



# Louisiana

## **Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia and Small Lymphocytic Lymphoma**

**Policy #** 00052

**Original Effective Date:** 01/28/2002

**Current Effective Date:** 10/14/2024

*Applies to all products administered or underwritten by Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc. (collectively referred to as the “Company”), unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.*

*Note: Hematopoietic Cell Transplantation for Non-Hodgkin Lymphomas is addressed separately in medical policy 00062.*

### **When Services Are Eligible for Coverage**

*Coverage for eligible medical treatments or procedures, drugs, devices or biological products may be provided only if:*

- *Benefits are available in the member’s contract/certificate, and*
- *Medical necessity criteria and guidelines are met.*

Based on review of available data, the Company may consider allogeneic hematopoietic cell transplantation (HCT) to treat chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma in individuals with markers of poor-risk disease to be **eligible for coverage.\*\*** (see Policy Guidelines and Rationale). Use of a myeloablative or reduced-intensity pretransplant conditioning regimen should be individualized based on factors that include age, the presence of comorbidities, and disease burden.

### **When Services Are Considered Investigational**

*Coverage is not available for investigational medical treatments or procedures, drugs, devices or biological products.*

Based on review of available data, the Company considers allogeneic hematopoietic cell transplantation (HCT) to treat chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL) except as noted above to be **investigational.\***

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Based on review of available data, the Company considers autologous hematopoietic cell transplantation (HCT) to treat chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL) to be **investigational**.\*

### Policy Guidelines

#### **Staging and Prognosis of Chronic Lymphocytic Leukemia or Small Lymphocytic Lymphoma**

Two scoring systems are used to determine stage and prognosis of individuals with chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL). As outlined in Table 1, the Rai and Binet staging systems classify patients into 3 risk groups with different prognoses and are used to make therapeutic decisions.

**Table 1. Rai and Binet Classification for Chronic Lymphocytic Leukemia or Small Lymphocytic Lymphoma**

| <b>Rai Stage</b> | <b>Risk</b>  | <b>Description</b>  | <b>Median Survival, y</b> | <b>Binet Stage</b> | <b>Description</b>                                     | <b>Median Survival, y</b> |
|------------------|--------------|---|---------------------------|--------------------|--|---------------------------|
| 0                | Low          | Lymphocytosis   | >10                       | A                  | < 3 lymphoid areas, normal hemoglobin and platelets    | >10                       |
| I                | Intermediate | Lymphocytosis + lymphadenopathy   | 7 to 9                    | B                  | ≥3 lymphoid areas, normal hemoglobin and platelets     | 7                         |
| II               | Intermediate | Lymphocytosis + splenomegaly/hepatomegaly ± lymphadenopathy             | 7 to 9                    |                    |  |                           |
| III              | High         | Lymphocytosis + anemia ± lymphadenopathy, hepatomegaly, or splenomegaly | 1.5 to 5                  | C                  | Any number of lymphoid areas, anemia, thrombocytopenia | 5                         |
| IV               | High         | Lymphocytosis + thrombocytopenia ±                                      | 1.5 to 5                  |                    |  |                           |

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|--|--|--|--|--|--|--|
|  |  | anemia, splenomegaly, or lymphadenopathy |  |  |  |  |
|--|--|--|--|--|--|--|

Because prognoses of individuals vary within the different Rai and Binet classifications, other prognostic markers are used in conjunction with staging to determine clinical management.

The National Comprehensive Cancer Network guideline on CLL/SLL stated the following as unfavorable prognostic factors: DNA sequencing with mutated TP53 or  $\leq 2\%$  immunoglobulin heavy-chain variable (IGHV) mutation; interphase cytogenetics with del17p or deletion of 11q (del11q); or complex karyotype ( $\geq 3$  unrelated chromosome abnormalities in more than 1 cell on karyotype).

### Reduced-Intensity Conditioning for Allogeneic Hematopoietic Cell Transplantation

Some individuals for whom a conventional myeloablative allotransplant could be curative may be considered as candidates for reduced-intensity conditioning (RIC) allogeneic hematopoietic cell transplantation (allo-HCT). These include those individuals whose age (typically  $>60$  years) or comorbidities (eg, liver or kidney dysfunction, generalized debilitation, prior intensive chemotherapy, low Karnofsky Performance Status score) preclude use of a standard myeloablative conditioning regimen. An individual who relapses following a conventional myeloablative allo-HCT could undergo a second myeloablative procedure if a suitable donor is available and his or her medical status would permit it. However, this type of individual would likely undergo RIC before a second allo-HCT if complete remission could be reinduced with chemotherapy.

The ideal allogeneic donors are human leukocyte antigen (HLA)- identical siblings, matched at the HLA-A, -B, and -DR loci on each arm of chromosome 6. Related donors mismatched at a single locus are also considered suitable donors. A matched, unrelated donor identified through the National Marrow Donor Registry is typically the next option considered. Recently, haploidentical donors-typically a parent or a child of the individual -with whom usually there is sharing of only 3 of the 6 major histocompatibility antigens, have been under investigation as a stem cell source. Most individuals will have such a donor; however, the risk of graft-versus-host disease and overall morbidity of the procedure may be severe, and experience with these donors is not as extensive as that with matched donors.

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### **Background/Overview**

#### **Chronic Lymphocytic Leukemia and Small Lymphocytic Lymphoma**

Chronic lymphocytic leukemia (CLL) and small lymphocytic lymphoma (SLL) are neoplasms of hematopoietic origin characterized by the accumulation of lymphocytes with a mature, generally well-differentiated morphology. In CLL, these cells accumulate in the blood, bone marrow, lymph nodes, and spleen; in SLL they are generally confined to lymph nodes. The Revised European-American/World Health Organization Classification of Lymphoid Neoplasms considers B-cell CLL and SLL a single disease entity.

Chronic lymphocytic leukemia and SLL share many common features and are often referred to as blood and tissue counterparts of each other, respectively. Both tend to present as asymptomatic enlargement of the lymph nodes, tend to be indolent, but can undergo transformation to a more aggressive form of the disease (eg, Richter transformation). The median age at diagnosis of CLL is approximately 72 years, but it may present in younger individuals, often as a poor-risk disease with significantly reduced life expectancy.

Treatment regimens used for CLL are generally the same as those used for SLL, and treatment outcomes are comparable for both diseases. Both low- and intermediate-risk CLL and SLL demonstrate relatively good prognoses, with median survivals of 6 to 10 years; however, the median survival of high-risk CLL or SLL may only be 2 years. Although typically responsive to initial therapy, CLL and SLL are rarely cured by conventional therapy, and nearly all patients ultimately die of their disease. This natural disease history prompted an investigation of HCT as a possible curative regimen.

#### **Hematopoietic Cell Transplantation**

Hematopoietic cell transplantation (HCT) is a procedure in which hematopoietic stem cells are infused to restore bone marrow function in cancer patients who receive bone marrow-toxic doses of drugs with or without whole-body radiotherapy. Hematopoietic stem cells may be obtained from the transplant recipient (autologous HCT) or a donor (allogeneic HCT [allo-HCT]). These cells can be harvested from bone marrow, peripheral blood, or umbilical cord blood shortly after delivery of neonates. Although cord blood is an allogeneic source, the stem cells in it are antigenically "naive" and thus are associated with a lower incidence of rejection or graft-versus-host disease (GVHD).

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Immunologic compatibility between infused hematopoietic stem cells and the recipient is not an issue in autologous HCT. However, immunologic compatibility between donor and patient is critical for achieving a good outcome of allo-HCT. Compatibility is established by typing of human leukocyte antigens (HLA) using cellular, serologic, or molecular techniques. HLA refers to the tissue type expressed at the HLA-A, -B, and -DR loci on each arm of chromosome 6. Depending on the disease being treated, an acceptable donor will match the patient at all or most of the HLA loci.

### **Conditioning for Hematopoietic Cell Transplantation**

#### **Conventional Conditioning for Hematopoietic Cell Transplantation**

The conventional practice of allo-HCT involves administration of cytotoxic agents (eg, cyclophosphamide, busulfan) with or without total body irradiation at doses sufficient to destroy endogenous hematopoietic capability in the recipient. The beneficial treatment effect in this procedure is due to a combination of initial eradication of malignant cells and subsequent graft-versus-malignancy effect that develops after engraftment of allogeneic stem cells within the patient's bone marrow space. The slower graft-versus-malignancy effect is considered the potentially curative component, but it may be overwhelmed by extant disease without the use of pretransplant conditioning. However, intense conditioning regimens are limited to patients who are sufficiently fit medically to tolerate substantial adverse events that include pre-engraftment opportunistic infections secondary to loss of endogenous bone marrow function and organ damage and failure caused by the cytotoxic drugs. Furthermore, in any allo-HCT, immunosuppressant drugs are required to minimize graft rejection and GVHD, which also increases the susceptibility of the patient to opportunistic infections.

The success of autologous HCT is predicated on the ability of cytotoxic chemotherapy with or without radiation to eradicate cancerous cells from the blood and bone marrow. This permits subsequent engraftment and repopulation of bone marrow space with presumably normal hematopoietic stem cells obtained from the patient before undergoing bone marrow ablation. As a consequence, autologous HCT is typically performed as consolidation therapy when the patient's disease is in complete remission. Patients who undergo autologous HCT are susceptible to chemotherapy-related toxicities and opportunistic infections before engraftment, but not GVHD.

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### **Reduced-Intensity Conditioning for Allogeneic Hematopoietic Cell Transplantation**

Reduced-intensity conditioning (RIC) refers to the pretransplant use of lower doses or less intense regimens of cytotoxic drugs or radiation than are used in conventional full-dose myeloablative conditioning treatments. The goal of RIC is to reduce disease burden but also to minimize as much as possible associated treatment-related morbidity and nonrelapse mortality in the period during which the beneficial graft-versus-malignancy effect of allogeneic transplantation develops. Although the definition of RIC remains arbitrary, with numerous versions employed, all seek to balance the competing effects of nonrelapse mortality and relapse due to residual disease. Reduced-intensity conditioning regimens can be viewed as a continuum in effects, from near totally myeloablative to minimally myeloablative with lymphoablation, with intensity tailored to specific diseases and patient condition. Patients who undergo RIC with allo-HCT initially demonstrate donor cell engraftment and bone marrow-mixed chimerism. Most will subsequently convert to full-donor chimerism, which may be supplemented with donor lymphocyte infusions to eradicate residual malignant cells. For this evidence review, the term reduced-intensity conditioning will refer to all conditioning regimens intended to be nonmyeloablative, as opposed to fully myeloablative (conventional) regimens.

## **FDA or Other Governmental Regulatory Approval**

### **U.S. Food and Drug Administration (FDA)**

The U.S. Food and Drug Administration regulates human cells and tissues intended for implantation, transplantation, or infusion through the Center for Biologics Evaluation and Research, under the Code of Federal Regulation title 21, parts 1270 and 1271. Hematopoietic cells are included in these regulations.

## **Rationale/Source**

This medical policy was developed through consideration of peer-reviewed medical literature generally recognized by the relevant medical community, U.S. Food and Drug Administration approval status, nationally accepted standards of medical practice and accepted standards of medical practice in this community, technology evaluation centers, reference to federal regulations, other plan medical policies, and accredited national guidelines.

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Risk stratification of patients with chronic lymphocytic leukemia (CLL)/small lymphocytic lymphoma (SLL) guides therapy decisions, which may include hematopoietic cell transplantation (HCT) for those with poor risk features.

### **Summary of Evidence**

For individuals who have chronic lymphocytic leukemia (CLL)/small lymphocytic lymphoma (SLL) and markers of poor-risk disease who receive allogeneic hematopoietic cell transplantation (allo-HCT), the evidence includes single-arm prospective and registry-based studies. Relevant outcomes are overall survival, disease-specific survival, change in disease status, and treatment-related mortality and morbidity. Data have suggested that allo-HCT can provide long-term disease control and overall survival in patients with poor-risk CLL/SLL. High rates of treatment-related morbidity discourage this approach in lower-risk disease, particularly among older patients whose health status typically precludes the use of myeloablative conditioning. The evidence is sufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have CLL/SLL who receive autologous HCT, the evidence includes randomized controlled trials (RCTs) and a systematic review. Relevant outcomes are overall survival, disease-specific survival, change in disease status, and treatment-related mortality and morbidity. Autologous HCT is feasible in younger patients but is not curative, particularly in those with poor-risk CLL. Studies of autologous HCT published to date have not shown improvement in overall survival in patients with CLL/SLL, and results must be considered in the context of improved outcomes with the use of newer chemoimmunotherapy agents. Furthermore, evidence from the European Intergroup RCT has suggested quality of life issues are important in selecting patients for autologous HCT and may dictate the management course for patients who are otherwise candidates for this approach. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

## **Supplemental Information**

### **Clinical Input From Physician Specialty Societies and Academic Medical Centers**

While the various physician specialty societies and academic medical centers may collaborate with and make recommendations during this process, through the provision of appropriate reviewers,

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input received does not represent an endorsement or position statement by the physician specialty societies or academic medical centers, unless otherwise noted.

### **2010 Input**

Clinical input was sought to help determine whether the use of hematopoietic cell transplantation (HCT) for individuals with chronic lymphocytic leukemia (CLL) would provide a clinically meaningful improvement in net health outcome and whether the use is consistent with generally accepted medical practice. In response to requests, input was received from 1 specialty medical center reviewer, 1 academic medical center reviewer, and 2 Blue Distinction Center reviewers while this policy was under review in 2010. Three of 4 reviewers agreed that allogeneic HCT (allo-HCT) was of value to patients with poor-risk CLL (see Policy Guidelines section) and that this procedure should be medically necessary for this setting. However, reviewers indicated that the specific approach (eg, reduced-intensity conditioning [RIC] vs. myeloablative conditioning) should be individualized based on criteria such as age and health status. For individuals who have CLL who receive autologous HCT, clinical input does not support a clinically meaningful improvement in net health outcome and does not indicate this use is consistent with generally accepted medical practice. All reviewers concurred with the policy statement that autologous HCT is investigational.

### **Practice Guidelines and Position Statements**

Guidelines or position statements will be considered for inclusion in 'Supplemental Information' if they were issued by, or jointly by, a US professional society, an international society with US representation, or National Institute for Health and Care Excellence (NICE). Priority will be given to guidelines that are informed by a systematic review, include strength of evidence ratings, and include a description of management of conflict of interest.

### **American Society for Blood and Marrow Transplantation**

In 2015, the American Society for Blood and Marrow Transplantation published guidelines on indications for allo-HCT and autologous HCT for CLL. Recommendations described the current consensus on the use of HCT in and out of the clinical trial setting. Treatment recommendations are shown in Table 2.

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**Table 2. 2015 Recommendations for Allogeneic and Autologous Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia**

| Adult Indications                     | Allogeneic HCT | Autologous HCT |
|---------------------------------------|----------------|----------------|
| High-risk, first or greater remission | C              | N              |
| T cell, prolymphocytic leukemia       | R              | R              |
| B cell, prolymphocytic leukemia       | R              | R              |
| Transformation to high-grade lymphoma | C              | C              |

C: standard of care, clinical evidence available; HCT: hematopoietic cell transplantation; N: not generally recommended; R: standard of care, rare indication.

In 2016, the Society published clinical practice recommendations with additional detail on allo-HCT for CLL. Recommendations are shown in Table 3.

**Table 3. 2016 Recommendations for Allogeneic Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia**

| Indications   | Allogeneic HCT   |
|---------------|--|
| High-risk CLL | Not recommended in the first-line consolidation setting  |
|               | Not recommended for patients who relapse after first-line therapy and demonstrate sensitive disease after second-line therapy (not BCR inhibitors)   |
|               | Recommended for patients who relapse after first-line therapy, have refractory disease after second-line therapy (not BCR inhibitors), and show an objective response to BCR inhibitors or to a clinical trial |

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|  | Recommended for patients who relapse after first-line therapy, have refractory disease after second-line therapy (including BCR inhibitors but not BCL-2 inhibitors), and show an objective response to BCL-2 inhibitors or to a clinical trial |
|  | Recommended when there is a lack of response or there is progression after BCL-2 inhibitors   |
| Richter transformation                             | Recommended after achieving an objective response to anthracycline-based chemotherapy   |
| Purine analogue relapsed and/or refractory disease | Not recommended   |

BCL-2: B-cell lymphoma 2; BCR: B-cell receptor; CLL: chronic lymphocytic leukemia; HCT: hematopoietic cell transplantation.

### American Society for Transplantation and Cellular Therapy

In 2020, the American Society for Transplantation and Cellular Therapy (ASTCT) published guidelines on indications for HCT and immune effector cell therapy. Recommendations for CLL are shown in Table 4.

**Table 4. 2020 Recommendations for Allogeneic Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia**

| Adult Indications                     | Allogeneic HCT | Autologous HCT |
|---------------------------------------|----------------|----------------|
| High-risk, first or greater remission | S              | N              |
| T cell, prolymphocytic leukemia       | S              | R              |
| B cell, prolymphocytic leukemia       | R              | R              |
| Transformation to high-grade lymphoma | C              | S              |

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### National Comprehensive Cancer Network Guidelines

Current National Comprehensive Cancer Network guidelines (v.1.2024) for CLL and small lymphocytic lymphoma (SLL) state the following regarding HCT:

- "Allogeneic HCT can be considered for CLL/SLL refractory to small-molecule therapy in patients without significant comorbidities."
- "For patients with CLL/SLL with del(17p) or *TP53* mutation, a discussion of allogeneic HCT could be considered for patients in remission with or after ibrutinib therapy, if complex karyotype [CK] ( $\geq 3$  abnormalities) is present. However, available data suggest that CK ( $\geq 5$  abnormalities) is associated with inferior overall survival [OS] and event-free survival [EFS] following allogeneic HCT with reduced-intensity conditioning in patients with high-risk interphase cytogenetics."
- In patients with histologic transformation (Richter's) and progression, allogeneic HCT can be considered for certain patients with disease responding to initial chemotherapy. In addition, "autologous HCT may also be appropriate for patients with disease responding to initial therapy but who are not candidates for allogeneic HCT due to age, comorbidities, or lack of a suitable donor."

### U.S. Preventive Services Task Force Recommendations

Not applicable.

### Medicare National Coverage

There is no national coverage determination. In the absence of a national coverage determination, coverage decisions are left to the discretion of local Medicare carriers.

### Ongoing and Unpublished Clinical Trials

A search of [ClinicalTrials.gov](https://clinicaltrials.gov) in November 2023 did not identify any ongoing or unpublished trials that would likely influence this review.

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20. National Comprehensive Cancer Network (NCCN). NCCN clinical practice guidelines in oncology: chronic lymphocytic leukemia/small lymphocytic lymphoma. Version 1.2024. [https://www.nccn.org/professionals/physician\\_gls/pdf/cll.pdf](https://www.nccn.org/professionals/physician_gls/pdf/cll.pdf).

### **Policy History**

Original Effective Date: 01/28/2002

Current Effective Date: 10/14/2024

12/06/2001 Medical Policy Committee review  
01/28/2002 Managed Care Advisory Council approval  
06/24/2002 Format revision. Coverage eligibility policy unchanged.  
03/31/2004 Medical Director review  
04/20/2004 Medical Policy Committee review. Format revision.  
04/26/2004 Managed Care Advisory Council approval  
06/03/2005 Medical Director review  
06/21/2005 Medical Policy Committee review. Format revision. Rationale and Source added.  
07/15/2005 Managed Care Advisory Council approval  
07/07/2006 Format revision, including addition of FDA and or other governmental regulatory approval and rationale/source. Coverage eligibility unchanged.  
08/01/2007 Medical Director review  
08/15/2007 Medical Policy Committee approval. Rationale/Source updated. Coverage eligibility unchanged.  
08/06/2009 Medical Policy Committee approval.  
08/26/2009 Medical Policy Implementation Committee approval. Rationale/Source updated. Coverage eligibility unchanged. Title changed.  
07/01/2010 Medical Policy Committee approval.  
07/21/2010 Medical Policy Implementation Committee approval. Policy statement regarding allogeneic transplant in patients with markers of poor-risk disease changed; now may be considered medically necessary.  
07/07/2011 Medical Policy Committee approval.  
07/20/2011 Medical Policy Implementation Committee approval. No change to coverage.  
06/28/2012 Medical Policy Committee review

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# Louisiana

## Hematopoietic Cell Transplantation for Chronic Lymphocytic Leukemia and Small Lymphocytic Lymphoma

Policy # 00052

Original Effective Date: 01/28/2002

Current Effective Date: 10/14/2024

|            |  |
|------------|--|
| 07/27/2012 | Medical Policy Implementation Committee approval. Coverage eligibility unchanged.                              |
| 03/04/2013 | Coding updated   |
| 08/01/2013 | Medical Policy Committee review  |
| 08/21/2013 | Medical Policy Implementation Committee approval. Coverage eligibility unchanged.                              |
| 09/04/2014 | Medical Policy Committee review  |
| 09/17/2014 | Medical Policy Implementation Committee approval. Coverage eligibility unchanged.                              |
| 08/03/2015 | Coding update: ICD10 Diagnosis code section added; ICD9 Procedure code section removed.                        |
| 09/03/2015 | Medical Policy Committee review  |
| 09/23/2015 | Medical Policy Implementation Committee approval. Coverage eligibility unchanged.                              |
| 09/08/2016 | Medical Policy Committee review  |
| 09/21/2016 | Medical Policy Implementation Committee approval. Coverage eligibility unchanged.                              |
| 01/01/2017 | Coding update: Removing ICD-9 Diagnosis Codes  |
| 09/07/2017 | Medical Policy Committee review  |
| 09/20/2017 | Medical Policy Implementation Committee approval. The word stem was removed from title and body of the policy. |
| 09/06/2018 | Medical Policy Committee review  |
| 09/19/2018 | Medical Policy Implementation Committee approval. Added policy guidelines.                                     |
| 09/05/2019 | Medical Policy Committee review  |
| 09/11/2019 | Medical Policy Implementation Committee approval. Coverage eligibility unchanged.                              |
| 09/03/2020 | Medical Policy Committee review  |
| 09/09/2020 | Medical Policy Implementation Committee approval. Coverage eligibility unchanged.                              |
| 09/02/2021 | Medical Policy Committee review  |
| 09/08/2021 | Medical Policy Implementation Committee approval. Coverage eligibility unchanged.                              |
| 09/01/2022 | Medical Policy Committee review  |

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Original Effective Date: 01/28/2002

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09/14/2022 Medical Policy Implementation Committee approval. Coverage eligibility unchanged.

09/07/2023 Medical Policy Committee review

09/13/2023 Medical Policy Implementation Committee approval. Coverage eligibility unchanged.

09/05/2024 Medical Policy Committee review

09/11/2024 Medical Policy Implementation Committee approval. Coverage eligibility unchanged.

Next Scheduled Review Date: 09/2025

### **Coding**

*The five character codes included in the Blue Cross Blue Shield of Louisiana Medical Policy Coverage Guidelines are obtained from Current Procedural Terminology (CPT®)†, copyright 2023 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures performed by physician.*

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Codes used to identify services associated with this policy may include (but may not be limited to) the following:

| Code Type        | Code   |
|------------------|--|
| CPT              | 38204, 38205, 38206, 38207, 38208, 38209, 38210, 38211, 38212, 38213, 38214, 38215, 38230, 38232, 38240, 38241, 38242, 38243 |
| HCPCS            | S2140, S2142, S2150  |
| ICD-10 Diagnosis | All related diagnoses  |

**\*Investigational** – A medical treatment, procedure, drug, device, or biological product is Investigational if the effectiveness has not been clearly tested and it has not been incorporated into standard medical practice. Any determination we make that a medical treatment, procedure, drug, device, or biological product is Investigational will be based on a consideration of the following:

- A. Whether the medical treatment, procedure, drug, device, or biological product can be lawfully marketed without approval of the U.S. Food and Drug Administration (FDA) and whether such approval has been granted at the time the medical treatment, procedure, drug, device, or biological product is sought to be furnished; or
- B. Whether the medical treatment, procedure, drug, device, or biological product requires further studies or clinical trials to determine its maximum tolerated dose, toxicity, safety, effectiveness, or effectiveness as compared with the standard means of treatment or diagnosis, must improve health outcomes, according to the consensus of opinion among experts as shown by reliable evidence, including:
  - 1. Consultation with technology evaluation center(s);
  - 2. Credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community; or
  - 3. Reference to federal regulations.

**\*\*Medically Necessary (or “Medical Necessity”)** - Health care services, treatment, procedures, equipment, drugs, devices, items or supplies that a Provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

- A. In accordance with nationally accepted standards of medical practice;

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- B. Clinically appropriate, in terms of type, frequency, extent, level of care, site and duration, and considered effective for the patient's illness, injury or disease; and
- C. Not primarily for the personal comfort or convenience of the patient, physician or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

For these purposes, “nationally accepted standards of medical practice” means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations and the views of Physicians practicing in relevant clinical areas and any other relevant factors.

‡ Indicated trademarks are the registered trademarks of their respective owners.

**NOTICE:** If the Patient’s health insurance contract contains language that differs from the BCBSLA Medical Policy definition noted above, the definition in the health insurance contract will be relied upon for specific coverage determinations.

**NOTICE:** Medical Policies are scientific based opinions, provided solely for coverage and informational purposes. Medical Policies should not be construed to suggest that the Company recommends, advocates, requires, encourages, or discourages any particular treatment, procedure, or service, or any particular course of treatment, procedure, or service.

**NOTICE:** Federal and State law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage.

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