# Jurisdiction 15 **LCD Reconsideration Request** REC 123

**J15 CONTRACT** Part A Part B Home Health & Hospice **Date**

## 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

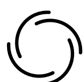
## LCD RECONSIDERATION REQUEST INFORMATION

The following fields must be completed in order for an LCD reconsideration request to be considered valid. Please include additional documentation if you exceed the character limit.

**List existing LCD for reconsideration**

What specific coverage or non-coverage language are you requesting to be added or deleted from the LCD? (1,000 character limit)

Evidence justifying the LCD change 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 request. If you are requesting a pharmaceutical reconsideration, 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. Failure to include full-text clinical literature or Compendia citation invalidates the request. 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).



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Please provide the ICD-10 codes that you believe would apply to this request and the rationale for their inclusion.
(1,000 character limit)

## METHODS FOR SUBMISSION OF LCD RECONSIDERATION REQUEST

LCD Reconsideration 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 (preferred method):** CMD.INQUIRY@cgsadmin.com

- Electronic requests should be sent with **"LCD Reconsideration Request** – [Name of LCD]" in the subject line.
- 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 Reconsideration request.

**Fax to:** 1.615.664.5971

Please address your fax cover sheet to:
**LCD Reconsideration Request – [Name of LCD] -** Attn: Chief Medical Director

**Mail to:** CGS Administrators, LLC
Attn: Chief Medical Director
J15 A/B MAC LCD Reconsideration
26 Century Blvd, STE ST610
Nashville, TN 37214-3685


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