



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:
Acupuncture for Chronic Low Back Pain (CAG-00452N)	January 21, 2020	The Centers for Medicare & Medicaid Services (CMS) will now cover acupuncture for chronic low back pain under section 1862(a)(1)(A) of the Social Security Act. Effective for services performed on or after January 21, 2020, CMS will cover acupuncture for Medicare patients with chronic low back pain. Up to 12 visits in 90 days are covered for Medicare beneficiaries under the following circumstances:	https://www.cms.gov/medicare-coverage-database/details/nca-details.aspx?NCAId=295&bc=ACAAAAA AAAAA&
Next Generation Sequencing (NGS) for Medicare Beneficiaries with Advanced Cancer (CAG-00450R)	January 27, 2020	CMS has now determined that NGS as a diagnostic laboratory test is reasonable and necessary and covered nationally when performed in a CLIA-certified laboratory, when ordered by a treating physician and when all of the following requirements are met: 1. The patient has:	https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=296



		<ul style="list-style-type: none">○ ovarian or breast cancer; and○ a clinical indication for germline (inherited) testing for hereditary breast or ovarian cancer; and○ a risk factor for germline (inherited) breast or ovarian cancer; and○ not been previously tested with the same germline test using NGS for the same germline genetic content. <p>2. The diagnostic laboratory test using NGS must have all of the following:</p> <ul style="list-style-type: none">○ Food and Drug Administration (FDA) approval or clearance; and○ results provided to the treating physician for management of the patient using a report template to specify treatment options.	
--	--	--	--