CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-04 Medicare Claims Processing	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 14035	**Date: November 5, 2026**
	Change Request 14645

SUBJECT: Allogeneic Hematopoietic Stem Cell Transplantation (HSCT) for Myelodysplastic Syndromes (MDS) National Coverage Determination (NCD) 110.23 Coding Updates

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to inform contractors that CMS is expanding Medicare coverage for allogeneic hematopoietic stem cell transplant using bone marrow, peripheral blood or umbilical cord blood stem cell products for Medicare patients with MDS who meet specific criteria.

EFFECTIVE DATE: June 30, 2026
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: April 5, 2027

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. 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: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:
For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:
One Time Notification

Attachment - One-Time Notification

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I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to inform contractors that CMS is expanding Medicare coverage for allogeneic hematopoietic stem cell transplant using bone marrow, peripheral blood or umbilical cord blood stem cell products for Medicare patients with MDS who meet specific criteria.

II. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to inform contractors that CMS is expanding Medicare coverage for allogeneic hematopoietic stem cell transplant using bone marrow, peripheral blood or umbilical cord blood stem cell products for Medicare patients with MDS who meet specific criteria.

HSCT is a process that includes mobilization, harvesting, and transplant of stem cells and the administration of high dose chemotherapy and/or radiotherapy prior to the actual transplant. During the process, stem cells are harvested from either the patient (autologous) or a donor (allogeneic) and subsequently administered by intravenous infusion to the patient.

MDS are a heterogeneous group of hematologic disorders characterized by (1) cytopenia (decreased number of red blood cells, white blood cells and platelets) due to bone marrow failure and (2) the potential development of Acute Myeloid Leukemia (AML). The bone marrow does not produce enough healthy, functioning blood cells. For treatment purposes, patients with MDS are often stratified into risk groups based on the potential development of AML, which varies widely across MDS subtypes.

B. Policy: CMS added new coding for coverage.

For these patients, the evidence demonstrates that the treatment is reasonable and necessary under section 1862(a)(1)(A) of the Social Security Act (the Act).

In addition, coverage of all other indications for stem cell transplantation not otherwise specified will be made by local Medicare Administrative Contractors (MACs) under section 1862(a)(1)(A) of the Act.

Refer to Publication (Pub) 100-03, NCD Manual, chapter 1, section 110.23, for information regarding this NCD and Pub. 100-04, Claims Processing Manual (CPM), chapter 3, section 90.3.1 for further billing instructions.

III. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
14645.1	Contractors shall add Type of Bill (TOB) 13X and 85X as payable, effective for Date of Service (DOS) on or after October 1, 2026.	X				X				
14645.1.1	Contractors shall create an edit to Return to Provider (RTP) claims when not submitted on a valid TOB, effective for DOS on or after March 6, 2024. Note: Claims were previously Denied for invalid TOB.					X				
14645.1.1.1	Contractors shall RTP claims.	X								
14645.2	Contractors shall add ICD-10 PCS codes XW033BA and XW043BA as covered procedures effective June 30, 2026.	X				X				
14645.3	Contractors shall update current inpatient editing to allow payment for autologous claim payment. Note: 11X TOB for an inpatient autologous stem cell transplantation claim containing the applicable procedure code and diagnosis is covered without Coverage with Evidence Development (CED) (clinical trial coding) when the coding is not applicable to autologous transplant.	X				X				
14645.3.1	Contractors shall create a process to pay qualified autologous stem cell transplant claims not submitted under CED (clinical trial coding).	X								

IV. PROVIDER EDUCATION

Medicare Learning Network® (MLN): CMS will develop and release national provider education content and market it through the MLN Connects® newsletter shortly after we issue the CR. MACs shall link to relevant information on your website and follow IOM Pub. No. 100-09 Chapter 6, section 50.3.3 for distributing the newsletter to providers. When you follow this manual section, you don't need to separately track and report MLN content releases. You may supplement with your local educational content after we release the newsletter.

Impacted Contractors: A/B MAC Part A

V. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

VI. CONTACTS

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VII. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
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ATTACHMENTS: 1