Instructions for Populating the Analysis of Intern

General

- Enter information for each policy or document containing internal coverage criteria into a new worksheet
  - This includes criteria used by the organization (parent), by all FDRs, and criteria used by both the organ
- Enter all internal coverage criteria applicable to the services selected by CMS. For the purposes of the Ana
- If multiple iterations of the same internal coverage policies or documents were used in the applicable cale

Services Selected by CMS Tab

The services selected by CMS for this audit will be identified in the 'Targeted Services Selected by CMS' tab c

Standardized Formatting Tab (List of Internal Coverage Criteria)

Part 1: Coverage Criteria for Medicare Advantage

Organizations must enter all information as requested in the following fields.

Service Name:
- The services selected by CMS for this audit will be identified in the 'Services Selected by CMS' tab of the w
- Organizations must enter the name of the service that corresponds to the criteria entered into the applica

Criteria Policy/Document Name or Identifier:
- Organizations must enter the unique name, number, and/or other identifier assigned to the internal criter
- The criteria name or identifier submitted on the standardized form should match the name, number, and/
- Organizations must create a copy of the 'Internal Coverage Criteria' tab and enter each unique policy or dc

MA Organization and/or FDR Name(s):
- Organizations must enter the name(s) of the MA Organization and/or all FDRs that utilize the internal cove
- If the organization (the parent organization) does not utilize the internal coverage criteria in the applicable

Applicable MAC Jurisdiction(s):
- Organizations must enter the Medicare Administrative Contractor (MAC) jurisdiction(s) where the internal
- Enter the applicable jurisdiction code(s). For example, if the criteria is for a Medicare Part A or B service in
- Organizations may enter "All" if the criteria is applicable in all MAC jurisdictions.

Date Coverage Criteria Last Updated
- Enter the MM/DD/YYYY that the coverage criteria were last revised for any reason.
- If the coverage criteria have never been revised since implementation, enter the date the coverage criteri

Part 2: Analysis for Internal Coverage Criteria

The organization must enter the internal coverage criteria contained in the policy or document identified in

If a policy contains criteria applicable to both Medicare members and other types of members (e.g. commer

• Do not enter criteria applicable to commercial members or other lines of business unless that criteria is ut

If your internal coverage criteria policies also contain CMS requirements (e.g., from sources such as statutes

Columns A through E must be completed by the MAO for each service selected by CMS.

Column F will be complete by CMS, once columns A through E are completed by the organization and the w

Column G must be completed by the MAO if the criteria is selected by CMS (in column F).

Column A:
• The column is pre-populated with unique identifiers, from 1 through 100. If there are more than 100 inter
• Organizations must add as many rows as needed based on the internal criteria for the service.
• Each internal coverage criterion must have its own unique identifier.

Column B:
• Enter the language for each unique internal coverage criterion.
• All unique internal coverage criterion must be entered in a new row in column B.

Column C:
• For each internal coverage criterion, organizations must identify whether the criterion was created pursua
• Organizations must enter A, B, or C.
  o Organizations are not required to enter § 422.101(b)(6)(i) in each row.

Column D:
Organizations should only complete Column D when internal coverage criteria is interpreting or supplement
• For each unique internal coverage criterion entered in Column B (that is either interpreting or supplement
• Language in Column D must be the verbatim text in the Medicare source (statute, regulation, manual, NCI
• Do not enter all of the Medicare language related to the service. Only enter the language the internal cove
• If internal coverage criterion is not interpreting or supplementing Medicare criteria pursuant to § 422.101

Example:
• An NCD indicates that Medicare will cover a service when an individual is experiencing, “severe chronic pa
• The organization created an internal coverage criterion to define (interpret) severe pain as being greater t
• In column B the organization must enter, “Greater than 6 on the NRS pain scale.”
• In column C the organization must enter, “A.”
• In column D the organization must enter, “severe chronic pain.”

Column E:
Organizations should complete Column E when internal coverage criteria is interpreting or supplementing M
• For each unique internal coverage criterion entered in Column B that was created pursuant to the authori
• For each unique internal coverage criterion entered in Column B that was created pursuant to the authori
• The source should be as specific as possible when appropriate. For example, a direct regulatory citation (4
• If the internal coverage criterion was created pursuant to the authority in § 422.101(b)(6)(i)(C), enter "NA.

Column F:
Organizations may not complete column F.
• Column F will be completed by CMS, once the workbook is returned with columns A-E completed by the o

• CMS will enter 'X' if the criterion in is selected.

Column G:

Important - Organizations should only complete column G if requested by CMS in column F.

• Do not complete column G before returning the workbook to CMS with columns A-E completed.
• Once CMS receives the workbook we will review columns A-E and determine which internal coverage crite
  o CMS may select all of the criteria for additional review or narrow the scope of the review at our discreti
• CMS will return the workbook to the organization with column F completed.
• Once the organization receives the workbook with column F completed, they must complete column G for
• When completing column G:
  o For each internal coverage criterion, enter ALL evidentiary sources that support the creation of the inte
  o If there are multiple sources for a single internal coverage criterion, list all sources for the applicable cri
  o Each citation must be clear and specific and include information that leads directly to the portion of the
  o Organizations may use AMA style citations, but any format is acceptable as long as it leads directly to th
  o If the citation does not lead directly to the supporting evidence OR if CMS cannot access the applicable
• Once column G is completed, the organization will return the workbook to CMS.

al Coverage Criteria

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ization and FDRs.
lysis of Internal Coverage Criteria, “service” is meant to include all Medicare services, items and Part B drugs
ndar year (because the policies/documents were revised), organizations must enter all of the criteria, from a

of the workbook.

orkbook.
ble tab.

ia policy or document developed for the Medicare service.
or identifier of the publicly available version, if applicable.
ocument containing internal coverage criteria into a new tab.

erage criteria identified in the applicable policy or document.
e policy or document, but one or more FDRs does utilize the internal coverage criteria, only enter the names

coverage criteria is applicable.
Kansas, enter J-5. MAC jurisdiction codes can be found at: https://www.cms.gov/medicare/coding-billing/m

a were first implemented by your organization.

Part 1. As a reminder, each policy or document containing criteria must be entered in a new worksheet.

cial), only enter internal coverage criteria applicable to your Medicare members.

ilized to render medical necessity decisions for Medicare members.

, regulations, NCDs, LCDs) do not enter those requirements.

orkbook is returned to CMS.

nal coverage criteria in a particular policy or document, organizations must enter additional unique and sequ

ınt to § 422.101(b)(6)(i)(A), (B) or (C).

ing Medicare coverage rules (when the response in column C is 'A').
ing a Medicare rule), enter the specific language from the Medicare rule (statute, regulation, NCD, LCD) that
) or LCD)
erage criterion is interpreting or supplementing.
(b)(6)(i)(A), enter NA.

in."
han 6 on the Numeric Rating Scale (NRS) pain scale.

Medicare coverage rules OR when internal coverage criteria is created because NCDs or LCDs include flexibilit
ty in § 422.101(b)(6)(i)(A), enter the Medicare rule (statute, regulation, NCD, LCD) that is being interpreted o
ty in § 422.101(b)(6)(i)(B), enter the NCD or LCD that explicitly allows flexibility.
2 C.F.R. § 412.3(d)) or an LCD number (L33797) is preferrable to a general citation.
"

rganization.

erion will be selected for additional review.
ion.

the selected internal coverage criterion.

rnal coverage criterion.
iterion in a single cell.
e evidence that supports the applicable criterion (page number, paragraph number, etc.).
ne applicable evidence.
evidence, CMS may require submission of the supporting evidence and/or submission of the applicable text

ll of the policies and documents that were in use in the calendar year.

of the FDRs that utilize the internal coverage criteria. Likewise, if the internal coverage criteria are only utiliz

edicare-administrative-contractors-macs/who-are-macs

uential numeric identifiers for each criterion after 100.

: is being interpreted or supplemented.

y that explicitly allows for coverage in circumstances beyond the specific indications that are listed in an NCI
r supplemented.

t from the supporting evidence.

:ed by the organization and not the FDRs, only enter the name of the organization.

D or LCD (when the response in column C is ‘A’ or ‘B’).

List of Targeted Services Selected by CMS

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

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Brief Description of Service (if applicable)

General Instructions

Enter information for each policy or document c
• This includes criteria used by the organization
For the purposes of the Analysis of Internal Cove

Part 1: Coverage Criteria for I

Service Name:
Criteria Policy/Document Name or Identifier:
MA Organization and/or FDR Name(s):
Applicable MAC Jurisdiction(s):
Date Coverage Criteria Last Updated

Part 2: Analysis for Internal C

In Part 2, the Medicare Advantage Organization
If your policy contains criteria applicable to both
If your internal coverage criteria policies also cor

Columns A through E: These columns must be cc
Column F: This column will be complete by CMS,
Column G: This column must be completed by th

Column A
To be completed by the MAO (if necessary)

Unique Identifier **The first 100 unique identifiers are pre-populated. Enter additional unique and sequential numeric identifiers for each criterion if there are more than 100 criterion.**
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ontaining internal coverage criteria into a new worksheet.
(parent), by all FDRs, and criteria used by both the organization and FDRs.
erage Criteria, “service” is meant to include all Medicare services, items and Part B drugs.

Medicare Advantage

{Insert Name of Medicare Service}
{Insert the unique name, number, and/or other identifier assigned to the internal criteria policy or document developed for the Medicare service}
{Enter the name(s) of the MA Organization and/or all FDRs that utilize the internal coverage criteria}
{Enter the applicable MAC jurisdictions or enter All if criteria is applicable nationally}
{Insert in MM/DD/YYYY format the date the coverage criteria were last revised for any reason}

overage Criteria

(MAO) must enter the internal coverage criteria contained in the policy or document identif
Medicare members and other types of members (e.g. commercial), only enter internal cove
ntain CMS requirements (e.g., from sources such as statutes, regulations, NCDs, LCDs) do no

mpleted by the MAO. See each column for guidance.
once columns A through E are completed by the Medicare Advantage Organization and the
e MAO if the criteria is selected by CMS (in column F).

Column B
To be completed by the MAO

Internal Coverage Criterion Language Enter the language for each unique internal coverage criterion. Enter each unique internal coverage criterion in a new row.

Link to MAC Jurisdiction Information: https

ied in Part 1. As a reminder, each policy or
erage criteria applicable to your Medicare n
t enter those requirements.

workbook is returned to CMS.

Column C
To be completed by the MAO

Identify if the internal coverage criterion was created pursuant to the authority in § 422.101(b)(6)(i)(A), (B) or (C). **Enter A, B, or C.** ***Example: A***

://www.cms.gov/medicare/coding-billing/medicare-administrative-cont

document containing criteria must be entered in a new worksheet.
nembers.

Column D
To be completed by the MAO

For internal coverage criterion that is interpreting or supplementing Medicare criteria pursuant to § 422.101(b)(6)(i)(A): Insert the <u>specific</u> language from the Medicare rule (e.g., NCD or LCD) that is being interpreted or supplemented. If internal coverage criterion is not interpreting or supplementing Medicare criteria pursuant to § 422.101(b)(6)(i)(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*

Column E	Column F
To be completed by the MAO	*To be completed by CMS*

If the internal coverage criterion was created pursuant to the authority in § 422.101(b)(6)(i)(A) or § 422.101(b)(6)(i)(B), identify the applicable Medicare rule (i.e., statute, regulation, NCD, LCD, etc.). If the internal coverage criterion was created pursuant to the authority in § 422.101(b)(6)(i)(C), enter "NA." Example: NCD 210.2	Internal Coverage Criterion Selected for Review by CMS CMS will enter 'X' if the criterion in is selected.

Column G
To be completed by the MAO <u>upon CMS request</u>.

In each row, enter ALL evidentiary 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, 2022, 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 OR if CMS cannot access the applicable 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.