

Subject: Transplants, Bone Marrow and Peripheral Stem Cell

Medical Policy #: 20.3

Status: Reviewed

Original Effective Date: 02/22/2006

Last Review Date: 02/07/2024

Disclaimer

Refer to the member's specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Description

Bone marrow and stem cell transplant is a process in which the bone marrow or stem cells are harvested from the patient or a donor and prepared for intravenous infusion into the patient suffering from a blood, immune system or genetic disorder. The process varies with different types of transplant, but generally includes HLA typing, mobilization, harvesting and transplant of bone marrow or peripheral blood stem cells, and the administration of high dose chemotherapy or radiotherapy prior to the actual transplant.

This Medical Policy refers to bone marrow and peripheral stem cell transplants only.

- See **MPM 20.6** for *Transplants, Organ*
- See **MPM 3.2** for Matrix-Induced Autologous Chondrocyte Implantation (MACI) formerly, *Autologous Chondrocyte Implantation (Carticel)*
- See **MPM 13.3** for *Meniscal Allograft Transplant*

Coverage Determination

Prior Authorization is required. Logon to Pres Online to submit a request: <https://ds.phs.org/preslogin/index.jsp>

All transplant requests for evaluation for transplantation must be reviewed by the Medical Director.

Presbyterian uses Optum Guidelines for Medicare, Medicaid and Commercial.

Coding

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

CPT Codes	Code Description
38204	Management of recipient hematopoietic progenitor cell donor search and cell acquisition
38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogeneic
38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous
38207	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage
38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor
38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor
38210	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, T-cell depletion
38211	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion
38212	Transplant preparation of hematopoietic progenitor cells; red blood cell removal
38213	Transplant preparation of hematopoietic progenitor cells; platelet depletion
38214	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion
38215	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer

CPT Codes	Code Description
38230	Bone marrow harvesting for transplantation; allogeneic
38232	Bone marrow harvesting for transplantation; autologous
38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor
38241	Hematopoietic progenitor cell (HPC); autologous transplantation
38242	Allogeneic lymphocyte infusions
38243	Hematopoietic progenitor cell (HPC); HPC boost
S2150	Bone marrow or blood-derived stem cells (peripheral or umbilical), allogeneic or autologous, harvesting, transplantation, and related complications; including: pheresis and cell preparation/storage; marrow ablative therapy; drugs, supplies, hospitalization with outpatient follow-up; medical/surgical, diagnostic, emergency, and rehabilitative services; and the number of days of pre- and posttransplant care in the global definition

Reviewed by / Approval Signatures

Population Health & Clinical Quality Committee: Gray Clarke MD

Medical Director: Ana Maria Rael MD

Date Approved: 02/07/2024

References

1. Optum, Transplant Resources Services: The Centers of Excellence Network. [Cited 12/01/2023]

Publication History

- 01-29-14 Presbyterian Policy Retired
- 01-29-14 Presbyterian now uses Aetna criteria: #0640, #0634, #0674.
- 03-25-15 Presbyterian changing from Aetna policies to Optum Guidelines and program.
- 09-28-16 Annual review. No change. Presbyterian uses Optum Transplant Program and Guidelines.
- 07-26-17 Annual Review. No changes. Presbyterian continues to use Optum Transplant Program and Guidelines.
- 01-22-20 Annual Review. No changes. Approved by CQUMC on July 31-2019, to continue to use Optum Transplant Program and Guidelines.
- 03-24-21 Annual review. No changes continue to use Optum Transplant Program Guideline. *Optum is not a purchase criterion, it's the provider that defines the criteria not Optum. Will still forward to CQUMC for their review.
- 01-26-22 Annual review. Reviewed by the PHP Medical Policy Committee on 12/03/2021 and 12/08/2021. No changes. Continue to use Optum Transplant Program Guidelines. All requests will continue to be reviewed by Medical Director. The following CPT codes were added to policy (38204, 38205, 38206, 38207, 38208, 38209, 38210, 38211, 38212, 38213, 38214, 38215) for Hematopoietic Stem Cell Preparation; (38230 and 38232) for Bone Marrow harvesting for transplantation procedures; and (38240, 38241, 38242, 38243 and S2150) for Hematopoietic Progenitor Cell Transplantation. The following codes will continue to require PA: 38204, 38205, 38206, 38230, 38232, 38240, 38241, 38242 and S2150. The following codes will start requiring PA: 38207, 38208, 38209, 38210, 38211, 38212, 38213, 38214, 38215 and 38243. The following codes will be removed from the PA grid: 38231 (deleted 01/01/2003); the following are invalid codes 38233, 38234, 38235, 38236, 38237, 38238 and 38239.
- 01-25-23 Annual review. Reviewed by the PHP Medical Policy Committee on 11/23/2022. No change. Continue to use Optum Transplant Program Guidelines and continue PA requirement.
- 02-07-24 Annual review. Reviewed by the PHP Medical Policy Committee on 12/01/2023. No change. Continue to use Optum Transplant Program Guidelines and continue PA requirement for all LOB. Added clarifying language that the policy is for ALOB. Removed "*The Presbyterian Medical Policy for this procedure has been retired.*" **Update on 06-07-24:** Removed "and listing" from the following statement, "All transplant requests for evaluation *and listings* for transplantation must be reviewed by the Medical Director"

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: [Click here for Medical Policies](#)

Web links:

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage [MPMPCC051001].

At any time during your visit to this policy and find the source material web links has been updated, retired or superseded, PHP is not responsible for the continued viability of websites listed in this policy.

When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.