

(b) The on-the-record review process is based only on evidence presented during the reconsideration review.

(c) The independent CMS official considers the recommendation of the reconsideration official and makes a final agency determination.

§ 425.808 Effect of independent CMS official's decision.

(a) The decision of the independent CMS official is final and binding.

(b) The reconsideration review process under this subpart must not be construed to negate, diminish, or otherwise alter the applicability of existing laws, rules, and regulations or determinations made by other government agencies.

§ 425.810 Effective date of decision.

(a) If the initial determination denying an ACO's application to participate in the Shared Savings Program is upheld, the application will remain denied based on the effective date of the original notice of denial.

(b) If the initial determination to terminate an agreement with an ACO is upheld, the decision to terminate the agreement is effective as of the date indicated in the initial notice of termination.

(c) If the initial determination to terminate an ACO is reversed, the ACO is reinstated into the Shared Savings Program, retroactively back to the original date of termination.

PART 426—REVIEW OF NATIONAL COVERAGE DETERMINATIONS AND LOCAL COVERAGE DETERMINATIONS

Subpart A—General Provisions

Sec.

- 426.100 Basis and scope.
- 426.110 Definitions.
- 426.120 Calculation of deadlines.
- 426.130 Party submissions.

Subpart B [Reserved]

Subpart C—General Provisions for the Review of LCDs and NCDs

- 426.300 Review of LCDs, NCDs, and deemed NCDs.
- 426.310 LCD and NCD reviews and individual claim appeals.

- 426.320 Who may challenge an LCD or NCD.
- 426.325 What may be challenged.
- 426.330 Burden of proof.
- 426.340 Procedures for review of new evidence.

Subpart D—Review of an LCD

- 426.400 Procedure for filing an acceptable complaint concerning a provision (or provisions) of an LCD.
- 426.403 Submitting new evidence once an acceptable complaint is filed.
- 426.405 Authority of the ALJ.
- 426.406 *Ex parte* contacts.
- 426.410 Docketing and evaluating the acceptability of LCD complaints.
- 426.415 CMS' role in the LCD review.
- 426.416 Role of Medicare Managed Care Organizations (MCOs) and State agencies in the LCD review.
- 426.417 Contractor's statement regarding new evidence.
- 426.418 LCD record furnished to the aggrieved party.
- 426.419 LCD record furnished to the ALJ.
- 426.420 Retiring or revising an LCD under review.
- 426.423 Withdrawing a complaint regarding an LCD under review.
- 426.425 LCD review.
- 426.431 ALJ's review of the LCD to apply the reasonableness standard.
- 426.432 Discovery.
- 426.435 Subpoenas.
- 426.440 Evidence.
- 426.444 Dismissals for cause.
- 426.445 Witness fees.
- 426.446 Record of hearing.
- 426.447 Issuance and notification of an ALJ's decision.
- 426.450 Mandatory provisions of an ALJ's decision.
- 426.455 Prohibited provisions of an ALJ's decision.
- 426.457 Optional provisions of an ALJ's decision.
- 426.458 ALJ's LCD review record.
- 426.460 Effect of an ALJ's decision.
- 426.462 Notice of an ALJ's decision.
- 426.463 Future new or revised LCDs.
- 426.465 Appealing part or all of an ALJ's decision.
- 426.468 Decision to not appeal an ALJ's decision.
- 426.470 Board's role in docketing and evaluating the acceptability of appeals of ALJ decisions.
- 426.476 Board review of an ALJ's decision.
- 426.478 Retiring or revising an LCD during the Board's review of an ALJ's decision.
- 426.480 Withdrawing an appeal of an ALJ's decision.
- 426.482 Issuance and notification of a Board decision.
- 426.484 Mandatory provisions of a Board decision.