

## Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults

<b>Policy ID:</b>	HHO-DE-MP-1102
<b>Approved By:</b>	Highmark Health Options – Market Leadership
<b>Provider Notice Date:</b>	
<b>Original Effective Date:</b>	N/A
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<b>Products:</b>	Medicaid
<b>Application:</b>	All participating hospitals and providers
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### 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 miscellaneous solid tumors in adults.

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.

### PROCEDURES

1. A prior authorization is required.

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.

HCT is an established treatment for certain hematologic malignancies and has been investigated for a variety of adult solid tumors.

Autologous or allogeneic cell transplant is considered experimental/investigational for the following malignancies in adults and therefore noncovered because the safety and/or effectiveness of this service cannot be established by the available published peer-reviewed literature:

- Cancer of the bile duct
- Cancer of the fallopian tubes
- Cervical cancer
- Colon cancer
- Esophageal cancer
- Gall bladder cancer
- Lung cancer, any histology
- Malignant melanoma
- Nasopharyngeal cancer
- Neuroendocrine tumors
- Pancreatic cancer
- Paranasal sinus cancer
- Prostate cancer
- Rectal cancer
- Renal cell cancer
- Soft tissue sarcomas
- Stomach cancer
- Thyroid tumors
- Tumors of the thymus
- Tumors of unknown primary origin
- Uterine cancer

2. 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.

3. Place of service: inpatient/outpatient

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

Hematopoietic cell transplantation for miscellaneous solid tumors in adults 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 code	Description
38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous.
38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor.

38241	Hematopoietic progenitor cell (HPC); autologous transplantation.
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## REIMBURSEMENT

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

## POLICY SOURCES

### National Comprehensive Cancer Network – 2020

Current National Comprehensive Cancer Network guidelines (2019) on the tumors addressed in this evidence review do not discuss hematopoietic cell transplantation (HCT) as a treatment option.

## References

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.

National Cancer Institute (NCI). Stem Cell Transplant. April 29, 2015. Accessed September 16, 2015.

National Comprehensive Cancer Network (NCCN). NCCN clinical practice guidelines in oncology: Kidney cancer. Version 2.2020. Accessed April 1, 2020.

Omazic B, Ayoglu B, Segersvard R, et al. A preliminary report: Radical Surgery and stem cell transplantation for the treatment of patients with pancreatic cancer. *J Immunother.* 2017; 40(4):132-139.

Omazic B, Remberger M, Barkholt L, et al. Long-Term Follow-Up of Allogeneic Hematopoietic Stem Cell Transplantation for Solid Cancer. *Biol Blood Marrow Transplant.* 2016;22(4):676-681.

Osorio DS, Dunkel IJ, Cervone KA, et al. Tandem thiotepa with autologous hematopoietic cell rescue in patients with recurrent, refractory, or poor prognosis solid tumor malignancies. *Pediatr Blood Cancer.* 2018; 65(1):e26776.

Peinemann F, Enk H, Smith LA. Autologous hematopoietic stem cell transplantation following high-dose chemotherapy for nonrhabdomyosarcoma soft tissue sarcomas. *Cochrane Database Syst Rev.* 2017; 4(4):CD008216.

## POLICY UPDATE HISTORY

<Date>	<Event>
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