

Amended Review MSA FAQ

An Amended Review is an opportunity to ask Centers for Medicare & Medicaid Services (CMS) to review and revise the previously issued Medicare Set-Aside (MSA) determination. CMS recently eliminated the timeframe to submit an Amended Review.

What are the Criteria for Requesting an Amended Review?

1. The case has not been settled
2. It has been at least 12 months since CMS issued the MSA determination letter
3. Projected care has changed and the new proposed amount would result in a 10% or \$10,000 change from the previous MSA
 - » **CMS will not review an Amended Review request where the change in treatment is solely a medication change from brand to generic medications**



What Information is Needed to Support the Amended Review Request?

1. A new cover letter
 - a. If treatment has changed due to a state-specific requirement, a life care plan showing replacement treatment for denied treatments will be required if medical records do not indicate change
2. Consent to Release signed and initialed by the claimant
3. CMS' future treatment recommendation -included in the original MSA determination
4. All medical documentation related to the settling injury(s)/body part(s) since the previous MSA submission
5. The most recent six months of pharmacy records
6. Summary of expected future care which identifies if treatment has changed due to a state-specific requirement a life care plan showing replacement treatment for denied treatments will be required if medical records do not indicate change