

## Hematopoietic Cell Transplantation for Waldenstrom Macroglobulinemia

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<b>Approved By:</b>	Highmark Health Options – Market Leadership
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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 Waldenstrom Macroglobulinemia.

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.

**Waldenström macroglobulinemia (WM)** – A clonal disorder of B lymphocytes that accounts for 1% to 2% of hematologic malignancies, with an estimated 1500 new cases annually in the United States. Symptoms include weakness, headaches, stroke-like symptoms (confusion, loss of coordination), vision problems, excessive bleeding, unexplained weight loss, and frequent infections.

**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.

**PROCEDURES**

1. A prior authorization is required.

Autologous HCT to treat previously treated WM may be considered medically necessary.

Autologous HCT not meeting the criteria as indicated in this policy 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, either ablative or nonablative, to treat previously treated WM may be considered medically necessary.

Allogeneic HCT not meeting the criteria as indicated in this policy 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.

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.

HCT for Waldenström macroglobulinemia 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.
38230	Bone marrow harvesting for transplantation.
38232	Bone marrow harvesting for transplantation; autologous.
38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor.
38241	Hematopoietic progenitor cell (HPC); autologous transplantation.

**COVERED DIAGNOSIS CODE**

Code	Description
C88.0	Waldenstrom Macroglobulinemia.

**REIMBURSEMENT**

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

**POLICY SOURCES****National Comprehensive Cancer Network – 2021.**

National Comprehensive Cancer Network guidelines on Waldenström macroglobulinemia (WM) and lymphoplasmacytic lymphoma (v.1.2022) indicate that, for patients with previously treated WM, stem cell transplantation may be appropriate in selected cases with either: high-dose therapy with autologous stem cell rescue or allogeneic cell transplant (myeloablative or nonmyeloablative). The Network noted that allogeneic cell transplantation “should ideally be undertaken in the context of a clinical trial.” For potential autologous cell transplantation candidates, the guidelines also provide suggested treatment regimens considered nonstem cell toxic.

**Mayo Clinic Cancer Center – 2017.**

In 2017, the Mayo Clinic Cancer Center updated its guidelines on the diagnosis and management of WM. The guidelines noted that patients who are potentially eligible for autologous hematopoietic cell transplantation (HCT; <70 years of age and with chemosensitive disease), should consider harvesting stem cells during first remission after a low tumor burden has been achieved. The guidelines recommended: “Autologous HCT should be considered for first or second relapse in transplant-eligible patients with chemosensitive disease, especially if the first remission duration is short (<2 years). Patients with refractory WM should not be offered [autologous HCT] (level 3, grade B).”

**References**

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**POLICY UPDATE HISTORY**

10/08/2021	Approved in Medical Policy Committee
11/2021	Approved in QI/UM
02/22/2023	Annual review; approved in Medical Policy Committee
02/28/2023	Approved in QI/UM