

## **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:

**Allogeneic Hematopoietic 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**

<b>Services affected</b>	<b>Additional information</b>
<p>The Centers for Medicare and Medicaid Services (CMS) issued an NCD for Allogeneic Hematopoietic Stem Cell Transplant (HSCT) for Myelodysplastic Syndromes (MDS)</p>	<p>Effective for services performed on or after March 6, 2024, 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:</p> <ul style="list-style-type: none"> <li>• <math>\geq 1.5</math> (Intermediate-2 or high) using the International Prognostic Scoring System (IPSS), or</li> <li>• <math>\geq 4.5</math> (high or very high) using the International Prognostic Scoring System - Revised (IPSS1R), or</li> <li>• <math>\geq 0.5</math> (high or very high) using the Molecular International Prognostic Scoring System (IPSS1M).</li> </ul> <p>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). Coverage of all other indications for stem cell transplantation not otherwise specified above as covered or non-covered will be made by local Medicare Administrative Contractors under section 1862(a)(1)(A).</p> <p>This summarizes CMS Transmittal 12627 NCD 110.23</p>

**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).