



# MLN Matters



Information for Medicare Fee-for-Service Health Care Professionals

MLN Matters Number: MM4173

Related Change Request (CR) #: 4173

Related CR Release Date: December 6, 2005

Effective Date: November 28, 2005

Related CR Transmittal #: 45 and 776

Implementation Date: January 3, 2006

**Note:** This article was revised to contain web addresses that conform to the new CMS website and to show they are now MLN Matters articles. All other information remains the same.

## Stem Cell Transplantation

### Provider Types Affected

Physicians, suppliers, and providers billing Medicare carriers and/or fiscal intermediaries (FIs) for services related to stem cell transplantation

### Provider Action Needed



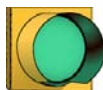
#### STOP – Impact to You

This article is based on Change Request (CR) 4173, which includes clarifying language specific to the current national coverage policy on stem cell transplantation.



#### CAUTION – What You Need to Know

CR4173 clarifies that stem cell transplantation and high-dose chemotherapy are both integral to the course of treatment and are covered as a single entity.



#### GO – What You Need to Do

See the *Background* section of this article for further details regarding this change.

### Background

The Centers for Medicare & Medicaid Services (CMS) has a coverage policy for stem cell transplantation, and the Medicare National Coverage Determination

#### Disclaimer

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(NCD) Manual (Publication 100-03, Section 110.8) states that stem cell transplantation is a process in which stem cells are harvested from either a patient's or donor's bone marrow or peripheral blood for intravenous infusion. Autologous stem cell transplants (AuSCT) must be used to effect hematopoietic reconstitution following severely myelotoxic doses of chemotherapy (High Dose Chemotherapy (HDCT)) and/or radiotherapy used to treat various malignancies. Allogeneic stem cell transplantation is a procedure in which a portion of a healthy donor's stem cell or bone marrow is obtained and prepared for intravenous infusion and may also be used to restore function.

CR4173 clarifies existing NCD policy language and corresponding claims processing language as follows:

"Bone marrow and peripheral blood stem cell transplantation is a process which includes mobilization, harvesting, and transplant of bone marrow or peripheral blood stem cells and the administration of high dose chemotherapy or radiotherapy prior to the actual transplant. When bone marrow or peripheral blood stem cell transplantation is covered, all necessary steps are included in coverage. When bone marrow or peripheral blood stem cell transplantation is non-covered, none of the steps are covered."

**Note:** There is no change to existing CMS coverage policy or claims processing instructions.

## Implementation

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The implementation date for the instruction is January 3, 2006, and will be effective for dates of service on or after November 28, 2005.

## Additional Information

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For complete details, please see the official instruction issued to your carrier/intermediary regarding this change. Those instructions are in two parts. The first part is the actual change to the *Medicare National Coverage Determinations (NCD) Manual*, which includes the actual policy language regarding stem cell transplantation. That part may be viewed at <http://www.cms.hhs.gov/transmittals/downloads/R45NCD.pdf> on the CMS website.

The second part contains the changes to the *Medicare Claims Processing Manual*. Those changes are available at <http://www.cms.hhs.gov/transmittals/downloads/R776CP.pdf> on the CMS website.

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If you have questions, please contact your carrier or FI at their toll-free number, which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.

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