



Update on Medicare Coverage for Myelofibrosis, Multiple Myeloma and Sickle Cell Disease

Medicare beneficiaries with myelofibrosis, multiple myeloma and sickle cell disease may now receive coverage for HCT through the Coverage with Evidence Development (CED) mechanism. A CED process means that in order for Medicare patients with these indications to qualify for coverage and reimbursement of their allogeneic transplant, they must be enrolled in a CMS-approved clinical study that meets federal guidelines. [Learn more.](#)

The CIBMTR will be facilitating the development of three national clinical studies, one for each of the three newly approved indications, taking advantage of its existing data collection and analysis infrastructure and protocol, as it did for the MDS CED study. The studies will be designed as national protocols that will be available to all centers who currently submit data to the CIBMTR. Once the studies are developed, they will be submitted for review to the Medicare Coverage and Analysis Group. We anticipate submitting the studies for review between April and July 2016. We will continue to share information about this process through this newsletter.

Although CMS was previously silent on coverage for allogeneic HCT in sickle cell disease and myelofibrosis, some local Medicare Administrative Contractors (MACs) provided reimbursement for beneficiaries with those conditions. We encourage transplant programs to engage in discussions with their local MAC about coverage for these indications until studies can be opened that meet the requirements of the CED. The intent of CMS's decision is to expand coverage and, even before an approved protocol is in place, data will be collected on all allogeneic transplants provided to Medicare beneficiaries through the Stem Cell Therapeutic Outcomes Database (SCTOD) operated by CIBMTR, as is the case for all other allogeneic transplants in the U.S. We will also engage the CMS administration in discussing options for patients who need treatment before the formal studies are open. Please contact the NMDP Payer Policy team if you need assistance with these efforts.

Future Medicare Expansion Efforts

We and the ASBMT will continue to evaluate options for further expanding Medicare coverage of HCT. View a recent [Op-Ed article](#) on current issues with Medicare coverage, written by Dr. C.F. LeMaistre from the Sarah Cannon Cancer Network.

Action Alert: Urge Congress to Renew Federal Funding for NMDP/Be The Match

As many of you know, we operate the C.W. Bill Young Cell Transplantation Program through a contract with the federal government. The funding for this Program and the National Cord Blood Inventory is appropriated annually by Congress and is currently up for review. The money appropriated by Congress helps to grow the registry so we can find life-saving matches for patients in need. [Learn more and take action.](#) Thank you in advance for your help!

Visit Our New Reimbursement Support Center

We invite you to explore our new [Reimbursement Support Center](#) for in-depth information and tools to help you navigate reimbursement for HCT. Find information to help you with authorization and coverage, appeals, and coding or explore by payer-type: Medicare, Medicaid, and Commercial. From checklists and tips, to appeal letter templates, we hope you will find this new support center useful to your work. Note: the section is in a new location on our website so please update any bookmarks to our previous reimbursement section.

Explore Network.BeTheMatchClinical.org/Reimbursement.

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If you have any questions or need additional information, please contact the Payer Policy Team at PayerPolicy@nmdp.org. All of our resources are available on our website: Network.BeTheMatchClinical.org/Reimbursement

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