

## Change to National Coverage Determination may affect your Medicare coverage

The Centers for Medicare & Medicaid Services (CMS) sometimes change the coverage rules that apply to an item or service under Medicare. When this happens, CMS issues a National Coverage Determination, or NCD.

## NCDs tell us:

- What benefits and services are covered
- What benefits and services are changing
- What Medicare will pay for an item or service

CMS recently issued an update to the NCD that applies to the following service:

Allogenieic Hemotopoietic Stem Cell Transplant (HSCT) for Myelodysplastic Syndromes (MDS) National Coverage Determination (NCD) 110.23

Here is a description of the change to the NCD. This affects services given **on or after March 6, 2024** 

Services affected	Additional information
The Centers for Medicare and Medicaid Services (CMS) issued an NCD for Allogenieic Hemotopoietic Stem Cell Transplant (HSCT) for Myelodysplastic Syndromes (MDS)	Effective for claims with dates of service on and after March 6, 2024, contractors shall be aware that Medicare is expanding coverage for allogeneic hematopoietic stem cell transplant using bone marrow, peripheral blood or umbilical cord blood stem cell products for Medicare patients with myelodysplastic syndromes who have prognostic risk scores of:
	≥ 1.5 (Intermediate-2 or high) using the International Prognostic Scoring System (IPSS), or
	≥ 4.5 (high or very high) using the International Prognostic Scoring System - Revised (IPSS-R), or
	≥ 0.5 (high or very high) using the Molecular International Prognostic Scoring System (IPSS-M). In addition, coverage of all other indications for stem cell transplantation not otherwise specified will be made by local Medicare Administrative Contractors under section 1862(a)(1)(A) of the Act.
	This summarizes CMS Transmittal 12781 NCD 110.23

## We're here to help you

Mercy Care Advantage is an HMO SNP with a Medicare contract and a contract with the Arizona Medicaid Program. Enrollment in Mercy Care Advantage depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits and/or copayments/coinsurance may change on January 1 of each year. The formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary. See Evidence of Coverage for a complete description of benefits, exclusions, limitations and conditions of coverage. If you have questions, Mercy Care Advantage Member Services representatives are available to help you 8:00 a.m. - 8:00 p.m., 7 days a week. Please call 602-586-1730 or 1-877-436-5288 (TTY 711).