Related MLN Matters Article #: MM3797

Date Posted: May 18, 2005

Related CR #: 3797

Updated Requirements for Autologous Stem Cell Transplantation (AuSCT) for Amyloidosis

Key Words

MM3797, CR3797, Autologous, Stem, Cell, Transplantation, AuSCT, Amyloidosis, HDM, Chemotherapy, Radiotheraphy, Pub.100-04, Pub. 100-03, AL

Provider Types Affected

Physicians and providers billing Medicare Carriers and Fiscal Intermediaries for AuSCT

Key Points

- The effective date for the instruction is March 15, 2005.
- The implementation date is May 16, 2005.
- MM3797 and related CR3797 inform physicians and providers that High Dose Mephalan (HDM) and AuSCT is reasonable and necessary for all Medicare beneficiaries with primary Amyloid Light chain (AL) amyloidosis who meet the following criteria:
  - Amyloid deposition in two or fewer organs; and
  - Cardiac left ventricular ejection fraction (EF) greater than 45 percent.
- Primary AL amyloidosis is covered for all beneficiaries who meet the above criteria regardless of age.
- All forms of non-primary AL amyloidosis remain noncovered.
- CR3797 updates the *Medicare Claims Processing Manual (Pub.100-04), Chapter 3, Section 90.3.2* (FI claims) and *Chapter 32, Section 90.3* (carrier claims) with the new coverage guidelines for primary AL amyloidosis for high-dose melphalan together with autologous stem cell transplantation (HDM/AuSCT).
- The criteria for multiple myeloma (Durie-Salmon) within the FI section is also revised to coincide with the *Nation Coverage Determination Manual (NCD) (Pub. 100-03), Section 110.8.1* and the non-coverage guidelines have been updated to remove the age requirement language in *Chapter 32, Section 90.3.2*.
- The reference to revenue code 0891 in the *Medicare Claims Processing Manual (Pub. 100-04), Chapter 3, Section 90.3.3* was removed, since that revenue code no longer exists.

- The reference to physicians that does not belong in the hospital chapter was also removed.

Important Links

http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3797.pdf

For complete details regarding this change, affected providers should see the official instruction issued to their carrier/FI at *http://www.cms.hhs.gov/Transmittals/downloads/R32NCD.pdf and http://www.cms.hhs.gov/transmittals/downloads/R526CP.pdf* on the CMS website.

One file will contain the National Coverage Determination manual changes and the other will contain the changes to the *Medicare Claims Processing Manual.*

If affected providers have any questions, they should contact their carrier/FI at their toll-free number, which may be found at *http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip* on the CMS website.