



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. Medicare Cost plans are typically required to provide coverage for this service immediately upon the effective date of the NCD. You may also choose to receive this service through Original Medicare from any participating Medicare provider.

The purpose of this notice is to inform you of the implementation of a recent NCD by Medicare. The services addressed in this NCD may be covered by your health plan as of the effective date noted below. To inquire about the services noted in this NCD from your plan, please consult your Primary Care Provider or contact the health plan at the number below. Please note that normal Co-payments and deductibles associated with your plan may apply.

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 1-800-777-1370)
- Hawaii: 1-800-805-2739 (TTY 1-877-447-5990)
- Maryland, Washington DC, & Virginia: 1-888-777-5536 (TTY 1-866-513-0008)

Service: Invalidation of National Coverage Determination 140.3 Transsexual Surgery

Effective Date: May 30, 2014

Description: On May 30, 2014 CMS issued a National Coverage Determination for the Invalidation of National Coverage Determination 140.3 Transsexual Surgery.

Link to access NCD on Medicare’s website: <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R169NCD.pdf>

Kaiser Permanente is a Cost plan with a Medicare contract. Enrollment in Kaiser Permanente depends on contract renewal.

Benefits, premiums, and copayments may change on January 1, 2015.

For more information about benefits cost-sharing for our plan, please see the Summary of Benefits or Evidence of Coverage.

You must use Kaiser Permanente Plan providers for in-network care. You may use your Original Medicare coverage separate from your Health Plan benefits and obtain care from non-Plan providers. If you do so, ask the non-Plan provider to file a claim directly with Medicare. You are responsible for Medicare coinsurance, any unmet portion of deductibles, and, for charges from providers who do not participate in Medicare, amounts up to the Medicare limiting charge