

Hematopoietic Cell Transplantation for Multiple Myeloma and POEMS Syndrome

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Page Number(s):	1 of 5

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 multiple myeloma and POEMS Syndrome.

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) – Involves the intravenous (IV) infusion of allogeneic (donor) or autologous stem cells to reestablish hematopoietic function in individuals whose bone marrow or immune system is damaged or defective. They can be harvested from bone marrow, peripheral blood, or umbilical cord blood and placenta shortly after delivery of neonates.

Multiple myeloma (MM) – A systemic malignancy of plasma cells that represents approximately 10% of all hematologic cancers. POEMS syndrome, characterized by polyneuropathy, organomegaly, endocrinopathy, M protein, and skin changes (POEMS), is a rare, paraneoplastic disorder secondary to a plasma cell dyscrasia. Plasma cell dyscrasias are treatable but rarely curable. In some cases, autologous or allogeneic HCT is considered as therapy.

PROCEDURES

A prior authorization is required.

Multiple Myeloma (MM)

A single or second (salvage) autologous HCT may be considered medically necessary to treat MM.

Tandem autologous HCT may be considered medically necessary to treat MM in individuals who fail to achieve at least a near-complete or very good partial response after the first transplant in the tandem sequence.

Tandem transplantation with an initial round of autologous HCT followed by a non-marrow-ablative conditioning regimen and allogeneic HCT (i.e., reduced-intensity conditioning (RIC) transplant) may be considered medically necessary to treat newly diagnosed MM individuals.

Autologous HCT, single or tandem, or allogeneic HCT RIC used to treat MM not meeting the criteria as indicated in this policy is considered not medically necessary.

Allogeneic HCT, myeloablative or nonmyeloablative, as initial therapy of newly diagnosed MM or as salvage therapy, is considered experimental/investigational and therefore non-covered as the safety and/or effectiveness of this service cannot be established by the available published peer-reviewed literature.

POEMS Syndrome

Autologous HCT to treat POEMS Syndrome may be considered medically necessary for individuals who are eligible as EITHER:

- Sole therapy; or
- Consolidation after induction therapy.

Autologous HCT to treat POEMS Syndrome not meeting the criteria as indicated in this policy is considered not medically necessary.

Allogeneic and tandem HCT is considered experimental/investigational to treat POEMS syndrome and therefore, noncovered, because the safety and/or effectiveness of this service cannot be established by the available published peer-reviewed literature.

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 multiple myeloma and POEMS Syndrome 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 comorbid 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.
38232	Bone marrow harvesting for transplantation; autologous.
38241	Hematopoietic progenitor cell (hpc); autologous transplantation.
38230	Bone marrow harvesting for transplantation.
38240	Hematopoietic progenitor cell (hpc); allogeneic transplantation per donor.

Covered Diagnosis Codes for Autologous HCT

Code	Description
C90.00	Multiple myeloma not having achieved remission.
C90.02	Multiple myeloma in relapse.

Covered Diagnosis Codes for POEMS

Code	Description
D47.Z9	Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue.

REIMBURSEMENT

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

POLICY SOURCES
National Comprehensive Cancer Network - 2021
Autologous HCT

The NCCN guidelines (v.7.2021) state that autologous HCT is the preferred option after induction therapy in transplant-eligible [individuals], but a delayed HCT after early stem cell collection and storage is appropriate as well (category 1 recommendation). A repeat HCT can be considered for refractory/progressive disease after primary treatment in [individuals] with prolonged response to initial HCT.

Tandem HCT

The NCCN recommends collecting enough stem cells for two (2) transplants in younger [individuals] if tandem transplant or salvage transplant would be considered. A tandem transplant with or without

maintenance therapy can be considered for all [individuals] who are candidates for HCT and is an option for [individuals] who do not achieve at least a very good partial response after the first autologous HCT and those with high-risk features.

Allo-HCT

The NCCN states the following for allo-HCT: "Allogeneic HCT includes either myeloablative or nonmyeloablative (i.e., "mini" transplant) transplants. Allogeneic HCT has been investigated as an alternative to autologous HCT to avoid the contamination of reinfused autologous tumor cells, but also to take advantage of the beneficial graft-versus-tumor effect associated with allogeneic transplants. However, lack of a suitable donor and increased morbidity has limited this approach, particularly for the typical older MM population." The guidelines also note that allogeneic HCT should be done in the context of a clinical trial when possible.

POEMS Syndrome

The NCCN guidelines recommend autologous HCT in [individuals] with POEMS syndrome who are eligible as sole therapy or as consolidation therapy after induction therapy.

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POLICY UPDATE HISTORY

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