

## **MEDICARE DRUG & HEALTH PLAN CONTRACT ADMINISTRATION GROUP**

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**DATE:** May 5, 2014

**TO:** Medicare Advantage Organizations, Section 1876 Cost Contractors, Section 1833 Health Care Prepayment Plans and PACE Organizations

**FROM:** Danielle R. Moon, J.D., M.P.A.  
Director

**SUBJECT:** Guidance Regarding CMS Coverage Policy

The purpose of this memorandum is to remind Medicare Advantage Organizations, Section 1876 Cost Contractors, Section 1833 Health Care Prepayment plans and PACE organizations (organizations) that they should avail themselves of the Medicare Administrative Contractors' (MAC) contractor medical directors (CMDs) or other appropriate MAC staff when facing questions regarding Medicare coverage that are not addressed by national coverage determinations (NCDs), the information CMS makes available on its websites, or other supporting documents.

MACs have the discretion to develop local coverage policies, including local coverage determinations (LCDs). CMS encourages these organizations to inquire of the MAC CMDs or appropriate MAC staff should there be questions about coverage of a particular item or service, including those items and services for which CMS has not issued specific guidance. Examples of such situations include coverage of replacement generators or other parts for implantable devices that were once covered by Medicare, such as Vagus Nerve Stimulators. Because there are no NCDs concerning these specific scenarios, coverage is at the discretion of the MAC. A directory of MAC CMDs and their contact information may be found at:

<http://www.cms.gov/Medicare/Coverage/InfoExchange/index.html>.

If you have questions regarding the information in this memorandum, please contact Marty Abeln@cms.hhs.gov.