
CMS Manual System

Pub. 100-04 Medicare Claims Processing

Transmittal 526

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Date: APRIL 15, 2005

CHANGE REQUEST 3797

SUBJECT: Updated Requirements for Autologous Stem Cell Transplantation (AuSCT)

I. SUMMARY OF CHANGES: This CR updates Pub 100-04, chapter 3, section 90.3.2 (FI claims), and chapter 32, section 90.3 (carrier claims) with new coverage guidelines for primary amyloid light chain (AL) amyloidosis. When recognized clinical risk factors are employed to select patients for transplantation, high-dose melphalan together with autologous stem cell transplantation (HDM/AuSCT) is reasonable and necessary subject to certain criteria. To clarify existing coverage, 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. The criteria for multiple myeloma (Durie-Salmon) within the FI section is also revised to coincide with the Nation Coverage Determinations Manual (NCD) section 110.8.1 and in chapter 32, section 90.3.2, the non-coverage guidelines have been updated to remove the age requirement language to coincide with the NCD Manual, Pub.100-03, section 110.8.1. Also, in chapter 3, section 90.3.3, we removed reference to revenue code 0891 since that revenue code no longer exists. We also removed the reference to physicians that does not belong in the hospital chapter. All other information within the claims processing manual remains the same.

NEW/REVISED MATERIAL - EFFECTIVE DATE*: March 15, 2005

IMPLEMENTATION DATE*: May 16, 2005

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (R = REVISED, N = NEW, D = DELETED)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	3/90.3.2/Autologous Stem Cell Transplantation (AuSCT)
R	3/90.3.3/Billing for Stem Cell Transplantation
R	32/90/Stem Cell Transplantation
R	32/90.2/HCPSC and Diagnosis Coding
R	32/90.3/Non-Covered Conditions

III. FUNDING: Medicare contractors shall implement these instructions within their current operating budgets.

IV. ATTACHMENTS:

X	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Notification
	Recurring Update Notification

***Unless otherwise specified, the effective date is the date of service.**