

# **Stem Cell Transplant Benefits to Change for the CSHCN Services Program May 1, 2013**

Information posted March 15, 2013

Effective for dates of services on or after May 1, 2013, benefit criteria for stem cell transplants will change for the Children with Special Health Care Needs (CSHCN) Services Program.

Stem cell transplants must be performed in a Texas facility that is a designated children's hospital or a facility in compliance with the criteria set forth by the Organ Procurement and Transportation Network (OPTN), the United Network for Organ Sharing (UNOS), or the National Marrow Donor Program (NMDP).

Coverage is limited to an initial transplant and one subsequent transplant. Indications for re-transplantation will include the following:

- Relapse of disease
- Failure to engraft or poor graft function
- Graft rejection

Stem cell transplants will no longer be limited by diagnosis codes, but instead by covered indications.

Surgery procedure code S2142 will be a benefit in the inpatient hospital setting when services are performed by a physician.

## **Allogenic Stem Cell Transplants**

The CSHCN Services Program will recognize the following covered indications for allogenic stem cell transplants:

- Bone marrow disorders
- Hemoglobinopathies
- Immunodeficiency disorders
- Inherited metabolic disorders
- Leukemias
- Lymphomas
- Multiple myeloma/plasma cell disorders
- Platelet function disorders

An additional donor leukocyte infusion may be indicated for persistent or relapsed malignant disease.

## **Autologous Stem Cell Transplants**

The CSHCN Services Program will recognize the following covered indications for autologous stem cell transplants:

- Brain tumors

- Germ cell tumors
- Leukemias
- Lymphomas
- Multiple myeloma/plasma cell disorders
- Small round blue cell tumors of childhood

An additional stem cell infusion may be indicated for failure to graft.

## **Prior Authorization**

Prior authorization is required for all stem cell transplants.

A total of 60 inpatient days for a stem cell transplant may be granted to a client, in addition to the standard 60 inpatient days per calendar year limit. Any days remaining from the standard 60 inpatient day limit may be added to the 60 days for the transplant if the \$200,000 limit for the transplant maximum amount has not been exceeded.

The CSHCN Services Program will not authorize the following:

- Experimental or investigational services, supplies, or procedures
- Human leukocyte antigen (HLA)-typing of possible donors

For more information, call the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.