

# DRAFT LCD COMMENT SUBMISSION FORM

Date \_\_\_\_\_

## REQUESTOR INFORMATION

First & Last Name \_\_\_\_\_

Title \_\_\_\_\_ Organization \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

## REQUESTOR TYPE (choose one)

- Medicare Beneficiary
  - Individual Physician/Non-Physician Practitioner
  - Medical Society/Organization
  - Industry Trade Organization/Coalition
  - Manufacturer
  - Supplier/Provider
  - Health Care Professional\* (complete Specify Requestor Type field to specify degree/credentials)
  - Consultant\* (complete Specify Requestor Type field to specify client)
  - Other\* (complete Specify Requestor Type field to specify affiliation)
- \* Specify Requestor Type

## DRAFT LCD COMMENT SUBMISSION INFORMATION

The following fields must be completed for a Draft LCD comment submission. Please include additional documentation if you exceed the character limit.

List name of Draft LCD \_\_\_\_\_

Draft Policy Number \_\_\_\_\_

Please provide your comment(s) in the spaces provided below.

Evidence justifying the Draft LCD comment must be supported by peer-reviewed clinical literature. Full-text copies (i.e., not abstracts, meeting poster presentations, manuscripts, or embargoed documents) of published evidence from English-language peer-reviewed literature must accompany the submission.

If you are requesting a pharmaceutical comment, please provide full-text Compendia citation. FDA approval correspondence, marketing designations, decision summaries pertinent to the pharmaceutical. If you are requesting coverage for a cellular tissue-based product, please include 510(k) clearance correspondence from FDA. Please include individual articles. See CMS Program Integrity Manual, Chapter 13, Section 13.2.2.3 (<https://www.cms.gov/Regulations-and-guidance/Guidance/Manuals/Downloads/pim83c13.pdf>).

Comment 1

Check box, if supporting peer-reviewed literature is attached.

# JURISDICTION 15 DRAFT LCD COMMENT SUBMISSION FORM

---

**Comment 2**

Check box, if supporting peer-reviewed literature is attached.

---

**Comment 3**

Check box, if supporting peer-reviewed literature is attached.

---

**Comment 4**

Check box, if supporting peer-reviewed literature is attached.

---

# JURISDICTION 15 DRAFT LCD COMMENT SUBMISSION FORM

---

**Comment 5**

Check box, if supporting peer-reviewed literature is attached.

---

**Comment 6**

Check box, if supporting peer-reviewed literature is attached.

---

**Comment 7**

Check box, if supporting peer-reviewed literature is attached.

---

# JURISDICTION 15 DRAFT LCD COMMENT SUBMISSION FORM

---

**Comment 8**

Check box, if supporting peer-reviewed literature is attached.

---

**Comment 9**

Check box, if supporting peer-reviewed literature is attached.

---

**Comment 10**

Check box, if supporting peer-reviewed literature is attached.

---

If you have additional comments, please submit on separate document, and include your supporting peer-reviewed clinical literature.

# JURISDICTION 15 DRAFT LCD COMMENT SUBMISSION FORM

## METHODS FOR SUBMISSION OF DRAFT LCD COMMENT FORM

Draft LCD Comment submissions may be sent via one of three methods: Email (preferred), fax, or hard copy by mail. Pertinent information is listed below for each of the three methods.

Type	Contact	Details
<b>Email to</b> (preferred method):	<a href="mailto:CMD.INQUIRY@cgsadmin.com">CMD.INQUIRY@cgsadmin.com</a>	<ul style="list-style-type: none"><li>• Electronic requests should be sent with “Draft LCD Comment Submission – [Name of LCD]” in the subject line.</li><li>• If the attachment size for clinical citations exceeds 15 MB, the requestor must send the articles and supporting documents via multiple, smaller emails.</li><li>• Please contact <a href="mailto:CMD.INQUIRY@cgsadmin.com">CMD.INQUIRY@cgsadmin.com</a> for alternative methods for submitting large electronic files or if you have difficulty submitting a Draft LCD Comment form.</li></ul>
<b>Fax to:</b>	1.615.664.5971	Please address your fax cover sheet to: Draft LCD Comment Submission – [Name of Draft LCD] - Attn: Chief Medical Director
<b>Mail to:</b>	CGS Administrators, LLC Attn: Chief Medical Director J15 A/B MAC Draft LCD Comment 26 Century Blvd, STE ST610 Nashville, TN 37214-3685	N/A