

[NCD 280.3](#) provides key coverage criteria for power wheelchairs and lists that to qualify beneficiaries must:

- Have a personal mobility issue that can't be resolved by other equipment
- Be able to safely operate a power wheelchair
- Have a face-to-face meeting with physician and a written order



Example #4

Renee is helping a client from Queens who is recovering from a hip replacement. Her client received outpatient physical therapy but was denied reimbursement for a few sessions due to incorrect coding and lack of documentation proving medical necessity.

Where can Renee find correct coding and information on medical necessity for a patient living in Queens?



Answer

Renee should look up LCDs issued by National Government Services (NGS), which is the Medicare contractor for NY. She can begin her search in the MCD for “physical therapy,” leading her to the LCD for Outpatient Physical Therapy [L33631](#).

- LCD provides the medical necessity requirements
- LCD also references the billing codes at the end of the page, in [Article A56566](#)

Renee can send these documents to her client to share with the doctor.

Tips for reading NCDs and LCDs

- You should not make medical necessity determinations for clients, but NCDs and LCDs can provide helpful background information
- NCDs and LCDs should be shared with client's provider to confirm whether client likely meets coverage criteria and/or to provide billing guidance
- Check referenced articles and other resources at bottom of page for more information

Tips for reading NCDs and LCDs

- Make sure you are viewing the most recent determination

Additional Information


Other Versions

Title	Version	Effective Between	
Mobility Assistive Equipment (MAE)	2	05/05/2005 - N/A	You are here
Specially Sized Wheelchairs	1	01/01/1966 - 05/05/2005	View

- For LCDs, expand the contractor information at top of page to make sure it applies to NYS (or wherever client lives)

Local Coverage Determination (LCD)

Outpatient Physical and Occupational Therapy Services

L33631 Expand All | Collapse All   

Contractor Information



For more information & help

Medicare Rights Center HIICAP Technical Assistance Helpline:

- hiicap@medicarerights.org
- (800) 480-2060

Medicare Rights Center National Helpline

- (800) 333-4114

Medicare Interactive

- www.medicareinteractive.org



Getting Medicare right

Thank you!