



## AETNA BETTER HEALTH<sup>SM</sup> PREMIER PLAN Medicare-Medicaid Plan

### National Coverage Determination Member Notification

Dear Member,

The Centers for Medicare & Medicaid Services (CMS) sometimes change the coverage rules that apply to an item or service covered under Medicare and through your health plan that provides Medicare benefits. When these rules are changed, CMS issues a National Coverage Determination (NCD) and we are required to notify you of this information.

An NCD tells us:

- What rule is changing
- If Medicare will pay for an item or service
- What item or service is covered

### What does this mean to me?

We want you to be aware of any new NCDs that may affect your coverage. But new rules do not affect all members.

CMS has issued NCDs that apply to the following items/services:

Procedure/Item	Additional information	Effective Date	CMS Transmittal #
Stem Cell Transplantation for Multiple Myeloma, Myelofibrosis, Sickle Cell Disease, and Myelodysplastic Syndromes	Centers for Medicare and Medicaid Services (CMS) has issued National Coverage Determinations (NCD's) that affect coverage for treatment done as part of special studies (Coverage with Evidence Development/CED, Medicare approved studies). These changes only apply to members involved in the special studies. The recent NCD changes are as follows: <ul style="list-style-type: none"><li>• Expanded coverage for donor stem cell transplant (allogenic hematopoietic stem cell transplant) for sickle cell disease, certain</li></ul>	January 27, 2016	R191NCD

	<p>diseases of the blood cells (myelofibrosis, multiple myeloma), other rare diseases. In a donor stem cell transplant, a doctor takes part of a healthy donor's stem cell or bone marrow. This is then specially prepared and given to a patient through a tube in a vein (intravenous infusion). The patient also receives high dose chemotherapy (such as certain cancer drugs) and/or radiation treatments before getting this transplant through the vein.</p> <p>This NCD expands coverage for donor HSCT items and services. These services will only be covered by Medicare if they are provided in a Medicare-approved clinical study under Coverage with Evidence Development (CED.). When bone marrow or peripheral blood stem cell transplantation is covered, all required steps are included in coverage. If you think you qualify, speak with your physician.</p>		
<p>Percutaneous Left Atrial Appendage Closure (LAAC)</p>	<p>Centers for Medicare and Medicaid Services (CMS) has issued National Coverage Determinations (NCD's) that affect coverage for treatment done as part of special studies (Coverage with Evidence Development/CED, Medicare approved studies). These changes only apply to members involved in the special studies. The recent NCD changes are as follows:</p> <ul style="list-style-type: none"> <li>• Coverage will be approved for a special heart procedure (Left Atrial Appendage Closure, LAAC, if the device</li> </ul>	<p>February 8, 2016</p>	<p>R192NCD</p>

	<p>planned for use has FDA approval; and</p> <ul style="list-style-type: none"> <li>You have a specific type of irregular heart beat (Non-Valvular Atrial Fibrillation, NVAF; and</li> </ul> <p>You meet all the other specified conditions of the Medicare approved study. These services will only be covered by Medicare if they are provided in a Medicare-approved clinical study under Coverage with Evidence Development (CED.)</p> <p>If you think you qualify, speak with your physician.</p>		
Test for Colorectal Cancer Using Cologuard	Cologuard is a test that is performed on a stool sample to check for colon cancer. You no longer need authorization from your health plan before you have this test done.	October 9, 2014	R183NCD

### What if I have questions?

If you have questions about this information, call Aetna Better Health Premier Plan Member Services at 1-866-600-2139, 24 hours a day, 7 days a week. TTY users should call 711.

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Aetna Better Health Premier Plan is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits for both programs to enrollees.

Limitations and restrictions may apply. For more information, call Aetna Better Health Premier Plan Member Services, or read the Aetna Better Health Premier Plan Member Handbook.

Benefits may change on January 1 of each year.

You can get this document in Spanish, or speak with someone about this information in other languages for free. Call 1-866-600-2139 (TTY: 711). The call is free.

*Usted puede obtener este documento en español, o hablar gratuitamente con una persona en otros idiomas sobre esta información. Llame 1-866-600-2139 y TTY/TDD al 711, 24 horas al día, siete días de la semana. La llamada es gratis.*