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# CMS Manual System

## Pub. 100-04 Medicare Claims Processing

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

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CHANGE REQUEST 3684

**SUBJECT: Manualization of Carrier Claims Processing Instructions for Stem Cell Transplantation**

**I. SUMMARY OF CHANGES:** This CR manualizes the billing and coding requirements for stem cell transplantation for the IOM. This information was in the Medicare Carrier Manual (MCM) but was never transferred into the IOM. **NO NEW INFORMATION IS BEING ADDED AND NO SYSTEM CHANGES ARE REQUIRED.**

**NEW/REVISED MATERIAL - EFFECTIVE DATE\*: Not Applicable**  
**IMPLEMENTATION DATE: Not Applicable**

*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: (N/A if manual not updated.)**  
**(R = REVISED, N = NEW, D = DELETED) – (Only One Per Row.)**

<b>R/N/D</b>	<b>CHAPTER/SECTION/SUBSECTION/TITLE</b>
N	32/90/Table of Contents
N	32/90 - Stem Cell Transplantation
N	32/90.1 - General
N	32/90.2 - HCPCS and Diagnosis Coding
N	32/90.3 - Non-Covered Conditions
N	32/90.4 - Edits
N	32/90.5 - Suggested MSN and RA Messages

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

#### **IV. ATTACHMENTS:**

	<b>Business Requirements</b>
<b>X</b>	<b>Manual Instruction</b>
	<b>Confidential Requirements</b>
	<b>One-Time Notification</b>
	<b>Recurring Update Notification</b>

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