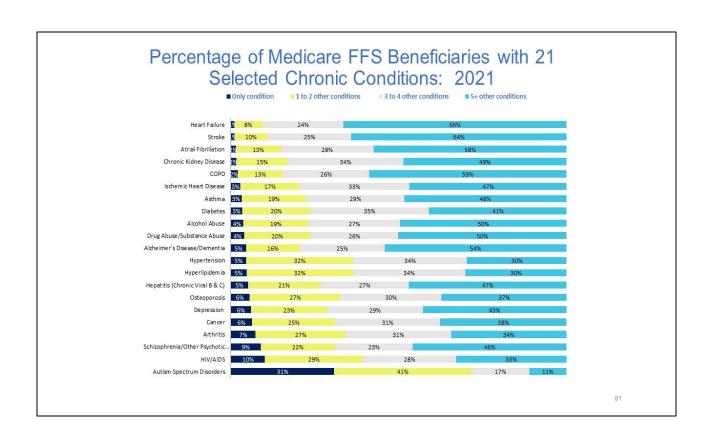
Factors and Implementation for TRADITIONAL Medicare

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Traditional Medicare Coverage

- Medicare is a defined benefit program.
- Title XVIII of the Social Security Act
 - Sec. 1862(a) Notwithstanding any other provision of this title, no payment may be made under part A or part B for any expenses incurred for items or services—
 - (1)(A) which, except for items and services described in a succeeding subparagraph or additional preventive services (as described in section 1861(ddd)(1)), are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member



National Coverage Determinations

- Process defined in statute that includes opportunity for public comments
- Staff review of published evidence and public comments to determine whether an item or service is reasonable and necessary for the Medicare population.
- Implementation factors may include:
 - Patient characteristics and specific conditions
 - Provider criteria
 - · Facility criteria





INNOVATORS'
GUIDE TO
NAVIGATING
MEDICARE

www.cms.gov/Medicare/Coverage/CouncilonTechInnov/Downloads/Innovators-Guide-Master-7-23-15.pdf

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