Transplants, Bone Marrow and Peripheral Stem Cell
MPM 20.3

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 these criteria.

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 *Autologous Chondrocyte Implantation (Carticel)*
- See MPM 13.3 for *Meniscal Allograft Transplant*

**Coverage Determination and Clinical Indications**
Prior Authorization is required. Logon to Pres Online to submit a request: [https://ds.phs.org/preslogin/index.jsp](https://ds.phs.org/preslogin/index.jsp)

The Presbyterian Medical Policy for this procedure has been retired. Presbyterian now uses Optum Guidelines and program

**Approval Signatures:**
Clinical Quality Committee: __Thomas Rothfeld MD__
Medical Director: __Norman White MD__

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**Publication History:**
02-22-06: Original effective date, PHP Internal Criteria “Transplants”
08-22-07: Annual Review and Revision
09-24-08: Transition to Medical Policy, “Transplants” divided into two separate policies. Annual review and revision.
10-28-09: Annual review and revision
12-01-10: Annual review and revision
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
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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.

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 on the Internet at:
http://www.phs.org/phs/healthplans/providers/healthservices/Medical/index.htm