Autologous and Allogeneic Bone Marrow Transplants/Peripheral Stem Cell Transplants/Umbilical Cord Blood Transplants

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Line of Business: Medicare

Medicare Advantage Medical Coverage Policy

Table of Contents

Related Medicare Advantage Medical/Pharmacy Coverage Policies
Related Documents
Description
Coverage Determination
Coverage Limitations
Coding Information
References
Appendix
Change Summary

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Related Medicare Advantage Medical/Pharmacy Coverage Policies

None

Related Documents

Please refer to CMS website for the most current applicable CMS Online Manual System (IOMs)/National Coverage Determination (NCD)/Local Coverage Determination (LCD)/Local Coverage Article (LCA)/Transmittals.

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### Description

**Allogeneic bone marrow transplants (BMT) or myeloablative transplants** are procedures in which healthy marrow is taken from a matched (related or unrelated) donor and transplanted into the individual after high-dose chemotherapy and/or radiation.

**Autologous BMT** involves taking the marrow from an affected individual and purging it. After the marrow is purged with chemicals to remove any malignant cells that may be present, it is preserved in a frozen state until needed. Following high-dose chemotherapy and/or radiation therapy, which destroys the remaining marrow, the stored marrow is thawed and transplanted back into the treated individual via intravenous infusion.

**Mini transplants or nonmyeloablative transplants** are types of allogeneic transplants. This approach involves administering low doses of chemotherapy and/or radiation therapy followed by an infusion of peripheral blood stem cells from a matched (related or unrelated) donor. The primary goal is to achieve graft versus tumor effect. These interventions usually occur after initial attempts of therapy have failed. It is also used for an individual who may not be able to tolerate a myeloablative transplant. Tumor cell death is not the goal of chemotherapy in this situation; the goal is adequate immunosuppression for engraftment and the creation of room in the marrow for engraftment.

**Peripheral stem cell transplants (PSCT)** are procedures in which stem cells are taken directly from the blood stream instead of using bone marrow. Both allogeneic and autologous transplants can be performed using peripheral stem cells. Peripheral stem cells may also be utilized to supplement a BMT.

**Syngeneic transplants** are types of allogeneic transplants in which the donor is an identical twin with identical tissue types. This is a rare type of transplant since few people are identical twins. The advantage of this type of transplant is that graft-versus-host disease is not a problem, however, it does not destroy any remaining cancer cells.

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Tandem transplants are types of autologous transplants in which an individual receives two sequential courses of high-dose chemotherapy with a stem cell transplant. Typically, the two courses are given several weeks to several months apart.

Umbilical cord blood transplants are procedures in which umbilical cord blood from a matched (related or unrelated) donor newborn that is rich in stem cells is used as the donor source for a transplant.

Coverage Determination

*iCare follows the CMS requirements that only allows coverage and payment for services that are reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the functioning of a malformed body member except as specifically allowed by Medicare. Please refer to the above CMS guidance for stem cell transplants.*

*In interpreting or supplementing the criteria above and in order to determine medical necessity consistently, *iCare may consider the criteria contained in the following:

**Autologous and Allogeneic Bone Marrow Transplants/Peripheral Stem Cell Transplants/Umbilical Cord Blood Transplants**

*The use of the criteria in this Medicare Advantage Medical Coverage Policy provides clinical benefits highly likely to outweigh any clinical harms. Services that do not meet the criteria above are not medically necessary and thus do not provide a clinical benefit. Medically unnecessary services carry risks of adverse outcomes and may interfere with the pursuit of other treatments which have demonstrated efficacy.*

Coverage Limitations

**US Government Publishing Office. Electronic code of federal regulations: part 411 – 42 CFR § 411.15 - Particular services excluded from coverage**

Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

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References


**Change Summary**

- 01/01/2024 New Policy.