

## Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia and Small Lymphocytic Lymphoma

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| <b>Policy ID:</b>               | HHO-DE-MP-1094                              |
| <b>Approved By:</b>             | Highmark Health Options – Market Leadership |
| <b>Provider Notice Date:</b>    |   |
| <b>Original Effective Date:</b> | N/A   |
| <b>Annual Approval Date:</b>    | 10/2022                                     |
| <b>Last Revision Date:</b>      | 10/08/2021                                  |
| <b>Products:</b>                | Medicaid                                    |
| <b>Application:</b>             | All participating hospitals and providers   |
| <b>Page Number(s):</b>          | 1 of 3                                      |

### Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

### POLICY STATEMENT

Highmark Health Options may provide coverage under medical surgical benefits of the Company's Medicaid products for medically necessary Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia and Small Lymphocytic Lymphoma.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

### DEFINITIONS

**Highmark Health Options (HHO)** – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan Plus members.

**Hematopoietic cell transplantation (HCT)** – Refers to a procedure in which hematopoietic cells are infused to restore bone marrow function in cancer individuals who receive bone-marrow-toxic doses of cytotoxic drugs with or without whole-body radiation therapy. Hematopoietic cells may be obtained from the transplant recipient (autologous HCT) or from a donor (allogeneic HCT) and can be harvested from bone marrow, peripheral blood, or umbilical cord blood shortly after delivery of neonates.

## PROCEDURES

A prior authorization is required.

Allogeneic HCT may be considered medically necessary to treat:

- Chronic lymphocytic leukemia; or
- Small cell lymphocytic leukemia in individuals with markers of poor-risk disease.

Use of a myeloablative or reduced-intensity pre-transplant conditioning regimen should be individualized based on factors that include individual age, the presence of comorbidities, and disease burden.

Autologous HCT is considered experimental/investigational, and therefore, noncovered to treat chronic lymphocytic leukemia or small lymphocytic lymphoma. Available scientific evidence does not permit conclusions concerning the effect of autologous HCT on health outcomes for chronic lymphocytic leukemia or small lymphocytic lymphoma.

### Post-payment Audit Statement

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Health Options at any time pursuant to the terms of your provider agreement.

### Place of Service: Inpatient/Outpatient

Experimental/investigational (E/I) services are not covered regardless of place of service.

HCT for chronic lymphocytic leukemia and small lymphocytic lymphoma is typically an outpatient procedure which is only eligible for coverage as an inpatient procedure in special circumstances, including, but not limited to, the presence of a co-morbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

## CODING REQUIREMENTS

| CPT codes | Description   |
|-----------|---|
| 38206     | Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous. |
| 38220     | Diagnostic bone marrow; aspiration(s).  |
| 38221     | Diagnostic bone marrow; biopsy(ies).  |
| 38222     | Diagnostic bone marrow; biopsy(ies) and aspiration(s).  |
| 38240     | Hematopoietic progenitor cell (hpc); allogeneic transplantation per donor.                              |
| 38241     | Hematopoietic progenitor cell (hpc); autologous transplantation.  |

## REIMBURSEMENT

Participating facilities will be reimbursed per their Highmark Health Options contract.

**References**

Reljic T, Kumar A, Djulbegovic B, Kharfan-Dabaja MA. High-dose therapy and autologous hematopoietic cell transplantation as front-line consolidation in chronic lymphocytic leukemia: a systemic review. *Bone Marrow Transplant.* 2015;50:1069-1074.

Hahn M, Bottcher S, Dietrich S. Allogeneic hematopoietic stem cell transplantation for poor-risk CLL: dissecting immune-modulating strategies for disease eradication and treatment of relapse. *Bone Marrow Transplant.* 2015;50:1279-1285.

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Majhail NS, Farnia SH, Carpenter PA, et al. Indications for autologous and allogeneic hematopoietic cell transplantation: Guidelines from the American Society for Blood and Marrow Transplantation. *Biol Blood Marrow Transplant.* 2015; 21(11):1863-1869. PMID 26256941

Kharfan-Dabaja MA, Kumar A, Hamadani M, et al. Clinical practice recommendations for use of allogeneic hematopoietic cell transplantation in chronic lymphocytic leukemia on behalf of the Guidelines Committee of the American Society for Blood and Marrow Transplantation. *Biol Blood Marrow Transplant.* 2016; 22(12):2117-2125. PMID 27660167

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**POLICY UPDATE HISTORY**

| <Date> | <Event> |
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