



UM-CDG-059 Allogenic Hematopoietic Cell
Transplantation

Approved By:
Director, Health Services

Effective Date:
10/20/2025

This Policy applies to all SECUR affiliates, associates, and subsidiaries.

Approved by Courtney Gonzales, Director of Health Services on behalf of the Utilization Management Committee.

PURPOSE

This coverage determination guideline serves to address allogeneic hematopoietic cell transplantation for primary refractory or relapsed Hodgkin's and Non-Hod Lymphoma with B-cell or T-cell origin. Stem cell transplantation is a process where stem cells are harvested from a person's (autologous) or from a donor's (allogeneic) bone marrow or peripheral blood for intravenous infusion. Autologous Stem Cell Transplantation (AuSCT) is a technique for restoring stem cells using the person's own previously stored cells. AuSCT must be used to effect hematopoietic reconstitution following severely myelotoxic doses of chemotherapy (HDCT) and/or radiotherapy used to treat various malignancies.

Allogeneic hematopoietic stem cell transplantation (Allo-HSCT) is a procedure where a portion of a healthy donor's stem cells or bone marrow is obtained and prepared for intravenous infusion. Hematopoietic stem cells are multi-potent cells that give rise to all blood cell types. The hematopoietic stem cell is a cell isolated from blood or bone marrow that can self-renew, differentiate to a variety of specialized cells, mobilize out of the bone marrow into the circulating blood, and can undergo programmed cell death (apoptosis).

For SECUR Health Plan members, National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) will be applied to requests when applicable. SECUR Health Plan Coverage Determination Guidelines (CDG) will be utilized in the absence of an appropriate NCD and/or LCD.

DEFINITIONS

None

POLICY

The Centers for Medicare and Medicaid Services (CMS) has clarified that bone marrow and peripheral blood stem cell transplantation is a process which includes 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. When bone marrow or peripheral blood stem cell transplantation is medically necessary, all necessary steps are covered.

SECUR Health Plan will follow the guidance in N110.23, Stem Cell Transplantation, which covers allo-HSCT for the following conditions when medically necessary:

- Leukemia, leukemia in remission
- Aplastic anemia
- Severe combined immunodeficiency disease (SCID)

- Wiskott-Aldrich Syndrome
- Myelodysplastic Syndrome

Allo-HSCT is covered for members with the following indications when participating in approved prospective clinical trials meeting specific criteria under the Coverage with Evidence Development (CED) paradigm:

1. Multiple myeloma limited to members with Durie-Salmon Stage II or III disease or International Staging System (ISS) Stage II or Stage III disease, or
2. Myelofibrosis (MF) with Dynamic International Prognostic Scoring System (DIPSSplus) intermediate-2 or High primary or secondary disease, or
3. Sickle cell disease (SCD) that is severe and symptomatic

SECUR Health Plan will reference CMS Internet-Only Manual, Pub. 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 2, §110.23 Stem Cell Transplantation.

Per the NCD referenced, all other indications for stem cell transplantation not otherwise noted as covered or non-covered remain at the discretion of SECUR Health Plan.

SECUR Health Plan will consider all other indications, aside from those described above, as not medically necessary.

References:

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10. Local Coverage Determination (LCD) L39477, Allogeneic Hematopoietic Cell Transplantation for

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<https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=39477&ver=7&stateRegion=s12&contractorNumber=all&lcdStatus=all&sortBy=title&bc=8>

11. National Coverage Determination (NCD) 110.23, Stem Cell Transplantation, 10/7/2024
<https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=366>
12. CMS Internet-Only Manual, Pub. 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Part 2, §110.23 Stem Cell Transplantation
<https://www.cms.gov/regulations-and-guidance/guidance/manuals/internet-only-manuals-ioms-items/cms014961>