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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) Cochlear Implantation	**Effective Date: 9/26/2022**	• **Effective for services performed on or after September 26, 2022,** cochlear implantation is **expanded** to include coverage for cochlear implantation for treatment of bilateral pre- or post-linguistic, sensorineural, moderate-to-profound hearing loss in individuals who demonstrate limited benefit from amplification. Limited benefit from amplification is defined by test scores of less than or equal to *60%* correct in the best-aided listening condition on *recorded* tests of open-set sentence *re*cognition. *P*atients *must* meet all of the following *criteria.* • Diagnosis of bilateral moderate-to-profound sensorineural hearing	https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=245&ncdver=3&doctype=NCD&timeframe=30&sortBy=updated&bc=20

		impairment with limited benefit from appropriate hearing (or vibrotactile) aids; • Cognitive ability to use auditory clues and a willingness to undergo an extended program of rehabilitation; • Freedom from middle ear infection, an accessible cochlear lumen that is structurally suited to implantation, and freedom from lesions in the auditory nerve and acoustic areas of the central nervous system; o No contraindications to surgery; and o The device must be used in accordance with Food and Drug Administration (FDA)-approved labeling. • CMS provides for coverage of cochlear implants for Medicare beneficiaries not meeting the above requirements if performed in the context of FDA-approved category B investigational device exemption clinical trials or as a routine cost in clinical trials.	
National Coverage Determination (NCD) Ambulatory Electroencephalographic (EEG) Monitoring - Retired	**Effective Date: 1/1/2023**	• **Effective January 1, 2023**, the Centers for Medicare & Medicaid Services retired the National Coverage Determination (NCD) for Ambulatory Electroencephalographic (EEG) Monitoring. • CMS periodically identifies and proposes to remove NCDs through public notice and comment rulemaking. In the CY 2023 Physician Fee Schedule, CMS determined that the NCD for EEG Monitoring no longer contains clinically pertinent and current information or no longer reflects current medical practice. • In the CY 2023 Physician Fee Schedule Final Rule, CMS finalized a proposal to remove NCD 160.22 EEG Monitoring. In the absence of this NCD, coverage determinations will revert to the Medicare Administrative Contractor (MAC) discretion	https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=215&ncdver=2&doctype=NCD&timeframe=30&sortBy=updated&bc=20

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		effective for claims with dates of service on or after 01/01/2023.	
National Coverage Determination (NCD) Colorectal Cancer Screening Tests	**Effective Date: 1/1/2023**	• **Beginning January 1, 2023**, the minimum age for Medicare-covered Fecal Occult Blood Tests (FOBT) (Immunoassay, or immunochemical fecal occult blood tests (iFOBT), Guaiac fecal occult blood tests (gFOBT)) to detect colon cancer, is reduced to 45 years and older, covered once every three years for Medicare beneficiaries who meet all other existing coverage criteria. • **Beginning January 1, 2023**, the minimum age for Medicare-covered Cologuard™ – Multi-target Stool DNA (sDNA) Test screening stool or fecal DNA, (deoxyribonucleic acid), (sDNA) to detect colon cancer, is reduced to 45 years and older, covered once every three years for Medicare beneficiaries who meet all other existing coverage criteria. • These policy updates to expand coverage of colorectal cancer (CRC) screening by reducing the age of coverage from age 50 to age 45 result from changes specified in the Calendar Year (CY) 2023 Physician Fee Schedule (PFS) Final Rule (87 FR 69404), published in the Federal Register on 11/18/2022. In addition the final rule also expands the regulatory definition of CRC screening tests to include a follow-on screening colonoscopy after a Medicare covered non-invasive stool-based test returns a positive result	https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=281&ncdver=7&doctype=NCD&timeframe=30&sortBy=updated&bc=20
National Coverage Determination (NCD) Monoclonal Antibodies Directed Against Amyloid for the Treatment of Alzheimer's Disease (AD)	**Effective Date: 4/7/2022**	• Effective April 7, 2022, Implementation Date December 12, 2022, CMS issued a National Coverage Determination (NCD) for Monoclonal Antibodies (mAbs) Directed Against Amyloid for the Treatment of Alzheimer's Disease (AD). • Antiamyloid-beta monoclonal antibodies (antiamyloid mAbs) are laboratory-made proteins designed to bind a specific substance in the body, with the goal of marking it for destruction by the body's immune system. Scientists design various mAbs as treatments with the goal of targeting and neutralizing or clearing infections (like the	https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=375&ncdver=1&doctype=NCD&timeframe=60&sortBy=updated&bc=20

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		COVID-19 virus), cancer cells, and in the case of AD, amyloid accumulation in the brain. • CMS covers Food and Drug Administration (FDA)-approved monoclonal antibodies (mAbs) directed against amyloid for the treatment of AD when furnished in accordance with the coverage criteria below, under coverage with evidence development (CED) for patients who have a clinical diagnosis of mild cognitive impairment (MCI) due to AD or mild AD dementia, both with confirmed presence of amyloid beta pathology consistent with AD. • Section B of the NCD lists the nationally covered indications that may be covered: (See attached NCD) ▪ FDA approved mAbs directed against amyloid for the treatment of AD based upon evidence of efficacy from a change in a surrogate endpoint (e.g., amyloid reduction) considered as reasonably likely to predict clinical benefit may be covered in a randomized controlled trial conducted under an investigational new drug (IND) application. ▪ FDA approved mAbs directed against amyloid for the treatment of AD based upon evidence of efficacy from a direct measure of clinical benefit may be covered in CMS-approved prospective comparative studies. ▪ CMS-approved studies of a mAbs directed against amyloid (antiamyloid mAb) approved by FDA for the treatment of AD based upon evidence of efficacy from a direct measure of clinical benefit must address specific questions specified in the NCD.	

		• Section C of the NCD lists the nationally non-covered indications. ▪ Monoclonal antibodies directed against amyloid for the treatment of AD provided outside of an FDA-approved randomized controlled trial, CMS approved studies, or studies supported by the NIH, are nationally non-covered. • Medicare Advantage plans are required to cover the cost of items and services in CMS approved CED studies unless CMS determines the significant cost threshold is exceeded (see Chapter 4, Section 10.7.3, of the Medicare Managed Care Manual). https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/mc86c04.pdf	
National Coverage Determination (NCD) Home Use of Oxygen	**Effective Date: 9/27/2021**	• Effective September 27, 2021, Implementation Date January 1, 2023, National Coverage Determination (NCD) for Home Use of Oxygen. ○ Section B of the NCD discusses that/how oxygen therapy and oxygen equipment is covered in the home for certain acute and chronic conditions. ○ Section C of the NCD discusses the conditions under which CMS will not allow coverage in the home of oxygen therapy and oxygen equipment. ○ Section D of the NCD advises that the MAC may determine reasonable and necessary coverage of oxygen therapy and oxygen equipment in the home for patients who are not described in Section B and Section C of the NCD. In the circumstances where Section D is applicable for patient with other conditions, initial coverage may be limited to the shorter of 90 days or the	https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=169&ncdver=2&doctype=all&timeframe=60&sortBy=updated&bc=20

		number of days included in the practitioner prescription at MAC discretion and oxygen coverage may be renewed if deemed medically necessary by the MAC. Additionally, the MAC may also allow beneficiaries who are mobile in the home and would benefit from the use of a portable oxygen system in the home, to qualify for coverage of a portable oxygen system either 1) by itself, or 2) to use in addition to a stationary oxygen system. ○ Kaiser follows Medicare Coverage for this benefit, and this NCD provides for more flexibility for Medicare Advantage plans such as Kaiser Permanente in administration of home use of oxygen as described in Section D	
National Coverage Determination (NCD) Lung Cancer Screening with Low Dose Computed Tomography (LDCT)	**Effective Date: 2/10/2022**	• Effective February 10, 2022, CMS is expanding beneficiary eligibility for screening for lung cancer with Low dose computed tomography (LDCT). • 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. • Beneficiaries must meet all of the following eligibility criteria: ○ 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	https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=364&ncdver=2&doctype=NCD&timeframe=120&sortBy=updated&bc=20

		one pack per day for one year; 1 pack =20 cigarettes); o Current smoker or one who has quit smoking within the last 15 years; and, o Receive an order for lung cancer screening with LDCT. • 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: o Determination of beneficiary eligibility; o Shared decision-making, including the use of one or more decision aids; o 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, o 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. • The reading radiologist must have board certification or board eligibility with the American Board of Radiology or equivalent organization. • Lung cancer screening with LDCT must be furnished in a radiology imaging facility that utilizes a standardized lung nodule identification, classification, and reporting system	
National Coverage Determination (NCD) Removal Enteral and	**Effective Date: 1/1/2022**	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.	https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=242&ncdv

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Parenteral Nutritional Therapy			er=2&doctype=NCD&timeframe=30&sortBy=updated&bc=20
National Coverage Determination (NCD) Removal Positron Emission Tomography (PET) Scans	**Effective Date: 1/1/2022**	Effective January 1, 2022, the Centers for Medicare & Medicaid Services removed the umbrella national coverage determination (NCD) for Positron Emission Tomography (PET) Scans. 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.	https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=211&ncdver=6&doctype=NCD&timeframe=30&sortBy=updated&bc=20
National Coverage Determination (NCD) Removal Home Oxygen Use to Treat Cluster Headache (CH)	**Effective Date: 9/27/2021**	Effective September 27, 2021, CMS removed the NCD for home oxygen use to treat cluster headaches. The purpose of the Change Request is to revise Section 240.2 and Section 240.2.2 of the NCD Manual and to inform the Medicare Administrative Contractors (MAC) of the changes associated with these NCDs effective September 27, 2021. In the absence of an NCD, contractors and adjudicators must consider whether any Medicare claims for this service is reasonable and necessary. Coverage of the removed NCD revert to MAC discretion effective for claims with dates of service on or after September 27, 2021.	https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=343&ncdver=2&doctype=all&timeframe=60&sortBy=updated&bc=20
National Coverage Determination (NCD) Home Use of Oxygen	**Effective Date: 09/27/2022**	• Effective September 27, 2021, 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 in the NCD. o 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. o Required qualifying arterial blood gas or oximetry studies must be performed at the time of need. • CMS will not cover oxygen therapy and oxygen equipment in the home in the following circumstances: o angina pectoris in the absence of hypoxemia; or	https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=169&ncdver=2&doctype=all&timeframe=60&sortBy=updated&bc=20

		○ 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.	
National Coverage Determination (NCD) Removal Transvenous (Catheter) Pulmonary Embolectomy (TPE)	**Effective Date: 10/28/2021**	• Transvenous Pulmonary Embolectomy (TPE) is a treatment for patients with acute pulmonary embolism. • TPE, also called percutaneous pulmonary thrombectomy, mechanical thrombectomy, and catheter embolectomy, involves catheter directed extraction of the clot. • This change request removes the NCD for TPE and the current text of Section 240.6 of the NCD Manual In the absence of an NCD, contractors and adjudicators must consider whether any Medicare claims for this service is reasonable and necessary. Coverage of the removed NCD revert to Medicare Administrative Contractor (MAC) discretion effective for claims with dates of service on or after 10/28/2021.	https://www.cms.gov/files/document/r11159ncd.pdf CMS Medical Learning Network (MLN) Summary: https://www.cms.gov/files/document/mm12537-transvenous-catheter-pulmonary-embolectomy-national-coverage-determination-ncd-section-2406.pdf
National Coverage Determination (NCD) Transcatheter Edge-to-Edge Repair (TEER) for Mitral Valve Regurgitation	**Effective Date: 1/19/2021**	Transcatheter Edge-to-Edge Repair (TEER) of the mitral valve is used in the treatment of mitral regurgitation. The purpose of this Change Request (CR) is to inform Medicare Administrative Contractors (MACs) that on January 19, 2021, CMS expanded coverage of mitral valve TEER procedures for the treatment of functional mitral regurgitation (MR) and maintained coverage of TEER for the treatment of degenerative MR through coverage with evidence development (CED) and with mandatory registry participation.	https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=363&ncdver=2&doctype=all&timeframe=30&sortBy=updated&bc=20
National Coverage Determination (NCD) Non-covered Positron Emission	**Effective Date: 12/17/2021**	• Positron Emission Tomography (PET) is a minimally invasive, diagnostic imaging procedure that assesses the level of metabolic activity and perfusion in various organ systems of the body. A positron camera (tomograph) is	https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=336&ncdver=2&doctype=all&timefram

Tomography (PET) (NaF-18) to Identify Bone Metastasis of Cancer		used to produce cross-sectional tomographic images, which are obtained from positron-emitting radioactive tracer substances (radiopharmaceuticals) such as F-18 sodium fluoride (NaF-18). • The purpose for this change request is to update the NCD manual language to reflect that effective December 15, 2017, following the 24-month extension and absent any published, peer-reviewed journals regarding PET NaF-18 to identify bone metastases of cancer, NCD 220.6.19 reverted to a non-coverage determination. In the absence of an NCD, contractors and adjudicators must consider whether any Medicare claims for this service is reasonable and necessary.	e=120&sortBy=updated&bc=20