

CMS, the federal agency that runs Medicare, sometimes announces new information about coverage under the Medicare program. When this happens, CMS issues a National Coverage Determination (NCD). CMS requires health plans to notify their Medicare Advantage members about NCDs.

What is an NCD?

NCDs tell us about new services or items that are covered or a change in coverage under Medicare.

How do I find out about new NCDs?

Throughout the year, Bright Health will post information on new or changed NCDs on this website (see list below). You also can view all NCDs on the [CMS website](#).

What if I have questions about my Medicare coverage?

Please call the Member Services number on the back of your ID card.

Below are NCD updates released since January 2021.

NCD Name	Screening for Colorectal Cancer- Blood-Based Biomarker Tests
NCD Effective Date	January 19, 2021
NCD Summary	<p>CMS has determined that the evidence is sufficient to cover a blood-based biomarker test as an appropriate colorectal cancer screening test once every 3 years for Medicare beneficiaries when performed in a Clinical Laboratory Improvement Act (CLIA)-certified laboratory, when ordered by a treating physician and when all of the following requirements are met:</p> <p>The patient is:</p> <ul style="list-style-type: none"> • age 50-85 years, and, • has no signs or symptoms of colorectal disease and, • at average risk of developing colorectal cancer (no personal or family histories of certain conditions or diseases) <p>The blood-based biomarker screening test must have all of the following:</p> <ul style="list-style-type: none"> • FDA market authorization with an indication for colorectal cancer screening; and • proven test performance characteristics for a blood-based screening test, including specific sensitivity and specificity standards <p>Note: The currently available Epi proColon® test will not be covered.</p>
For More Information	See the CMS website

NCD Name	Transcatheter Edge-to-Edge Repair (TEER) / Transcatheter Mitral Valve Repair (TMVR)
NCD Effective Date	January 19, 2021
NCD Summary	<p>CMS is replacing the term Transcatheter Mitral Valve Repair (TMVR) with mitral valve Transcatheter Edge-to-Edge Repair (TEER) to more precisely define the treatment addressed in this proposed NCD, which is applicable to TEER for the treatment of functional mitral regurgitation (MR) and degenerative MR.</p> <p>TEER of the mitral valve is covered under Coverage with Evidence Development (CED) for the treatment of symptomatic moderate-to-severe or severe functional mitral regurgitation (MR), or significant symptomatic degenerative MR, under certain conditions.</p> <p>Mitral valve TEERs are covered for uses that are not expressly listed as an FDA-approved indication when performed within certain clinical studies.</p> <p>TEER of the mitral valve is not covered for patients with existing co-morbidities that would preclude the expected benefit from the procedure or in patients with untreated severe aortic stenosis.</p>
For More Information	See the CMS website

NCD Name	Ventricular Assist Devices (VADs)
NCD Effective Date	December 1, 2020
NCD Summary	<p>CMS has revised this NCD and will cover left ventricular assist devices (LVADs) for the management of Advanced Heart Failure if they are FDA approved for short-term (e.g., bridge-to-recovery and bridge-to-transplant) or long-term (e.g., destination therapy) mechanical circulatory support for heart failure patients who meet specific criteria as defined within this NCD.</p> <p>Who may Provide Medicare-Covered Ventricular Assist Devices (LVAD)?</p> <p>Medical professionals providing LVADs or any VAD must be based at the facility and must include individuals with experience working with patients before and after placement of any VAD.</p> <p>The team must include, at a minimum:</p> <ul style="list-style-type: none"> • At least one physician with cardiothoracic surgery privileges and individual experience implanting at least 10 durable, intracorporeal, left ventricular assist devices over the course of the previous 36 months with activity in the last year • At least one cardiologist trained in advanced heart failure with clinical competence in medical- and device-based management including VADs, and clinical competence in the management of patients before and after placement of a VAD • A VAD program coordinator • A social worker • A palliative care specialist
For More Information	See the CMS website

NCD Name	Acupuncture for Chronic Low Back Pain
NCD Effective Date	January 21, 2020
NCD Summary	<p>When is acupuncture covered by Medicare?</p> <p>CMS will cover acupuncture for chronic low back pain. It will cover up to 12 visits in 90 days for Medicare beneficiaries under the following circumstances:</p> <ul style="list-style-type: none"> • For purposes of this NCD, chronic low back pain is defined as: <ul style="list-style-type: none"> ◦ lasting 12 weeks or longer; ◦ nonspecific, in that it has no identifiable systemic cause (i.e., not associated with metastatic, inflammatory, infectious, etc. disease); ◦ not associated with surgery; and ◦ not associated with pregnancy • An additional eight sessions will be covered for those patients demonstrating an improvement. No more than 20 acupuncture treatments may be administered annually. • Treatment must be discontinued if the patient is not improving or is regressing. • Treatment must be provided by either: (1) a physician; or (2) a physician assistant, nurse practitioner, clinical nurse specialist or auxiliary personnel who meet certain education, licensure and supervision requirements.
	<p>When is acupuncture not covered by Medicare?</p> <p>Medicare does not cover any type of acupuncture, including dry needling, for any condition other than chronic low back pain.</p>
For More Information	See the CMS website

NCD Name	Transcatheter Aortic Valve Replacement (TAVR)
NCD Effective Date	June 21, 2019. New version posted April 3, 2020
NCD Summary	<p>When is TAVR covered by Medicare?</p> <p>Transcatheter aortic valve replacement (TAVR) is a procedure used in the treatment of aortic stenosis. CMS covers TAVR for the treatment of symptomatic aortic valve stenosis when certain conditions are met, including:</p> <ul style="list-style-type: none"> • The procedure is furnished with an approved device • The procedure is furnished for an FDA approved indication or as part of a clinical research study that meets certain requirements • The patient is under the care of a multidisciplinary heart team that includes a cardiac surgeon and interventional cardiologist with specific qualifications related to the care and treatment of aortic stenosis • The hospital meets specific qualifications related to cardiac care • The heart team and hospital participate in a national audited registry of TAVR patients that meets certain qualifications
	<p>When is TAVR not covered by Medicare?</p> <p>TAVR is not covered for patients who have other existing health conditions that would preclude the expected benefit from correction of the aortic stenosis. A patient's cardiac surgeon and interventional cardiologist will evaluate the patient's suitability for TAVR.</p>
For More Information	See the CMS website