



IEHP UM Subcommittee Approved Authorization Guideline			
Guideline	Bone Marrow/ Hematopoietic Stem Cell Transplantation in the Treatment of Multiple Sclerosis	Guideline #	UM_NEU 01
		Original Effective Date	01/26/2008
Section	Neurology	Revision Date	12/14/2022

COVERAGE POLICY

Bone Marrow/ Hematopoietic Stem Cell Transplantation in the treatment of Multiple Sclerosis (MS) is considered experimental and investigational, and therefore not covered.

COVERAGE LIMITATIONS AND EXCLUSIONS

N/A

ADDITIONAL INFORMATION

N/A

CLINICAL/REGULATORY RESOURCE

Medicare:

There is no National Coverage Determination (NCD), Local Coverage Determination (LCD), or Local Coverage Article (LCA) for Bone Marrow/ Stem Cell Transplantation as a treatment in Multiple Sclerosis (MS). This procedure is also not mentioned as a treatment in MS in the Medicare Benefit Policy Manual.

Medi-Cal:

There are no guidelines, policies, or All Plan Letters (APLs) concerning this procedure as a treatment in MS.

Millimum Care Guidelines (MCG):

There is a guideline that mentions Autologous Hematopoietic Stem Cell Transplant may be indicated in the case of individuals with MS refractory to treatment, or with MS of the Relapsing-Remitting Type. However, this criterion pertains to inpatient admissions.

Apollo Medical Review Criteria Guidelines for Managing Care:

Bone Marrow/ Stem Cell Transplantation with cells from bone marrow or cord blood is not listed as an indication in the treatment of MS. Additional guidelines (listed in the references section below) call this procedure experimental, investigational and/ or unproven in the treatment of MS.

Aetna:

Hematopoietic Stem Cell Transplantation (autologous or allogeneic) is considered experimental and investigational in multiple sclerosis.

American Society for Transplantation and Cellular Therapy (ASTCT):

Based on the available evidence, the ASTCT recommends that treatment-refractory relapsing MS with high risk of future disability be considered a “standard of care, clinical evidence available” indication for autologous hematopoietic cell transplantation (AHCT).

DEFINITION OF TERMS

N/A

REFERENCES

1. Aetna Medical Policy Bulletin 0606.2022. Hematopoietic Cell Transplantation for Autoimmune Diseases and Miscellaneous Indications. http://www.aetna.com/cpb/medical/data/600_699/0606.html. Accessed December 12, 2022.
2. Apollo Medical Review Criteria Guidelines for Managing Care, 21st edition, 2021. HO 105 Stem Cell Transplantation; Bone Marrow or Cord Blood. NEU 151 Multiple Sclerosis (MS). PAC26-040 Multiple Sclerosis (MS).
3. Majhail, Navneet S, Stephanie H Farnia, Paul A Carpenter, Richard E Champlin, Stephen Crawford, David I Marks, James L Omel, Paul J Orchard, Jeanne Palmer, Wael Saber, Bipin N Savani, Paul A Veys, Christopher N Bredeson, MD, MSc, Sergio A Giralt, Charles F LeMaistre. 2015. Indications for Autologous and Allogeneic Hematopoietic Cell Transplantation: Guidelines from the American Society for Blood and Marrow Transplantation, Biol Blood Marrow Transplant 21(11): 1863-1869.
4. MCG Health General Recovery Care, 25th edition, 2021. PG-ONC Medical Oncology GRG. Cohen, Jeffrey A. et al. Autologous Hematopoietic Cell Transplantation for Treatment-Refractory Relapsing Multiple Sclerosis: Position Statement from the American Society for Blood and Marrow Transplantation. Biol Blood Marrow Transplant. 2019 May; 25(5): 845-854. <https://pubmed.ncbi.nlm.nih.gov/30794930/>. Accessed December 12, 2022.

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