

Jurisdiction 15 Request for Informal Call MTG 121

J15 CONTRACT

Part A

Part B

Home Health & Hospice

Date

Prior to submitting a formal LCD request, Jurisdiction 15 encourages requestors to schedule an informal conference call to review the requirements for a valid LCD request. The following fields must be completed in order for an LCD informal meeting call to be scheduled. Please include additional documentation if you exceed the character limit.

REQUESTOR INFORMATION

First and Last Name

Title

Organization

Email Address

Phone Number

Requestor Type (choose one)

Medicare Beneficiary

Individual Physician/Non-Physician Practitioner

Health Care Professional* (if selected, complete Specify Requestor Type field to specify degree/credentials)

Manufacturer

Supplier/Provider

Clinical Organization

Industry Trade Organization/Coalition

Consultant* (if selected, complete Specify Requestor Type field to specify client)

Other* (if selected, complete Specify Requestor Type field to specify affiliation)

* Specify Requestor Type

PURPOSE OF INFORMAL MEETING

I would like to schedule an informal meeting to discuss: (Select one option below.)

New LCD Request

Topic of New LCD

LCD Reconsideration Request

List existing LCD for reconsideration

Calls may only be scheduled Monday, Tuesday, Wednesday, or Thursday between 9:00 a.m. and 2:00 p.m. Central Time Zone.

Please indicate three (3) potential dates and times for a one hour informal call.

Potential Date and Time #1

Potential Date and Time #2

Potential Date and Time #3

Provide teleconference number with enough lines to accommodate 15 participants.

Teleconference number

Passcode

List participants and titles. (1,000 character limit)



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HEADER INFORMAL MEETING INFORMATION

Description of technology, product, or service to be discussed. (1,000 character limit)

Attach agenda and any presentation materials.

METHODS FOR SUBMISSION OF INFORMAL CALL REQUEST

Informal meeting requests 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.

Email to: CMD.INQUIRY@cgsadmin.com

Electronic requests should be sent with the following in the subject line:

- New LCD Call Subject Line, “**Request for New LCD Call – [Topic of New LCD]**”
- Reconsideration Subject Line, “**Request for LCD Reconsideration Call – [Title of LCD]**”

If the attachment size for clinical citations exceeds 15 MB, the requestor must send the articles and supporting documents via multiple, smaller emails.

Please contact CMD.INQUIRY@cgsadmin.com for alternative methods for submitting large electronic files or if you have difficulty submitting an LCD request.