

# Program Memorandum Intermediaries/Carriers

Department of Health and  
Human Services (DHHS)  
HEALTH CARE FINANCING  
ADMINISTRATION (HCFA)

Transmittal AB-00-104

Date: NOVEMBER 2, 2000

## CHANGE REQUEST 1375

**SUBJECT: Autologous Stem Cell Transplantation (AuSCT) for Patients With Multiple Myeloma**

Medicare instructions implementing the National Coverage Decision on AuSCT for patients with multiple myeloma were released to Medicare contractors on September 27, 2000, Change Request 1002 on Coverage Issues Manual, Transmittal 125, Medicare Carriers Manual Part 3, Transmittal 1674, and Medicare Intermediary Manual Part 3, Transmittal 1805. The National Coverage Policy for AuSCT for patients with multiple myeloma, in §35-30.1 of the Coverage Issues Manual, has been revised to state the following:

“Effective October 1, 2000, single AuSCT is only covered for Durie-Salmon Stage II or III patients that fit the following requirements:

1. Newly diagnosed or responsive multiple myeloma. This includes those patients with previously untreated disease, those with at least a partial response to prior chemotherapy (defined as a 50 percent decrease *either* in measurable paraprotein [serum and/or urine] *or* in bone marrow infiltration, sustained for at least 1 month), and those in responsive relapse; and
2. Adequate cardiac, renal, pulmonary, and hepatic function.”

**NOTE:** Tandem transplantation for multiple myeloma remains non-covered.

**The *effective date* for this Program Memorandum (PM) is October 1, 2000.**

**The *implementation date* for this PM is November 30, 2000.**

**These instructions should be implemented within your current operating budget.**

**This PM may be discarded after November 30, 2001.**

**If you have any questions, contact Svati Patel at (410) 786-2875.**