Advisory Board's take on the NCD changes



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Our Question

How will cardiovascular programs respond to the NCD changes?

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NCD response overview

Modest change → *Significant change*

NCD Change	Org 1	Org 2	Org 3	Org 4	Org 5
Evaluation flexibility		X	X	X	X
Operator flexibility	X	X	X	X	X
Coverage for asymptomatic AS patients			X	X	
CED requirement changes	X (Long-term change)			X	
Volume requirement elimination		X (Long-term change)			

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Key Insights

01

The level of surgeon interest in TAVR is unique to each organization and guides their planned response.

02

Most programs will remove the second surgery evaluation for “obvious” non-surgical cases.

03

Most programs will not just preserve - but strengthen - heart team collaboration.

04

All programs plan to take advantage of surgeon operator flexibility, but most will maintain a dual-operator model.

05

Organizations that already value their registries will preserve them, those that don’t will re-evaluate participation.

06

Asymptomatic coverage will impact referring physicians' workflows more than TAVR program operations.

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Don’t miss Advisory Board’s 2026 Cardiovascular Market Trends

Webinar date	Topics covered
On-Demand Now	ELEVATING CV CARE ACCESS AND VALUE 1. CV programs fast-track procedure access 2. Payers put cardiologists at the center of new collaborative VBC models *Fireside chat: Driving access and growth through arrythmia detection*
Nov 11th	MODERNIZING CV CARE TEAMS AND DELIVERY 3. CV service line leaders expand non-physician roles 4. Health systems revisit CV site-of-care plan ***Fireside chat: TAVR pathways after NCD updates***

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