



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, toll free at **(844) 294-6535 (TTY: 711)**. We are available October 1 through March 31 from 8:00 a.m. to 8:00 p.m. local time, 7 days a week (except holidays), and from April 1 through September 30 from 8:00 a.m. to 8:00 p.m. local time, Monday through Friday (except holidays) or **goldkidney.com**.

| Service | Effective Date | Description | Link to access NCD on Medicare's website |
|--|----------------|--|---|
| National Coverage Determination (NCD) Pre-Exposure Prophylaxis (PrEP) for Human Immunodeficiency Virus (HIV) Prevention | 9/30/2024 | <p>Effective September 30, 2024, Centers for Medicare & Medicaid Services (CMS) issued the National Coverage Determination (NCD) on Preexposure Prophylaxis (PrEP) for Human Immunodeficiency Virus (HIV) Prevention transitioning coverage for PrEP from Part D to Part B. CMS covers Preexposure Prophylaxis (PrEP) and other related services to prevent HIV under Part B preventive coverage without costsharing.</p> <p>For individuals being assessed for or using PrEP to prevent HIV</p> <ul style="list-style-type: none"> Part B covers furnishing HIV PrEP using antiretroviral drugs, including the supplying or dispensing of these drugs and the administration of injectable PrEP. | https://www.cms.gov/medicare-coverage-database/view/ncacl-decision-memo.aspx?proposed=N&ncaid=310 |



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|--|----------------|--|--|
| | | <p>Part B coverage covers all the following as an additional preventive service:</p> <ul style="list-style-type: none">a) Up to eight individual counseling visits every 12 months, that include HIV risk assessment (initial or continued assessment of risk), HIV risk reduction and medication adherence. Counseling must be furnished by a physician or other health care practitioner. Individuals must be competent and alert at the time that counseling is provided.b) Up to eight HIV screening tests every 12 months.c) A single screening for hepatitis B virus. | |
| National Coverage Determination (NCD) Stem Cell Transplantation | 3/6/2024 | <p>Effective for services performed on after March 6, 2024, the Centers for Medicare and Medicaid Services (CMS) covers allogeneic hematopoietic stem cell transplant using bone marrow, peripheral blood or umbilical cord blood stem cell products for Medicare patients with myelodysplastic syndromes who have prognostic risk scores of</p> <ul style="list-style-type: none">• ≥ 1.5 (Intermediate-2 or high) using the International Prognostic Scoring System (IPSS), or• ≥ 4.5 (high or very high) using the International Prognostic Scoring System - Revised (IPSS-R), or• ≥ 0.5 (high or very high) using the Molecular International Prog <p>Stem cell transplantation is a process in which stem cells are harvested from either a patient's (autologous) or donor's (allogeneic) bone marrow or peripheral blood for intravenous infusion</p> | <p>https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=366</p> |



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|--|----------------|--|---|
| National Coverage Determination (NCD) Percutaneous Transluminal Angioplasty (PTA) | 10/11/2023 | <p>Effective October 11, 2023, the Centers for Medicare and Medicaid Services (CMS) covers Percutaneous Transluminal Angioplasty (PTA) of the carotid artery concurrent with stenting with the placement of an FDA approved carotid stent with an FDA approved or cleared embolic protection device, for Medicare beneficiaries. The changes include:</p> <ul style="list-style-type: none">• The expanded coverage applies the percentage requirements for patients with symptomatic carotid artery stenosis (CAS) $\geq 50\%$, and for patients with asymptomatic CAS $>70\%$.• An assessment is required before and after CAS by an appropriately certified provider;• Decision-making is required to be shared between provider(s) and patient; <p>Facility standards must establish and maintain institutional and physician standards to support a dedicated carotid stent program including the granting of clinical privileges, maintaining appropriate supporting personnel and equipment, monitoring patient outcomes, and ensuring continuous quality improvement.</p> | https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=366 |

Gold Kidney Health Plan, Inc., is an HMO-POS and HMO-POS C-SNP with a Medicare contract. Enrollment in Gold Kidney Health Plan depends on contract renewal.