## Expert Consultant Consent to Public Disclosure of Opinion and Participation in the Open Draft/Revised LCD Discussion Meeting

## DL39741/ DA59608 Cervical Fusion

|  | AFT IMBER/TITLE:  |  |   |
|--|---|--|---|
|  | ETING DATE:   | 2/13/2024  |   |
| Price Medical Second Se | or to drafting and d<br>dicare Administrati<br>delines, consensus<br>d), medical associa<br>blicable. When a M<br>pert that their opinion<br>proposed or final<br>compliance with | ations or other health care profession AC consults with an expert, it must be may be used, disclosed publicly LCD. The purpose of this documenthis requirement pursuant to IOM 1 Coverage Determinations, 13.2.3 | ement their research with clinical perts (recognized authorities in the conals for an advisory opinion, when a inform and obtain consent from the and be clearly identified as such within it is to document CGS Administrators, 00-08 Medicare Program Integrity |
| 1.   | interest in any ite<br>company that dev<br>or service?  | m or service affected by the LCD to  | n stock or have another formal financial opic on which you are opining, or in any stributes and/or markets any such item  |
| 2.   | I (Print Name),   |  |   |
| 3.   | My Occupation a   | nd Employer:   |   |
| l ce   | ertify that the above   | e statements are accurate and true   |   |
| SIGNATURE  |   |  | DATE  |
| Ple  | ase return this sigr  | ned and dated consent to: CMD.Inc  | quiry@cgsadmin.com.   |
|  | e signature must<br>acceptable.   | be handwritten or an electronic  | signature. Stamped signatures are   |
|  | cerely,<br>e Policy Departmer   | nt   |   |



