

CGS Jurisdiction 15 New LCD Request

NEW 122

J15 CONTRACT Part A Part B Home Health & Hospice

REQUESTOR INFORMATION

First and Last Name _____ Title _____

Organization _____

Email Address _____

Phone Number _____

Requestor Type (choose one)

- | | |
|--|--|
| Medicare Beneficiary | Supplier/Provider |
| Individual Physician/Non-Physician Practitioner | Clinical Organization |
| Health Care Professional* (if selected, complete Specify Requestor Type field to specify degree/credentials) | Industry Trade Organization/Coalition |
| Manufacturer | 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

NEW LCD REQUEST INFORMATION

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

Clearly identify the statutorily-defined Medicare benefit category to which you believe the item or service falls under: Refer to Social Security Act Title 18 and section CMS Benefit Policy Manual Chapter 15 (<https://www.cms.gov/Regulations-and-guidance/Guidance/Manuals/Downloads/pim83c13.pdf>) for more information on benefit category definitions. (1,000 character limit)

Provide a rationale for the benefit category selected above. (1,000 character limit)

What specific coverage or non-coverage language are you requesting in the new LCD? (1,000 character limit)

Evidence justifying the new LCD 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 be covered, 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>).

Please provide information that addresses the relevance, usefulness, clinical health outcomes, or the medical benefits of the item or service in the Medicare-eligible population that the new LCD will address. (1,000 character limit)

Please provide information that fully explains the design, purpose, and/or method, as appropriate, of using the item or service for which the request is made. (1,000 character limit)

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 NEW LCD REQUEST

New LCD 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 “**New LCD 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 J15 New LCD – [Name of Proposed 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