



National Coverage Determination Member Notification

The Centers for Medicare & Medicaid Services (CMS) require that we notify health plan members of National Coverage Determinations (NCDs). NCDs are official directives issued by Medicare that expand coverage to a specified service or set of services for Medicare beneficiaries. In some cases, services addressed by NCDs will be provided to you under your current health plan. In other cases the services noted in the NCD are covered under Original Medicare.

To inquire about receiving the service outlined in the NCD, you may consult with your primary care provider or contact the health plan at the numbers below. Your primary care provider can help to determine if these services are medically indicated for your condition.

Please note that normal co-payments and deductibles associated with your plan may apply. Services covered under Original Medicare are subject to Medicare coinsurance.

For more information related to this NCD and questions about your coverage, please contact Member Services, 8:00 a.m. – 8:00 p.m. seven days a week:

California:	1-800-443-0815 (TTY 711)
Colorado:	1-800-476-2167 (TTY 711)
Georgia:	1-800-232-4404 (TTY 711)
Hawaii:	1-800-805-2739 (TTY 711)
Maryland, Washington DC, & Virginia:	1-888-777-5536 (TTY 711)
Oregon/Southwest Washington	1-877-221-8221 (TTY 711)
Washington:	1-888-901-4600 (TTY 711)

Service:	Effective Date:	Description:	Link to access NCD on Medicare’s website:
National Coverage Determination (NCD) Home Use of Oxygen	Effective Date: 09/27/2021	<ul style="list-style-type: none"> • Effective September 27, 2021: <ul style="list-style-type: none"> ○ oxygen therapy and oxygen equipment are covered in the home for acute or chronic conditions, short- or long- term, when the patient exhibits hypoxemia as defined below. <ul style="list-style-type: none"> ▪ Initial claims for oxygen therapy for hypoxemic patients must be based on the results of a clinical test ordered and evaluated by the treating practitioner. ▪ Required qualifying arterial blood gas or oximetry studies must be performed at the time of need. ▪ Patients exhibiting hypoxemia are defined using clinical criteria specified in this NCD regarding arterial PO2 and arterial oxygen saturation levels in particular situations and/or additional signs/symptoms/disease processes (see link below for details). 	https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=169&ncdver=2&doctype=all&timeframe=60&sortBy=updated&bc=20



		<p>In reviewing the arterial PO2 levels and the arterial oxygen saturation percentages specified in this NCD, the Medicare Administrative Contractors (MACs) must take into account variations in oxygen measurements that may result from such factors as the patient's age, the patient's skin pigmentation, the altitude level, or the patient's decreased oxygen carrying capacity</p> <ul style="list-style-type: none"> ○ CMS will not cover oxygen therapy and oxygen equipment in the home in the following circumstances: <ul style="list-style-type: none"> ▪ angina pectoris in the absence of hypoxemia; or ▪ breathlessness without cor pulmonale or evidence of hypoxemia; or ▪ severe peripheral vascular disease resulting in clinically evident desaturation in one or more extremities; or ▪ terminal illnesses unless they affect the ability to breathe. ○ the MAC may determine reasonable and necessary coverage of oxygen therapy and oxygen equipment in the home for patients who are not described in subsection B or precluded by subsection C of this NCD. Initial coverage for patients with other conditions may be limited to the shorter of 120 days or the number of days included in the practitioner prescription at MAC discretion. Oxygen coverage may be renewed if deemed medically necessary by the MAC. 	
<p>National Coverage Determination (NCD) Removal Home Oxygen Use to Treat Cluster Headache (CH)</p>	<p>09/27/2021</p>	<ul style="list-style-type: none"> • Effective September 27, 2021, the CMS removed the NCD for home oxygen use to treat cluster headaches. <p>The purpose of the Change Request is to revise Section 240.2 and Section 240.2.2 of the National Coverage Determination (NCD) Manual (Pub. 100-03), Chapter 1, Part 4, and to inform the Medicare Administrative Contractors (MAC)s of the changes associated with these NCDs effective September 27, 2021. The Centers for Medicare & Medicaid Services finalized revisions to two separate, but medically related, NCDs for oxygen therapy and oxygen equipment in the home.</p>	<p>https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=343&ncdver=2&doctype=all&timeframe=60&sortBy=updated&bc=20</p>
<p>National Coverage Determination (NCD) Removal Positron Emission Tomography (PET) Scans</p>	<p>1/1/2022</p>	<ul style="list-style-type: none"> • Effective January 1, 2022, the Centers for Medicare & Medicaid Services removed the umbrella national coverage determination (NCD) for Positron Emission Tomography (PET) Scans. <p>All PET indications currently covered or non-covered under NCDs under section 220.6 remain unchanged and MACs shall not alter coverage for indications covered under NCDs.</p>	<p>https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=211&ncdver=6&doctype=NCD&timeframe=30&sortBy=updated&bc=20</p>
<p>National Coverage Determination (NCD) Removal Enteral and Parenteral</p>	<p>1/1/2022</p>	<ul style="list-style-type: none"> • Effective January 1, 2022, the Centers for Medicare & Medicaid Services determined that no national coverage determination (NCD) is appropriate at this time for Enteral and Parenteral Nutritional Therapy. 	<p>https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=242&ncdver=2&doctype=NCD&timeframe=30&sortBy=updated&bc=20</p>



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<p>National Coverage Determination (NCD) Lung Cancer Screening with Low Dose Computed Tomography (LDCT)</p>	<p>10-Feb-22</p>	<ul style="list-style-type: none"> • The purpose of this Change Request (CR) is to inform interested parties that effective February 10, 2022, CMS is expanding beneficiary eligibility for screening for lung cancer with Low dose computed tomography (LDCT). • Lung cancer is the third most common cancer and the leading cause of cancer deaths in the United States. Computed tomography (CT) is an imaging procedure that uses specialized x-ray equipment to create detailed pictures of areas inside the body. LDCT is a chest CT scan performed at settings to minimize radiation exposure compared to a standard chest CT. CMS has determined that the evidence is sufficient to cover, under Medicare Part B, a lung cancer screening counseling and shared decision-making visit, and for appropriate beneficiaries, annual screening for lung cancer with LDCT, as an additional preventive service benefit under the Medicare program, only if all of the following eligibility criteria are met. <p><u>Beneficiary Eligibility Criteria</u></p> <p>Beneficiaries must meet all of the following eligibility criteria:</p> <ul style="list-style-type: none"> ○ Age 50 – 77 years; ○ Asymptomatic (no signs or symptoms of lung cancer); ○ Tobacco smoking history of at least 20 pack-years (one pack-year = smoking one pack per day for one year; 1 pack =20 cigarettes); ○ Current smoker or one who has quit smoking within the last 15 years; and, ○ Receive an order for lung cancer screening with LDCT. <p><u>Counseling and Shared Decision-Making Visit</u></p> <p>Before the beneficiary's first lung cancer LDCT screening, the beneficiary must receive a counseling and shared decision-making visit that meets all of the following criteria, and is appropriately documented in the beneficiary's medical records:</p> <ul style="list-style-type: none"> ○ Determination of beneficiary eligibility; ○ Shared decision-making, including the use of one or more decision aids; ○ Counseling on the importance of adherence to annual lung cancer LDCT screening, impact of comorbidities and ability or willingness to undergo diagnosis and treatment; and, ○ Counseling on the importance of maintaining cigarette smoking abstinence if former smoker; or the importance of smoking cessation if current smoker and, if appropriate, furnishing of information about tobacco cessation interventions. <p><u>Reading Radiologist Eligibility Criteria</u></p> <p>The reading radiologist must have board certification or</p>	<p>https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=364&ncdver=2&doctype=NCD&timeframe=120&sortBy=updated&bc=20</p>
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		board eligibility with the American Board of Radiology or equivalent organization. <u>Radiology Imaging Facility Eligibility Criteria</u> Lung cancer screening with LDCT must be furnished in a radiology imaging facility that utilizes a standardized lung nodule identification, classification, and reporting system.	
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In California, Hawaii, Oregon, Washington, Colorado, Georgia, and the District of Columbia, Kaiser Permanente is an HMO plan with a Medicare contract. In Maryland and Virginia, Kaiser Permanente is an HMO plan and a Cost plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal.

Benefits, premium and/or copayments/coinsurance may change on January 1 of each year. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply.