DME MAC Jurisdiction B **LCD Reconsideration Request** **REC 223**

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

List existing LCD for reconsideration

LCD RECONSIDERATION REQUEST INFORMATION

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

What specific coverage or non-coverage language are you requesting to be added or deleted from the LCD?

All available evidence, as well as all related FDA approval correspondence, marketing designations, decision summaries pertinent to the product or service, 510(k)/PMA/De Novo notifications, SSED data sheet, FDA Panel Minutes and Post-Approval Study Result/Outcome Submissions must be submitted.

Submitted literature and references should be limited to published, full-text, peer-reviewed evidence, indexed in PubMed of the US National Library of Medicine, National Institutes of Health. The failure to include the specific literature with the request will render the LCD request invalid.

The level of evidence required for LCD reconsideration is the same as that required for new/revised LCD development (see *Program Integrity Manual*, Chapter 13, https://www.cms.gov/Regulations-and-guidance/Guidance/Manuals/Downloads/pim83c13.pdf).

Note - Requests will not be accepted for other documents including:

- National Coverage Determinations (NCDs);
- Coverage provisions in interpretive manuals;
- Proposed LCDs;
- Template LCDs, unless or until they are adopted by the contractor;
- Retired LCDs;
- Individual claim determinations;
- Bulletins, articles, training materials; and
- Any instance in which no LCD exists, i.e., requests for development of an LCD.

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(Optional) Please provide the ICD-10 codes that you believe would apply to this request and the rationale for their inclusion:

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): LCDReconJB@cgsadmin.com

- Electronic requests should be sent with **"DME 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 LCDReconJB@cgsadmin.com for alternative methods for submitting large electronic files or if you have difficulty submitting an LCD Reconsideration request.

Fax to: 1.615.660.5997

Please address your fax cover sheet to:
DME LCD Reconsideration – [Name of LCD] – Attn: Dr. Sunil Lalla

Mail to: CGS Administrators, LLC
Attn: Sunil V. Lalla, MD, FACS, CPC
DME LCD Reconsiderations
26 Century Blvd, Suite NT600
Nashville, TN 37214

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