

Part 1: Coverage Criteria for Medicare Advantage

The following table includes all applicable coverage criteria associated with the service identified below for {Insert Organization Name}.

Service Name:	{Insert Name of Medicare Service}
Criteria Name or Identifier:	{Insert the unique name, number, and/or other identifier related to the internal criteria that was developed for the Medicare item or service}
Applicable Service Area:	{Insert locality number(s) or indicate All if criteria is applicable nationally}
Date Coverage Criteria Last Updated	{Insert in MM/DD/YYYY format the date the coverage criteria were last revised for any reason}
Coverage Criteria Unique Weblink	{Insert the direct, publicly accessible weblink(s) (Uniform Resource Locator, URL) to the specific coverage criteria}
Coverage Criteria applicable to <u>Medicare</u> Members: Organization will insert applicable coverage criteria rules here as indicated by the instructions.	{Insert all criteria related to the named service here as specified in the instructions}
Applicable Medicare Rules: Are there any applicable Medicare rules (i.e., statute, CMS regulation, CMS manual, NCD or LCD) related to this service?	{Insert Yes or No}
Medicare Coverage Included or Excluded: If there are Medicare coverage rules, does the coverage criteria above <u>include</u> those Medicare rules or <u>exclude</u> those Medicare rules?	{Insert either Include or Exclude}
Explicit Flexibility For Additional Coverage: Do any NCDs or LCDs for this service include flexibility that <u>explicitly allows</u> for coverage beyond the circumstances in the NCD or LCD?	{Insert source citation and applicable language or enter NA}

If yes, please provide the source (e.g., NCD 220.1) and the language/section that explicitly allows additional coverage.	
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Part 2: Analysis for Internal Coverage Criteria

The following chart is for information purposes only. This chart contains all internal criteria created and/or utilized by {Insert organization name} in rendering decisions to provide or deny {Insert service name}. Columns A and B must be filled out for each unique internal criteria statement that is not a Medicare requirement (from a direct Medicare source) included in the criteria above. Columns C through E only need to be filled out when internal criteria was created to interpret or supplement Medicare coverage criteria under § 422.101(b)(6)(i)(A). Organizations should reference the attached instructions when populating this table for more information.

Column A	Column B	Column C	Column D	Column E
Unique Identifier	Internal Coverage Criteria Language	For internal coverage criteria that is interpreting or supplementing Medicare criteria: Insert the <u>specific</u> language from the Medicare rule (e.g., NCD or LCD) that is being interpreted.	Citation associated with Medicare language	For internal coverage criteria that is interpreting or supplementing Medicare criteria: Provide a statement as to how this <u>specific clinical criteria</u> provides clinical benefits that are highly likely to outweigh any clinical harms.
1				
2				
3				
4				

Part 3: Evidentiary Support for Internal Coverage Criteria

The following chart is for information purposes only. This chart contains all evidentiary support used to create the internal criteria identified in Part 2. Each unique identifier in the Part 2 table must be inserted into this table. The organization must identify the source(s) that directly support the creation of that specific internal criteria. Organizations must enter **only** the sources that directly support the specific criteria indicated in the line item, and should not include general source citations. Multiple sources may be entered into a single row if they directly support the specific criteria.

Column A	Column B
Unique Identifier	List all references that specifically support the internal criteria included in each line item. Use MLA citation format and in addition include the applicable page numbers in parentheses. ⁱ
1	
2	
3	
4	

Part 4: Summary of Evidence/Rationale for Criteria

Insert your summary of evidence and/or rationale for the internal coverage criteria above here:

ⁱ If the source is a web page, the applicable page numbers are the page numbers when the web page is saved as a PDF.