



National Coverage Determination Member Notification

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	<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">• Expanded coverage for donor stem cell transplant (allogenic hematopoietic stem cell transplant) for sickle cell disease, certain 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.	January 27, 2016	R191NCD

Procedure/Item	Additional information	Effective Date	CMS Transmittal #
	<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"> • Coverage will be approved for a special heart procedure (Left Atrial Appendage Closure, LAAC, if the device planned for use has FDA approval; and • You have a specific type of irregular heart beat (Non-Valvular Atrial Fibrillation, NVAF; and <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>	<p>February 8, 2016</p>	<p>R192NCD</p>
<p>Test for Colorectal Cancer Using Cologuard</p>	<p>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.</p>	<p>October 9, 2014</p>	<p>R183NCD</p>
<p>Percutaneous Image-guided Lumbar Decompression (PILD) for Lumbar Spinal Stenosis (LSS)</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"> • You are having surgery on your lower spine where the surgeon uses a very small incision and surgery is guided with imaging (x-ray) assistance (often referred to as 		<p>R196NCD</p>

Procedure/Item	Additional information	Effective Date	CMS Transmittal #
	<p data-bbox="467 180 951 247">“Percutaneous Image-guided Lumbar Decompression”/PILD)</p> <ul data-bbox="418 260 1045 527" style="list-style-type: none"> <li data-bbox="418 260 1045 447">• You have a condition where the open spaces of your spine are narrowed and this puts pressure on your spinal cord or nerves (“Lumbar Spinal Stenosis”) and you have not had relief with non-surgical treatments. <li data-bbox="418 457 1045 527">• You meet all the other specified conditions of the Medicare approved study. <p data-bbox="370 573 1029 720">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 data-bbox="370 766 1024 800">If you think you qualify, speak with your physician.</p>		