

List of Targeted Services Selected by CMS

Applicable Calendar Year: {CMS will enter the applicable calendar year}

Number	Name of Service	Brief Description of Service (if applicable)
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General Instructions

Enter information for each policy or document containing internal coverage criteria into a new worksheet.
 * This includes criteria used by the organization (parents), by all FDLs, and criteria used by both the organization and FDL.
 For the purposes of the Analysis of Internal Coverage Criteria, "parent" is meant to include all Medicare services, here and Part B drugs.

Part 1: Coverage Criteria for Medicare Advantage

Policy Name:	Enter name of Medicare Service
Criteria Policy/Document Name or Identifier:	Enter the unique name, number, and/or other identifier assigned to the internal criteria policy or document developed for the Medicare service.
MA Organization and/or FDL Name(s):	Enter the name(s) of the MA Organization and/or FDL that utilize the internal coverage criteria.
Applicable MAC Jurisdiction(s):	Enter the applicable MAC jurisdiction or enter All if criteria is applicable nationally. Link to MAC Jurisdiction Information: https://www.cms.gov/medicare/coverage/mao/mao-administrative-contacts/mao/faq/mao-qa
Date Coverage Criteria Last Updated:	Enter in MM/DD/YYYY format the date the coverage criteria were last revised for any reason.

Part 2: Analysis for Internal Coverage Criteria

Part 2: The Medicare Advantage Organization (MAO) must enter the internal coverage criteria contained in the policy or document identified in Part 1. As a reminder, each policy or document containing criteria must be entered in a new worksheet.
 If your policy contains criteria applicable to both Medicare members and other types of members (e.g. commercial), only enter internal coverage criteria applicable to your Medicare members.
 If your internal coverage criteria include any contract-CMS requirements (i.e., from sources such as state laws, regulations, NCDs, LCDs) do not enter those requirements.
 Columns A through E: These columns must be completed by the MAO. See each column for guidance.
 Column F: This column will be complete by CMS, once columns A through E are completed by the Medicare Advantage Organization and the worksheet is returned to CMS.
 Column G: This column must be completed by the MAO if the criteria is related to CMS (in column F).

Column A	Column B	Column C	Column D	Column E	Column F	Column G
To be completed by the MAO (if necessary)	To be completed by the MAO	To be completed by the MAO	To be completed by the MAO	To be completed by the MAO	To be completed by CMS	To be completed by the MAO, upon CMS review
Unique Identifier	Internal Coverage Criteria Language	Identify if the internal coverage criteria was created pursuant to the authority in § 422.101(b)(2)(A), (B) or (C)	For internal coverage criteria that is interpreting or supplementing Medicare criteria pursuant to § 422.101(b)(2)(A): Insert the <u>word(s)</u> language from the Medicare rule (e.g., NCD or LCD) that is being interpreted or supplemented. If internal coverage criteria is not interpreting or supplementing Medicare criteria pursuant to § 422.101(b)(2)(A), enter NA. Example: (from NCD 210.2) There is evidence (on the basis of her medical history or other findings) that she is at high risk of developing cervical cancer	If the internal coverage criterion was created pursuant to the authority in § 422.101(b)(2)(B) or (C) Identify the applicable Medicare rule (i.e., state law, regulation, NCD, LCD, etc.). If the internal coverage criterion was created pursuant to the authority in § 422.101(b)(2)(C), enter "NA." Example: NCD 210.2	Internal Coverage Criteria Selected for Review by CMS CMS will enter "X" if the criterion is selected.	In each row, enter the evidence sources that were relied upon to create the internal coverage criterion. If there are multiple sources for a single internal coverage criterion, list all sources for the applicable criterion in a single cell. Each citation must be clear and specific and include information that leads directly to the portion of the evidence that supports the applicable criterion (page number, paragraph number, etc.) such as Smith, 2012, para. 3). Organizations may use AMA style citations, but any format is acceptable as long as it leads directly to the applicable evidence. If the citation does not lead directly to the supporting evidence, CMS may require submission of the supporting evidence and/or submission of the applicable text from the supporting evidence. Enter NA if there is no direct source that supports this criterion.
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