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

INDEPENDENT CARE HEALTH PLAN

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Policy Number: WI.PA-1017
Line of Business: Medicare

Medicare Advantage Medical Coverage Policy

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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.

Type	Title	ID Number	Jurisdiction Medicare	Applicable States/Territories

			Administrative Contractors (MACs)	
NCD	Stem Cell Transplantation	110.23		
LCD LCA	Allogeneic Hematopoietic Cell Transplantation for Primary Refractory or Relapsed Hodgkin and Non-Hodgkin Lymphoma with B-cell or T-cell Origin	L39477 A59259	J5 – J8 Wisconsin Physicians Service Insurance Corporation	AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MS, MO, MT, NE, NH, NJ, NM, NC, NK, OH, OK, OR, PA, RI, SC, TN, TX, UT, VT, VA, WI, WY
LCD LCA	Allogeneic Hematopoietic Cell Transplantation for Primary Refractory or Relapsed Hodgkin and Non-Hodgkin Lymphoma with B-cell or T-cell Origin	L39434 A59215	J15 - CGS Administrators, LLC (Part A/B MAC)	KY, OH
LCD LCA	Allogeneic Hematopoietic Cell Transplantation for Primary Refractory or Relapsed Hodgkin and Non-Hodgkin Lymphoma with B-cell or T-cell Origin	L36396 A59175 L39398 A59177	JE – JF Noridian Healthcare Solutions, LLC	CA, HI, NV, American Samoa, Guam, Northern Mariana Islands AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
LCA	Billing and Coding: Stem Cell Transplantation	A52879	J6 - National Government Services, Inc. (Part A/B MAC) JK - National Government Services, Inc. (Part A/B MAC	IL, MN, WI CT, NY, ME, MA, NH, RI, VT
LCD LCA	Allogeneic Hematopoietic Cell Transplantation for Primary Refractory or Relapsed Hodgkin	L39513 A59311	J6 - National Government Services, Inc. (Part A/B MAC)	IL, MN, WI

	and Non-Hodgkin Lymphoma with B-cell or T-cell Origin		JK - National Government Services, Inc. (Part A/B MAC	CT, NY, ME, MA, NH, RI, VT
LCD LCA	Allogeneic Hematopoietic Cell Transplantation for Primary Refractory or Relapsed Hodgkin and Non-Hodgkin Lymphoma with B-cell or T-cell Origin	L39270 A59042	JJ - JM - Palmetto GBA (Part A/B MAC)	AL, GA, TN, NC, SC, VA, WV

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.

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.

CPT® Code(s)	Description	Comments
38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic	

38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	
38230	Bone marrow harvesting for transplantation; allogeneic	
38232	Bone marrow harvesting for transplantation; autologous	
38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	
38241	Hematopoietic progenitor cell (HPC); autologous transplantation	
38243	Hematopoietic progenitor cell (HPC); HPC boost	
CPT® Category III Code(s)	**Description**	**Comments**
No code(s) identified		
HCPCS Code(s)	**Description**	**Comments**
S2142	Cord blood-derived stem-cell transplantation, allogeneic	**Not Covered**

References

1. Centers for Medicare & Medicaid Services (CMS). Local Coverage Article (LCA). Billing and coding: stem cell transplantation (A52879). https://www.cms.gov. Published October 1, 2015. Updated August 1, 2023. Accessed November 8, 2023.

2. Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination (LCD). Allogeneic Hematopoietic Cell Transplantation for Primary Refractory or Relapsed Hodgkin and Non-Hodgkin Lymphoma with B-cell or T-cell Origin (L36396). https://www.cms.gov. Published March 5, 2023. Accessed November 9, 2023.

3. Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination (LCD). Allogeneic Hematopoietic Cell Transplantation for Primary Refractory or Relapsed Hodgkin and Non-Hodgkin Lymphoma with B-cell or T-cell Origin (L39270). https://www.cms.gov. Published February 12, 2023. Accessed November 9, 2023.

4. Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination (LCD). Allogeneic Hematopoietic Cell Transplantation for Primary Refractory or Relapsed Hodgkin and Non-Hodgkin Lymphoma with B-cell or T-cell Origin (L39398). https://www.cms.gov. Published March 5, 2023. Accessed November 9, 2023.

5. Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination (LCD). Allogeneic Hematopoietic Cell Transplantation for Primary Refractory or Relapsed Hodgkin and Non-Hodgkin Lymphoma with B-cell or T-cell Origin (L39434). https://www.cms.gov. Published February 19, 2023. Accessed November 9, 2023.

6. Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination (LCD). Allogeneic Hematopoietic Cell Transplantation for Primary Refractory or Relapsed Hodgkin and Non-Hodgkin Lymphoma with B-cell or T-cell Origin (L39477). https://www.cms.gov. Published August 1, 2023. Accessed November 9, 2023.

7. Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination (LCD). Allogeneic Hematopoietic Cell Transplantation for Primary Refractory or Relapsed Hodgkin and Non-Hodgkin Lymphoma with B-cell or T-cell Origin (L39513). https://www.cms.gov. Published February 12, 2023. Accessed November 9, 2023.

8. Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD). Stem cell transplantation (110.23). https://www.cms.gov. Published January 27, 2016. Accessed November 8, 2023.

Change Summary

- 01/01/2024 New Policy.
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