Topic	Current NCD	Edwards Request (Dec. 2025)	CMS Proposed Draft NCD (June 2026)	Final NCD (September 2026)
Surgeon Evaluation	Independently examining the patient face-to-face	Remove or significantly relax mandatory surgeon involvement requirements	Evaluations must include: a. An initial evaluation by the heart team, which could be asynchronous using medical records to identify patient suitability for TAVR or other treatments; and b. An independent, in person evaluation by a heart team TAVR operator. This cannot be satisfied through a virtual encounter.	Evaluations must include: a. An initial evaluation by the heart team, which could be asynchronous using medical records to identify patient suitability for TAVR or other treatments, and includes input from both cardiac surgery and interventional cardiology; and b. An in-person evaluation by a heart team TAVR operator. This cannot be satisfied through a virtual encounter. c. An additional evaluation by a heart team TAVR operator is not required but is covered if performed.
Dual Operators	A cardiac surgeon and interventional cardiologist jointly participate in the procedure (intraoperative technical aspects)	Single qualified operator (typically interventional cardiologist)	Joint participation of two TAVR operators in a TAVR procedure is not required but may occur if determined appropriate by the heart team. If jointly performed, both must be TAVR operators from the heart team.	Joint participation of two TAVR operators in a TAVR procedure is not required but is covered if determined appropriate by the heart team. If jointly performed, both must be TAVR operators from the same specialty or different specialties.
CED requirement for TAVR	CED required	Sunset CED entirely	No overarching requirement for CED for TAVR CED required for asymptomatic AS No registry requirement as part of CED	No overarching requirement for CED for TAVR CED required for asymptomatic AS No registry requirement as part of CED
CED for AR	Not covered	Not required	Not required	Not required
CED for asymptomatic AS	Not covered	Not required	Yes	Yes

CED for low risk AS	No covered	Not required	Not required	Not required
Volume Requirements for TAVR centers	≥ 50 open-heart surgeries in prior year (or equivalent) ≥ 20 aortic valve procedures in prior 2 years Adequate PCI volume (~300/year)	No volume requirements	A TAVR operator must be an interventional cardiologist or cardiac surgeon member of the heart team and: a. Perform ≥ 20 total transcatheter cardiac valve (including aortic, mitral, tricuspid, or pulmonic valve) procedures, ≥ 15 of which must be TAVR, every year; or b. Perform ≥ 40 such procedures, ≥ 30 of which must be TAVR, every two years. TAVR procedures must be furnished in a hospital with the appropriate infrastructure that includes but is not limited to: a. On-site structural heart interventional cardiology and cardiac surgery programs. b. A post-procedure intensive care unit with personnel experienced in managing patients who have undergone open-heart valve procedures. c. A continuous quality improvement process that assesses procedural outcomes and makes necessary programmatic adjustments to ensure patient safety.	A TAVR operator must be an interventional cardiologist or cardiac surgeon member of the heart team and: a. Perform ≥ 20 total transcatheter cardiac valve (including aortic, mitral, tricuspid, or pulmonic valve) procedures, ≥ 15 of which must be TAVR, every year; or b. Perform ≥ 40 such procedures, ≥ 30 of which must be TAVR, every two years. TAVR procedures must be furnished in a hospital with the appropriate infrastructure that includes but is not limited to: a. On-site structural heart interventional cardiology and cardiac surgery programs. b. A post-procedure intensive care unit with personnel experienced in managing patients who have undergone open-heart valve procedures. c. A continuous quality improvement process that assesses procedural outcomes and makes necessary programmatic adjustments to assure patient safety.