

## Hematopoietic Cell Transplantation for Miscellaneous Solid Tumors in Adults

**Policy # 00059**

Original Effective Date: 01/28/2002

Current Effective Date: 06/01/2026

*Applies to all products administered or underwritten by Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc. (collectively referred to as the "Company"), unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.*

*Investigational or experimental services are not covered. This includes any drug, device, procedure, or service provided under the investigational arm of a clinical trial or clinical study. These services are excluded from coverage under benefits.*

*Note: Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer is addressed separately in medical policy 00054.*

*Note: Hematopoietic Cell Transplantation in the Treatment of Germ-Cell Tumors is addressed separately in medical policy 00056.*

*Note: Hematopoietic Cell Transplantation for Central Nervous System Embryonal Tumors and Ependymoma is addressed separately in medical policy 00063.*

*Note: Hematopoietic Cell Transplantation for Solid Tumors of Childhood is addressed separately in medical policy 00064.*

### Services Are Considered Investigational

*Coverage is not available for investigational medical treatments or procedures, drugs, devices or biological products.*

Based on review of available data, the Company considers autologous or allogeneic hematopoietic cell transplant (HCT) for miscellaneous solid tumors in adults including, but not limited to, the following malignancies to be **investigational**.\*

- Lung cancer, any histology
- Colon cancer
- Rectal cancer
- Pancreatic cancer
- Stomach cancer
- Esophageal cancer
- Gall bladder cancer
- Cancer of the bile duct
- Renal cell cancer
- Cervical cancer

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- Uterine cancer
- Cancer of the fallopian tubes
- Prostate cancer
- Nasopharyngeal cancer
- Paranasal sinus cancer
- Neuroendocrine tumors
- Soft tissue sarcomas
- Thyroid tumors
- Tumors of the thymus
- Tumors of unknown primary origin
- Malignant melanoma

### **Background/Overview**

Though cancer incidence along with overall mortality has been declining in the United States, certain population groups continue to have an increased risk of cancer progression and mortality due to social, economic, and environmental disadvantages. The National Cancer Institute has published statistics on cancer disparities in relation to various criteria including specific racial and ethnic groups, gender, and geography. Some key incidence and mortality statistics in the United States are as follows: incidence rates of lung, colorectal, and cervical cancers are increased in rural Appalachia compared to urban areas; American Indians/Alaska Natives have increased mortality rates from kidney, liver, and intrahepatic bile duct cancer compared to other racial and ethnic groups; Black men are twice as likely to die of prostate cancer than White men.

### **Hematopoietic Cell Transplantation**

Hematopoietic cell transplantation (HCT) is a procedure in which hematopoietic stem cells are intravenously infused to restore bone marrow and immune function in patients with cancer who receive bone marrow-toxic doses of cytotoxic drugs with or without whole-body radiotherapy. Hematopoietic stem cells may be obtained from the transplant recipient (autologous HCT) or a donor (allogeneic HCT [allo-HCT]). They can be harvested from bone marrow, peripheral blood, or umbilical cord blood shortly after delivery of neonates.

Immunologic compatibility between infused hematopoietic stem cells and the recipient is not an issue in autologous HCT. In allo-HCT, immunologic compatibility between donor and patient is a critical factor for achieving a successful outcome. Compatibility is established by typing of human leukocyte antigens (HLA) using cellular, serologic, or molecular techniques. HLA refers to the gene complex expressed at the HLA-A, -B, and -DR (antigen-D related) loci on each arm of chromosome 6. An acceptable donor will match the patient at all or most of the HLA loci.

### **Conditioning for Hematopoietic Cell Transplantation**

#### **Conventional Conditioning**

The conventional (“classical”) practice of allo-HCT involves the administration of cytotoxic agents (e.g., cyclophosphamide, busulfan) with or without total body irradiation at doses sufficient to cause

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bone marrow ablation in the recipient. The beneficial treatment effect of this procedure is due to a combination of the initial eradication of malignant cells and subsequent graft-versus-malignancy effect mediated by non-self-immunologic effector cells. While the slower graft-versus-malignancy effect is considered the potentially curative component, it may be overwhelmed by existing disease in the absence of pretransplant conditioning. Intense conditioning regimens are limited to patients who are sufficiently medically fit to tolerate substantial adverse effects. These include opportunistic infections secondary to loss of endogenous bone marrow function and organ damage or failure caused by cytotoxic drugs. After graft infusion in allo-HCT, immunosuppressant drugs are required to minimize graft rejection and graft-versus-host disease (GVHD), which increases susceptibility to opportunistic infections.

The success of autologous HCT is predicated on the potential of cytotoxic chemotherapy, with or without radiotherapy, to eradicate cancerous cells from the blood and bone marrow. This permits subsequent engraftment and repopulation of the bone marrow with normal hematopoietic stem cells obtained from the patient before undergoing bone marrow ablation. Therefore, autologous HCT is typically performed as consolidation therapy when the patient's disease is in complete remission. Patients who undergo autologous HCT are also susceptible to chemotherapy-related toxicities and opportunistic infections before engraftment, but not GVHD.

### **Reduced-Intensity Conditioning Allogeneic Hematopoietic Cell Transplantation**

Reduced-intensity conditioning (RIC) refers to the pretransplant use of lower doses of cytotoxic drugs or less intense regimens of radiotherapy than are used in traditional full-dose myeloablative conditioning treatments. Although the definition of RIC is variable, with numerous versions employed, all regimens seek to balance the competing effects of relapse due to residual disease and non-relapse mortality. The goal of RIC is to reduce disease burden and to minimize associated treatment-related morbidity and non-relapse mortality in the period during which the beneficial graft-versus-malignancy effect of allogeneic transplantation develops. RIC regimens range from nearly total myeloablative to minimally myeloablative with lymphoablation, with intensity tailored to specific diseases and patient condition. Patients who undergo RIC with allo-HCT initially demonstrate donor cell engraftment and bone marrow mixed chimerism. Most will subsequently convert to full donor chimerism. In this review, the term RIC will refer to all conditioning regimens intended to be nonmyeloablative.

### **Hematopoietic Cell Transplantation in Solid Tumors in Adults**

HCT is an established treatment for certain hematologic malignancies. Its use in solid tumors is less well established, although it has been investigated for a variety of solid tumors. With the advent of nonmyeloablative allogeneic transplant, interest has shifted to exploring the generation of alloreactivity to metastatic solid tumors via a graft-versus-tumor effect of donor-derived T cells.

HCT as a treatment for ovarian cancer, germ cell tumors, ependymoma, or malignant glioma is addressed separately (medical policies 00054, 00056, and 00063, respectively). HCT as a treatment for breast cancer is not addressed. This medical policy collectively addresses other solid tumors of adults for which HCT has been investigated, including lung cancer, malignant melanoma, tumors of the gastrointestinal tract (affecting the colon, rectum, pancreas, stomach, esophagus, gallbladder, or

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bile duct), male and female genitourinary systems (eg, renal cell carcinoma, prostate cancer, cervical cancer, uterine cancer, fallopian tube cancer), tumors of the head and neck, soft tissue sarcoma, thyroid tumors, tumors of the thymus, and tumors of unknown primary origin.

## **FDA or Other Governmental Regulatory Approval**

### **U.S. Food and Drug Administration (FDA)**

The U.S. Food and Drug Administration regulates human cells and tissues intended for implantation, transplantation, or infusion through the Center for Biologics Evaluation and Research, under Code of Federal Regulation, Title 21, parts 1270 and 1271. Hematopoietic stem cells are included in these regulations.

## **Rationale/Source**

This medical policy was developed through consideration of peer-reviewed medical literature generally recognized by the relevant medical community, U.S. Food and Drug Administration approval status, nationally accepted standards of medical practice and accepted standards of medical practice in this community, technology evaluation centers, reference to regulations, other plan medical policies, and accredited national guidelines.

### **Description**

Hematopoietic cell transplantation (HCT) is an established treatment for certain hematologic malignancies and has been investigated for a variety of adult solid tumors. Interest continues in exploring nonmyeloablative allogeneic HCT (allo-HCT) for a graft-versus-tumor effect of donor-derived T-cells in metastatic solid tumors.

### **Summary of Evidence**

#### **Autologous Hematopoietic Cell Transplantation**

For individuals who have soft tissue sarcomas who receive autologous hematopoietic cell transplantation (HCT), the evidence includes 2 randomized controlled trials (RCTs), phase 2 single-arm studies (some of which have been summarized in a systematic review), and a retrospective registry study. Relevant outcomes are overall survival (OS), disease-specific survival, and treatment-related mortality and morbidity. Although a phase 2 RCT reported longer survival for patients treated with autologous HCT than with standard chemotherapy, this trial did not show an overall survival benefit with HCT. An RCT from 2019 also showed no survival benefits with autologous HCT. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have small cell lung cancer who receive autologous HCT, the evidence includes several RCTs, and systematic reviews of these studies. Relevant outcomes are OS, disease-specific survival, and treatment-related mortality and morbidity. Studies have not reported increased OS for patients with small-cell lung cancer treated with autologous HCT. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

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## Allogeneic Hematopoietic Cell Transplantation

For individuals who have renal cell carcinoma, colorectal cancer, pancreatic cancer, or nasopharyngeal cancer who receive allogeneic-HCT (allo-HCT), the evidence includes single-arm series. Relevant outcomes are OS, disease-specific survival, and treatment-related mortality and morbidity. The evidence for allo-HCT to treat renal cell carcinoma, colorectal cancer, pancreatic cancer, and nasopharyngeal cancer has been limited to case series. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

## Supplemental Information

### Practice Guidelines and Position Statements

Guidelines or position statements will be considered for inclusion in 'Supplemental Information' if they were issued by, or jointly by, a US professional society, an international society with US representation, or National Institute for Health and Care Excellence (NICE). Priority will be given to guidelines that are informed by a systematic review, include strength of evidence ratings, and include a description of management of conflict of interest.

### American Society for Blood and Marrow Transplantation

In 2015, the American Society for Blood and Marrow Transplantation (now referred to as the American Society for Transplantation and Cellular Therapy) issued guidelines related to indications for autologous and allogeneic hematopoietic cell transplantation (HCT). The guidelines were updated in 2020. The tumors addressed herein for which the Society has provided recommendations are listed in Table 1.

**Table 1. Recommendations for Use of Autologous and Allogeneic Hematopoietic Cell Transplantation**

| Condition                | Treatment Option | 2015 Recommendation                           | 2020 Recommendation                           |
|--------------------------|------------------|-----------------------------------------------|-----------------------------------------------|
| Ewing sarcoma, high-risk | Allogeneic HCT   | Not generally recommended                     | Developmental                                 |
|                          | Autologous HCT   | Standard of care, clinical evidence available | Standard of care, clinical evidence available |
| Renal cancer, metastatic | Allogeneic HCT   | Developmental                                 | Developmental                                 |
|                          | Autologous HCT   | Not generally recommended                     | Not generally recommended                     |

HCT: hematopoietic cell transplantation.

### National Comprehensive Cancer Network

Current National Comprehensive Cancer Network (NCCN) guidelines on the tumors addressed in this medical policy do not discuss HCT as a treatment option and these tumors are also not addressed in the NCCN HCT guideline.

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### National Ewing Sarcoma Tumor Board

The National Ewing Sarcoma Tumor Board, a multidisciplinary group of experts in the United States, published consensus recommendations in 2024 for systemic therapies in the management of relapsed Ewing sarcoma, a type of soft tissue sarcoma. Related to the use of autologous HCT, the Board recommends that the use of autologous HCT with myeloablative conditioning regimens be reserved for use in clinical trials, as the clinical value is not established in this patient population because of the lack of randomized or prospective data.

### U.S. Preventive Services Task Force Recommendations

Not applicable.

### Medicare National Coverage

The Centers for Medicare & Medicaid Services currently have the following national noncoverage decision on autologous stem cell transplantation: “Insufficient data exist to establish definite conclusions regarding the efficacy of AuSCT [autologous stem cell transplantation] for the following condition[s]: Solid tumors (other than neuroblastoma).”

### Ongoing and Unpublished Clinical Trials

Some currently ongoing and unpublished trials that might influence this review are listed in Table 2.

**Table 2. Summary of Key Trials**

| NCT No.            | Trial Name                                                                                                                                                                          | Planned Enrollment | Completion Date |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------|
| <i>Ongoing</i>     |                                                                                                                                                                                     |                    |                 |
| NCT04937842        | Efficacy and Safety of Radiotherapy or Chemotherapy Combined with Microtransplantation in the Treatment of Advanced and Relapsed Solid Tumors                                       | 60                 | June 2025       |
| NCT06597513        | A Single-Arm Trial of Hematopoietic Stem Cell Transplantation-Supported Dose-Dense Chemotherapy with Adebrelimab As First-Line Treatment for Extensive-Stage Small-Cell Lung Cancer | 10                 | Dec 2026        |
| <i>Unpublished</i> |                                                                                                                                                                                     |                    |                 |
| NCT01505569        | Alkylator-Intense Conditioning Followed by Autologous Transplantation for Patients with High Risk or Relapsed Solid or CNS Tumors                                                   | 44                 | Feb 2024        |

NCT: national clinical trial.

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## **References**

1. Cancer disparities. National Cancer Institute. <https://www.cancer.gov/about-cancer/understanding/disparities>. Updated January 31, 2025.
2. Carnevale-Schianca F, Ricchiardi A, Capaldi A, et al. Allogeneic hemopoietic stem cell transplantation in solid tumors. *Transplant Proc.* 2005; 37(6): 2664-6. PMID 16182778
3. American Cancer Society. Key statistics for soft tissue sarcomas. <https://www.cancer.org/cancer/types/soft-tissue-sarcoma/about/key-statistics.html>. Updated January 16, 2025.
4. National Comprehensive Cancer Network (NCCN). Soft tissue sarcoma. Version 1.2025. [http://www.nccn.org/professionals/physician\\_gls/pdf/sarcoma.pdf](http://www.nccn.org/professionals/physician_gls/pdf/sarcoma.pdf).
5. Pedrazzoli P, Ledermann JA, Lotz JP, et al. High dose chemotherapy with autologous hematopoietic stem cell support for solid tumors other than breast cancer in adults. *Ann Oncol.* Oct 2006; 17(10): 1479-88. PMID 16547069
6. Kasper B, Dietrich S, Mechtersheimer G, et al. Large institutional experience with dose-intensive chemotherapy and stem cell support in the management of sarcoma patients. *Oncology.* 2007; 73(1-2): 58-64. PMID 18334832
7. Schlemmer M, Wendtner CM, Falk M, et al. Efficacy of consolidation high-dose chemotherapy with ifosfamide, carboplatin and etoposide (HD-ICE) followed by autologous peripheral blood stem cell rescue in chemosensitive patients with metastatic soft tissue sarcomas. *Oncology.* 2006; 71(1-2): 32-9. PMID 17344669
8. Peinemann F, Enk H, Smith LA. Autologous hematopoietic stem cell transplantation following high-dose chemotherapy for nonrhabdomyosarcoma soft tissue sarcomas. *Cochrane Database Syst Rev.* Apr 13 2017; 4(4): CD008216. PMID 28407197
9. Bui-Nguyen B, Ray-Coquard I, Chevreau C, et al. High-dose chemotherapy consolidation for chemosensitive advanced soft tissue sarcoma patients: an open-label, randomized controlled trial. *Ann Oncol.* Mar 2012; 23(3): 777-784. PMID 21652583
10. Peinemann F, Labeit AM. Autologous haematopoietic stem cell transplantation following high-dose chemotherapy for non-rhabdomyosarcoma soft tissue sarcomas: a Cochrane systematic review\*. *BMJ Open.* Jul 29 2014; 4(7): e005033. PMID 25079925
11. Dirksen U, Brennan B, Le Deley MC, et al. High-Dose Chemotherapy Compared With Standard Chemotherapy and Lung Radiation in Ewing Sarcoma With Pulmonary Metastases: Results of the European Ewing Tumour Working Initiative of National Groups, 99 Trial and EWING 2008. *J Clin Oncol.* Dec 01 2019; 37(34): 3192-3202. PMID 31553693
12. Kasper B, Scharrenbroich I, Schmitt T, et al. Consolidation with high-dose chemotherapy and stem cell support for responding patients with metastatic soft tissue sarcomas: prospective, single-institutional phase II study. *Bone Marrow Transplant.* Jul 2010; 45(7): 1234-8. PMID 19935728
13. Hartmann JT, Horger M, Kluba T, et al. A non-comparative phase II study of dose intensive chemotherapy with doxorubicin and ifosfamide followed by high dose ICE consolidation with PBSCT in non-resectable, high grade, adult type soft tissue sarcomas. *Invest New Drugs.* Dec 2013; 31(6): 1592-601. PMID 24091981

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14. Heilig CE, Badoglio M, Labopin M, et al. Haematopoietic stem cell transplantation in adult soft-tissue sarcoma: an analysis from the European Society for Blood and Marrow Transplantation. *ESMO Open*. Oct 2020; 5(5): e000860. PMID 33097652
15. Jiang J, Shi HZ, Deng JM, et al. Efficacy of intensified chemotherapy with hematopoietic progenitors in small-cell lung cancer: A meta-analysis of the published literature. *Lung Cancer*. Aug 2009; 65(2): 214-8. PMID 19118919
16. Lorigan P, Woll PJ, O'Brien ME, et al. Randomized phase III trial of dose-dense chemotherapy supported by whole-blood hematopoietic progenitors in better-prognosis small-cell lung cancer. *J Natl Cancer Inst*. May 04 2005; 97(9): 666-74. PMID 15870437
17. Crivellari G, Monfardini S, Stragliotto S, et al. Increasing chemotherapy in small-cell lung cancer: from dose intensity and density to megadoses. *Oncologist*. Jan 2007; 12(1): 79-89. PMID 17227903
18. Nishimura M, Nasu K, Ohta H, et al. High dose chemotherapy for refractory urothelial carcinoma supported by peripheral blood stem cell transplantation. *Cancer*. Nov 01 1999; 86(9): 1827-31. PMID 10547557
19. Airolidi M, De Crescenzo A, Pedani F, et al. Feasibility and long-term results of autologous PBSC transplantation in recurrent undifferentiated nasopharyngeal carcinoma. *Head Neck*. Sep 2001; 23(9): 799-803. PMID 11505492
20. Lee JA, Choi SY, Kang HJ, et al. Treatment outcome of osteosarcoma after bilateral retinoblastoma: a retrospective study of eight cases. *Br J Ophthalmol*. Oct 2014; 98(10): 1355-9. PMID 24795337
21. Imanguli MM, Childs RW. Hematopoietic stem cell transplantation for solid tumors. *Update Cancer Ther*. 2006;1(3):343-352.
22. Demirer T, Barkholt L, Blaise D, et al. Transplantation of allogeneic hematopoietic stem cells: an emerging treatment modality for solid tumors. *Nat Clin Pract Oncol*. May 2008; 5(5): 256-67. PMID 18398414
23. National Comprehensive Cancer Network (NCCN). Kidney cancer. Version 1.2026. [https://www.nccn.org/professionals/physician\\_gls/pdf/kidney.pdf](https://www.nccn.org/professionals/physician_gls/pdf/kidney.pdf).
24. Childs R, Chernoff A, Contentin N, et al. Regression of metastatic renal-cell carcinoma after nonmyeloablative allogeneic peripheral-blood stem-cell transplantation. *N Engl J Med*. Sep 14 2000; 343(11): 750-8. PMID 10984562
25. Bregni M, Bernardi M, Servida P, et al. Long-term follow-up of metastatic renal cancer patients undergoing reduced-intensity allografting. *Bone Marrow Transplant*. Aug 2009; 44(4): 237-42. PMID 19234510
26. Aglietta M, Barkholt L, Schianca FC, et al. Reduced-intensity allogeneic hematopoietic stem cell transplantation in metastatic colorectal cancer as a novel adoptive cell therapy approach. The European group for blood and marrow transplantation experience. *Biol Blood Marrow Transplant*. Mar 2009; 15(3): 326-35. PMID 19203723
27. Kanda Y, Omuro Y, Baba E, et al. Allo-SCT using reduced-intensity conditioning against advanced pancreatic cancer: a Japanese survey. *Bone Marrow Transplant*. Jul 2008; 42(2): 99-103. PMID 18391987
28. Abe Y, Ito T, Baba E, et al. Nonmyeloablative allogeneic hematopoietic stem cell transplantation as immunotherapy for pancreatic cancer. *Pancreas*. Oct 2009; 38(7): 815-9. PMID 19696692

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29. Omazic B, Ayoglu B, Löhr M, et al. A Preliminary Report: Radical Surgery and Stem Cell Transplantation for the Treatment of Patients With Pancreatic Cancer. *J Immunother.* May 2017; 40(4): 132-139. PMID 28338506
30. Toh HC, Chia WK, Sun L, et al. Graft-vs-tumor effect in patients with advanced nasopharyngeal cancer treated with nonmyeloablative allogeneic PBSC transplantation. *Bone Marrow Transplant.* Apr 2011; 46(4): 573-9. PMID 20661236
31. 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.* Apr 2016; 22(4): 676-681. PMID 26740375
32. 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.* Nov 2015; 21(11): 1863-1869. PMID 26256941
33. Kanate AS, Majhail NS, Savani BN, et al. Indications for Hematopoietic Cell Transplantation and Immune Effector Cell Therapy: Guidelines from the American Society for Transplantation and Cellular Therapy. *Biol Blood Marrow Transplant.* Jul 2020; 26(7): 1247-1256. PMID 32165328
34. National Comprehensive Cancer Network (NCCN). Hematopoietic cell transplantation (HCT). Version 3.2025. [https://www.nccn.org/professionals/physician\\_gls/pdf/hct.pdf](https://www.nccn.org/professionals/physician_gls/pdf/hct.pdf).
35. National Comprehensive Cancer Network (NCCN). NCCN guidelines & clinical resources. [https://www.nccn.org/professionals/physician\\_gls/default.aspx](https://www.nccn.org/professionals/physician_gls/default.aspx).
36. Gupta A, Dietz MS, Riedel RF, et al. Consensus recommendations for systemic therapies in the management of relapsed Ewing sarcoma: A report from the National Ewing Sarcoma Tumor Board. *Cancer.* Dec 01 2024; 130(23): 4028-4039. PMID 39182183
37. Centers for Medicare & Medicaid Services. National Coverage Determination (NCD) for STEM CELL Transplantation (Formerly 110.8.1) (110.23). Updated March 6, 2024; <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=366>.

### **Policy History**

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|            |                                                                                                                                                                                                                                                                                |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 12/06/2001 | Medical Policy Committee review                                                                                                                                                                                                                                                |
| 01/28/2002 | Managed Care Advisory Council approval                                                                                                                                                                                                                                         |
| 03/31/2004 | Medical Director review                                                                                                                                                                                                                                                        |
| 05/07/2004 | Medical Director review                                                                                                                                                                                                                                                        |
| 05/18/2004 | Medical Policy Committee review. Format revision. High-Dose Chemotherapy and Hematopoietic Stem Cell Support for Miscellaneous Solid Tumors in Adults policy developed separately from current HDC with Hematopoietic Stem Cell Support policy. No substance change to policy. |
| 06/28/2004 | Managed Care Advisory Council approval                                                                                                                                                                                                                                         |
| 07/12/2006 | Medical Director review                                                                                                                                                                                                                                                        |

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07/19/2006 Medical Policy Committee approval. Format revision including addition of FDA and or other governmental regulatory approval and rationale/source. Coverage eligibility is unchanged.

06/04/2008 Medical Director review

06/18/2008 Medical Policy Committee approval. Coverage eligibility is unchanged.

06/04/2009 Medical Director review

06/17/2009 Medical Policy Committee approval. Changed title from “High-Dose Chemotherapy and Hematopoietic Stem Cell Support for Miscellaneous Solid Tumors in Adults” to “High-Dose Chemotherapy and Hematopoietic Stem Cell Transplantation for Miscellaneous Solid Tumors in Adults.” Coverage eligibility is unchanged.

05/04/2023 Medical Policy Committee review

05/10/2023 Medical Policy Implementation Committee approval. Coverage eligibility unchanged.

05/02/2024 Medical Policy Committee review

05/08/2024 Medical Policy Implementation Committee approval. Coverage eligibility unchanged.

05/01/2025 Medical Policy Committee review

05/13/2025 Medical Policy Implementation Committee approval. Coverage eligibility unchanged.

05/07/2026 Medical Policy Committee review

05/13/2026 Medical Policy Implementation Committee approval. Coverage eligibility unchanged.

Next Scheduled Review Date: 05/2027

### **Coding**

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Codes used to identify services associated with this policy may include (but may not be limited to) the following:

| Code Type        | Code                                                                                                                                                             |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CPT              | 38204, 38205, 38206, 38207, 38208, 38209, 38210, 38211, 38212, 38213, 38214, 38215, 38230, 38232, 38240, 38241, 38243<br>Delete code effective 06/01/2026: 38242 |
| HCPCS            | S2140, S2142, S2150                                                                                                                                              |
| ICD-10 Diagnosis | All Related Diagnoses                                                                                                                                            |

\*Investigational – A medical treatment, procedure, drug, device, or biological product is Investigational if the effectiveness has not been clearly tested and it has not been incorporated into standard medical practice. Any determination we make that a medical treatment, procedure, drug, device, or biological product is Investigational will be based on a consideration of the following:

- A. Whether the medical treatment, procedure, drug, device, or biological product can be lawfully marketed without approval of the U.S. Food and Drug Administration (FDA) and whether such approval has been granted at the time the medical treatment, procedure, drug, device, or biological product is sought to be furnished; or
- B. Whether the medical treatment, procedure, drug, device, or biological product requires further studies or clinical trials to determine its maximum tolerated dose, toxicity, safety, effectiveness, or effectiveness as compared with the standard means of treatment or diagnosis, must improve health outcomes, according to the consensus of opinion among experts as shown by reliable evidence, including:
  1. Consultation with technology evaluation center(s);
  2. Credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community; or
  3. Reference to federal regulations.

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**NOTICE:** Medical Policies are scientific based opinions, provided solely for coverage and informational purposes. Medical Policies should not be construed to suggest that the Company recommends, advocates, requires, encourages, or discourages any particular treatment, procedure, or service, or any particular course of treatment, procedure, or service.

**NOTICE:** Federal and State law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage.

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**NOTICE:** If an authorization for an ongoing course of treatment has been provided to a member and the member changes from one health plan to another health plan (e.g., a member moves from carrier A to Louisiana Blue), Louisiana Blue may honor the previous health plan's authorization for the same service under the same type of in-network benefit for a 90-day transition period. Documentation of the authorization for the ongoing course of treatment from the previous health plan must be provided to us by the member or their provider and the services provided for the course of treatment must otherwise be a covered service under the Louisiana Blue health plan. This provision does not apply to medications covered under the plan's pharmacy benefit.