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**	12/30/2024

COVERAGE POLICY

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

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 admission and is not for the procedure itself.

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. Additionally, stem cell transplantation and identification and subsequent treatment of chronic cerebrospinal venous insufficiency in patients with multiple sclerosis is considered experimental, investigational and/ or unproven.

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 (formerly known as the American Society for Blood and Marrow Transplantation) 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).

REFERENCES

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2. Apollo Medical Review Criteria Guidelines for Managing Care, 23rd edition, 11th online edition, 2024. HO 105 Stem Cell Transplantation; Bone Marrow or Cord Blood. NEU 151 Multiple Sclerosis (MS). PAC26-040 Multiple Sclerosis (MS).
3. 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 December30, 2024.
4. 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. https://pubmed.ncbi.nlm.nih.gov/26256941/. Accessed December 30, 2024.
5. MCG Health General Recovery Care, 28th edition, 2024. PG-ONC Medical Oncology GRG.
6. Medicare National Coverage Determination (NCD). Stem Cell Transplantation 110.23. https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=366. Accessed December 30, 2024.

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