



## National Coverage Determination 110.23: Allogeneic Hematopoietic Stem Cell Transplantation

<b>Related CR Release Date:</b> November 6, 2024	<b>MLN Matters Number:</b> MM13604 Revised
<b>Effective Date:</b> March 6, 2024	<b>Related Change Request (CR) Number:</b> CR 13604
<b>Implementation Date:</b> October 7, 2024	<b>Related CR Transmittal Number:</b> <a href="#">R12948CP</a> & <a href="#">R12948NCD</a>
<b>Related CR Title:</b> Allogeneic Hematopoietic Stem Cell Transplantation (HSCT) for Myelodysplastic Syndromes (MDS) National Coverage Determination (NCD) 110.23	

**What's Changed:** We made no substantive changes to the article other than to update the CR release date, transmittal numbers, and CR links.

### Affected Providers

- Laboratory
- Physicians
- Suppliers
- Other providers billing Medicare Administrative Contractors (MACs) for services they provide to Medicare patients

### Action Needed

Make sure your billing staff knows about coverage for:

- Hematopoietic stem cell transplantation (HSCT) using bone marrow, peripheral blood, or umbilical cord blood stem cell products for Medicare patients
- All other indications for stem cell transplantation not otherwise specified

### Background

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

Myelodysplastic Syndromes (MDS) are a heterogeneous group of hematologic disorders characterized by cytopenia (decreased number of red blood cells, white blood cells, and platelets) due to bone marrow failure and the potential development of acute myeloid leukemia (AML). The bone marrow doesn't produce enough healthy, functioning blood cells. Patients with MDS are often placed into risk groups based on the potential development of AML, which varies widely across MDS subtypes.

On March 6, 2024, CMS issued a final decision under National Coverage Determination (NCD) 110.23 expanding coverage for allogeneic HSCT using bone marrow, peripheral blood, or umbilical cord blood stem cell products for Medicare patients with MDS who have 1 of these prognostic risk scores:

- $\geq 1.5$  (Intermediate-2 or high) using the International Prognostic Scoring System (IPSS)
- $\geq 4.5$  (high or very high) using the International Prognostic Scoring System - Revised (IPSS-R)
- $\geq 0.5$  (high or very high) using the Molecular International Prognostic Scoring System (IPSS-M)

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).

## Coding Instructions

As of March 6, 2024, we cover HSCT for MDS under NCD 110.23, provided the claim contains:

- HCPCS 38240 – professional claim
- ICD-10-PCS 30233X2, 30233X3, 30243X2, 30243X3, XW133C8, or XW143C8 – institutional claim on type of bill 11X
- One of the following ICD-10-CM codes: D46.A, D46.B, D46.C, D46.Z, D46.0, D46.1, D46.4, D46.9, D46.20, D46.21, or D46.22 (Please note the existing PCS codes from CRs [9861](#) and [13545](#) apply to claims as well)
- Modifier -KX to indicate that they have a qualifying prognostic risk score in their medical record (professional claims only)

Coverage of all other indications for stem cell transplantation not otherwise specified will be made by your local MAC under Section 1862(a)(1)(A) of the Act.

Your MAC won't adjust previously processed claims unless you bring those claims to their attention.

## More Information

We issued CR 13604 to your MAC as the official instruction for this change. The CR is in these 2 transmittals:

- Transmittal [R12948CP](#) updates billing instructions in Section 90.3.1 of the Medicare Claims Processing Manual, Chapter 3
- Transmittal [R12948NCD](#) updates Section 110.23 of the Medicare NCD Manual, Chapter 1, Part 2

For more information, find your [MAC's website](#).

## Document History

Date of Change	Description
November 7, 2024	We made no substantive changes to the article other than to update the CR release date, transmittal numbers, and the CR links.
October 9, 2024	We made no substantive changes to the article other than to update the CR release date, transmittal numbers, and the CR links.
August 28, 2024	What's Changed: We made no substantive changes to the Article other than to update the web addresses of the CR transmittals.
August 21, 2024	We added 2 procedure codes to the coding instructions (page 2). We also updated the CR release date and transmittal links. Substantive content changes are in dark red.
May 13, 2024	Initial article released.

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