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## Section

Analysis of Internal Coverage Criteria; Column B

## CMS Summary of Changes

The instructions for this section state to enter the language for each unique internal coverage criterion.

## Comments

Please confirm if a link can be inserted here in lieu of the actual coverage criteria?

## Section

Medicare Part C UM Audit Protocol Data Request &amp; CMS List of Targeted Services

## CMS Summary of Changes

Fully Established vs. Not Fully Established

## Comments

How do we account for clinical criteria that are condition-based, rather than CPT-code based? Condition-based means that the application of the clinical policy is based on the clinical condition/presentation for the enrollee for the service requested to be reviewed as an organization determination. It is not a one-for-one match for application of a clinical guideline for a specific service code.

For example: You have two (2) enrollee requests for an MRI of the Brain with contrast (CPT 70553). The clinical information and presentation are different for each enrollee. One enrollee is presenting with headaches for 1 week. And the other enrollee is presenting with head injury status post fall from stroke. Applying clinical policy and determining if an NCD is fully established, would be different based on the condition of the enrollee.

If the 'service' selected in the list of targeted services is MRI of the Brain, there is the possibility that NCD 220.2 is established in some clinical scenarios and sometimes not. Since the audit report is not individual case specific, how should this scenario be addressed when completing the audit spreadsheet?

## Section

Annual Data Submission Spreadsheet

## CMS Summary of Changes

Column C (Date of Most Recent Approval)

## Comments

Should the Date of Most Recent Approval be populated with the date an FDR supporting an MAO under a delegated contract, reviews and approved the criteria for use by the FDR's UM Committee? Or is this date the date the MAO's UM Committee approves the FDR's criteria for use?