

Hematopoietic Cell Transplantation (HCT) for Autoimmune Diseases

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Approved By:	Highmark Health Options – Market Leadership
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Products:	Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 7

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 (HCT) for autoimmune diseases.

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

A prior authorization is required.

Autoimmune diseases arise from an abnormal immune response of the body against substances and tissues normally present in the body.

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.

Autologous HCT may be considered medically necessary as a treatment of systemic sclerosis/scleroderma when ALL of the following criteria are met:

- The individual is less than 60 years of age; and
- Maximum duration of condition of five (5) years; and
- Modified Rodnan Scale Scores is greater than or equal to 15; and
- History of less than six (6) months treatment with cyclophosphamide; and
- No active gastric antral vascular ectasia and
- Individual does NOT have ANY of the following exclusions:
 - Cardiac
 - Left ventricular ejection fraction <50%; or
 - Tricuspid annular plane systolic excursion <1.8 cm; or
 - Pulmonary artery systolic pressure >40 mm Hg; mean pulmonary artery pressure >25 mm Hg; or
 - Pulmonary
 - DLCo <40% of predicted value; or
 - FVC <45% of predicted value; or
 - Renal:
 - Creatinine clearance <40 ml/minute.

Individual with systemic sclerosis and internal organ involvement indicated by the following measurements may be considered medically necessary for autologous HCT:

- Cardiac:
 - Abnormal electrocardiogram; or
- Pulmonary:
 - Diffusing capacity of carbon monoxide (DLCo) less than 80% of predicted value; or
 - Decline of forced vital capacity (FVC) of greater than 10% in last 12 months; or
 - Pulmonary fibrosis; or
 - Ground glass appearance on high resolution chest CT; or
- Renal:
 - Scleroderma-related renal disease.

Autologous HCT for all other autoimmune diseases is considered experimental/investigational and therefore noncovered because the safety and/or effectiveness of this service cannot be established by the available published peer-reviewed literature.

Allogeneic HCT is considered experimental/investigational 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.

Hematopoietic cell transplantation for autoimmune diseases 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.
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.

DIAGNOSIS CODES

Codes						
M34.0	M34.1	M34.2	M34.81	M34.82	M34.83	M34.89
M34.9						

REIMBURSEMENT

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

POLICY SOURCES

American Society for Blood Marrow and Transplantation (ASBMT) – 2018

ASBMT recommends autologous HSCT to be the standard care for patients with severe systemic sclerosis.

References

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POLICY UPDATE HISTORY

10/08/2021	Approved in medical policy committee
08/24/2022	Annual review, approved in medical policy committee
09/13/2022	Approved in QI/UM
10/10/2022	Approved in Governance