

Transcatheter Aortic Valve Replacement (TAVR) National Coverage Determination (NCD) Policy Summary¹

Expanded Patient Access. Earlier Treatment. Better Outcomes.

CMS has finalized the NCD for TAVR. Review the changes and assess how to enhance your program.



Key Policy Updates*

The NCD broadens reimbursement eligibility, enabling more AS patients to benefit from TAVR earlier.

Symptomatic severe AS – nationally covered without Coverage with Evidence Development (CED).

Asymptomatic severe AS – now covered under CED and requires participation in a CMS-approved study to generate additional real-world evidence.

The NCD policy streamlines access to TAVR, including increased flexibility for patient evaluation, as well as operator and hospital requirements.



TAVR Operator – reduced volume requirements

- ≥ 20 transcatheter valve procedures/yr (≥ 15 TAVR) or $\geq 40/2$ yrs (≥ 30 TAVR)
- introduces intra-procedure flexibility with one or two operators (same or different specialties) as the heart team decides



Hospital Volume – thresholds removed

- on-site structural heart interventional cardiology and cardiac surgery programs
- experienced post-procedure ICU
- ongoing quality monitoring and improvement program



Patient Evaluation – increased flexibility

- an initial heart-team review (may be asynchronous) and includes input from both cardiac surgery and interventional cardiology; and
- an in-person evaluation by a heart team TAVR operator
- an additional evaluation by a heart team TAVR operator is not required but is covered if performed
- these evaluations must be documented before the day of procedure



Heart Team – members preserved

- includes ≥ 1 cardiac surgeon and ≥ 1 interventional cardiologist; and
- advanced practice clinicians, nurses, and administrators, and, as needed, members from other physician specialties and research personnel



The Updated TAVR Policy Is Now in Effect

Learn more at www.HeartValves.com/NCD

CMS = Centers for Medicare & Medicaid Services, AS = aortic stenosis, MAC = Medicare Administrative Contractor

*The NCD does not apply to TAVR furnished in emergency scenarios. Coverage for this use is at MAC discretion.

References

1. Centers for Medicare & Medicaid Services. *Decision Memo for Transcatheter Aortic Valve Replacement (TAVR) (CAG-00430R2)*. Published September 10, 2026. Accessed September 10, 2026. CMS Decision Memo.

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