

MEDICAL POLICY

| | |
|---------------|--|
| POLICY TITLE | HEMATOPOIETIC CELL TRANSPLANTATION FOR EPITHELIAL OVARIAN CANCER |
| POLICY NUMBER | MP 9.047 |

| | |
|------------------|---|
| Clinical Benefit | <input type="checkbox"/> Minimize safety risk or concern. <input checked="" type="checkbox"/> Minimize harmful or ineffective interventions. <input type="checkbox"/> Assure appropriate level of care. <input type="checkbox"/> Assure appropriate duration of service for interventions. <input type="checkbox"/> Assure that recommended medical prerequisites have been met. <input type="checkbox"/> Assure appropriate site of treatment or service. |
| Effective Date: | 7/1/2025 |

[POLICY](#)
[RATIONALE](#)
[DISCLAIMER](#)
[POLICY HISTORY](#)

[PRODUCT VARIATIONS](#)
[DEFINITIONS](#)
[CODING INFORMATION](#)

[DESCRIPTION/BACKGROUND](#)
[BENEFIT VARIATIONS](#)
[REFERENCES](#)

I. POLICY

Autologous and allogeneic hematopoietic cell transplantation are considered **investigational** to treat advanced stage epithelial ovarian cancer. There is insufficient evidence to support a general conclusion concerning the health outcomes or benefits associated with this procedure.

Cross-References:

MP 9.048 Hematopoietic Cell Transplantation Miscellaneous Solid Tumors in Adults
MP 9.052 Hematopoietic Cell Transplantation in the Treatment of Germ-Cell Tumors

II. PRODUCT VARIATIONS

[Top](#)

This policy is only applicable to certain programs and products administered by Capital Blue Cross and subject to benefit variations as discussed in Section VI. Please see additional information below.

FEP PPO: Refer to FEP Medical Policy Manual. The FEP Medical Policy manual can be found at:

<https://www.fepblue.org/benefit-plans/medical-policies-and-utilization-management-guidelines/medical-policies>

MEDICAL POLICY

| | |
|---------------|--|
| POLICY TITLE | HEMATOPOIETIC CELL TRANSPLANTATION FOR EPITHELIAL OVARIAN CANCER |
| POLICY NUMBER | MP 9.047 |

III. DESCRIPTION/BACKGROUND

[TOP](#)

The use of hematopoietic cell transplantation (HCT) has been investigated to treat patients with epithelial ovarian cancer. Hematopoietic stem cells are infused to restore bone marrow function after cytotoxic doses of chemotherapeutic agents with or without whole body radiotherapy.

EPITHELIAL OVARIAN CANCER

Several types of malignancies can arise in the ovary; epithelial carcinoma is the most common. Epithelial ovarian cancer is the fifth most common cause of cancer death in women. New cases and deaths from ovarian cancer in the United States for 2024 were estimated at 19,680 and 12,740, respectively. Most ovarian cancer patients present with widespread disease, and the National Cancer Institute Surveillance, Epidemiology and Results Program reported a 50.9% 5-year survival for all cases between 2014 and 2012.

Treatment

Current management for advanced epithelial ovarian cancer is cytoreductive surgery with chemotherapy. Approximately 75% of patients present with International Federation of Gynecology and Obstetrics stage III to IV ovarian cancer and are treated with paclitaxel plus a platinum analogue (e.g. cisplatin), the preferred regimen for the newly diagnosed advanced disease. Use of platinum and taxanes has improved progression-free survival and overall survival in advanced disease to between 16 and 21 months and 32 and 57 months, respectively. However, cancer recurs in most women, and they die of the disease because chemotherapy drug resistance leads to uncontrolled cancer growth.

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. Bone marrow stem cells may be obtained from the transplant recipient (autologous HCT) or a donor (allogeneic HCT). They can be harvested from bone marrow, peripheral blood, or umbilical cord blood and placenta shortly after delivery of neonates. Although cord blood is an allogeneic source, the stem cells in it are antigenically “naïve” and thus are associated with a lower incidence of rejection or graft-versus-host disease. Cord blood is discussed in detail in **MP 9.001 Placental/Umbilical Cord Blood as a Source of Stem Cells**.

HCT is an established treatment for certain hematologic malignancies; however, its use in solid tumors in adults is largely experimental.

REGULATORY STATUS

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 Code of Federal Regulation, title 21, parts 1270 and 1271. Hematopoietic stem cells are included in these regulations.

MEDICAL POLICY

| | |
|---------------|--|
| POLICY TITLE | HEMATOPOIETIC CELL TRANSPLANTATION FOR EPITHELIAL OVARIAN CANCER |
| POLICY NUMBER | MP 9.047 |

IV. RATIONALE

[TOP](#)

SUMMARY OF EVIDENCE

For individuals who have advanced-stage epithelial ovarian cancer who receive HCT, the evidence includes randomized trials and data from case series and registries. Relevant outcomes are overall survival, disease-specific survival, change in disease status, and treatment-related mortality and morbidity. Although some observational studies have reported longer survival in subsets of women with advanced epithelial ovarian cancer than in women treated with standard chemotherapy, none of the randomized trial evidence has shown a benefit from HCT in this population. Overall, the evidence has not shown that HCT improves health outcomes in treating epithelial ovarian cancer, including survival, compared with conventional standard doses of chemotherapy. The evidence is insufficient to determine that the technology results in an improvement in net health outcomes.

V. DEFINITIONS

[TOP](#)

NA

VI. BENEFIT VARIATIONS

[TOP](#)

The existence of this medical policy does not mean that this service is a covered benefit under the member's health benefit plan. Benefit determinations are based on the applicable health benefit plan language. Medical policies do not constitute a description of benefits. Members and providers should consult the member's health benefit plan for information or contact Capital Blue Cross for benefit information.

VII. DISCLAIMER

[TOP](#)

Capital Blue Cross' medical policies are developed to assist in administering a member's benefits. These medical policies do not constitute medical advice and are subject to change. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any medical policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this medical policy and a member's benefit information, the benefit information will govern. If a provider or a member has a question concerning the application of this medical policy to a specific member's plan of benefits, please contact Capital Blue Cross' Provider Services or Member Services. Capital Blue Cross considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.

VIII. CODING INFORMATION

[TOP](#)

Note: This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined

MEDICAL POLICY

| | |
|----------------------|---|
| POLICY TITLE | HEMATOPOIETIC CELL TRANSPLANTATION FOR EPITHELIAL OVARIAN CANCER |
| POLICY NUMBER | MP 9.047 |

by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

Investigational when used for treatment of Epithelial Ovarian Cancer:

| Procedure Codes | | | | | | | | |
|-----------------|-------|-------|-------|-------|-------|-------|-------|-------|
| 38204 | 38205 | 38206 | 38207 | 38208 | 38209 | 38210 | 38211 | 38212 |
| 38213 | 38214 | 38215 | 38230 | 38232 | 38240 | 38241 | S2140 | S2142 |
| S2150 | | | | | | | | |

IX. REFERENCES

[TOP](#)

1. American Cancer Society. *Cancer Facts & Figures 2021*. Atlanta, GA: American Cancer Society; 2021
2. National Cancer Institute, Surveillance Epidemiology and End Results Program. *Cancer Stat Facts: Ovarian Cancer*. n.d
3. Mobus V, Wandt H, Frickhofen N, et al. Phase III trial of high-dose sequential chemotherapy with peripheral blood stem cell support compared with standard dose chemotherapy for first-line treatment of advanced ovarian cancer: intergroup trial of the AGO-Ovar/AIO and EBMT. *J Clin Oncol*. Sep 20 2007; 25(27): 4187-93. PMID 17698804
4. Papadimitriou C, Dafni U, Anagnostopoulos A, et al. High-dose melphalan and autologous stem cell transplantation as consolidation treatment in patients with chemosensitive ovarian cancer: results of a single-institution randomized trial. *Bone Marrow Transplant*. Mar 2008; 41(6): 547-54. PMID 18026149
5. Blue Cross and Blue Shield Association Technology Evaluation Center (TEC). *High-dose chemotherapy with autologous stem-cell support for epithelial ovarian cancer*. TEC Assessments. 1998; Volume 13: Tab 6.
6. Blue Cross and Blue Shield Association Technology Evaluation Center (TEC). *Salvage high-dose chemotherapy with allogeneic stem cell support for relapse following high-dose chemotherapy with autologous stem cell support for non-lymphoid solid tumors*. TEC Assessments. 1999; Volume 14: Tab 11.
7. Donato ML, Aleman A, Champlin RE, et al. Analysis of 96 patients with advanced ovarian carcinoma treated with high-dose chemotherapy and autologous stem cell transplantation. *Bone Marrow Transplant*. Jun 2004; 33(12): 1219-24. PMID 15122311
8. Ledermann JA, Herd R, Maraninchi D, et al. High-dose chemotherapy for ovarian carcinoma: long-term results from the Solid Tumour Registry of the European Group for Blood and Marrow Transplantation (EBMT). *Ann Oncol*. May 2001; 12(5): 693-9. PMID 11432630
9. Stiff PJ, Bayer R, Kerger C, et al. High-dose chemotherapy with autologous transplantation for persistent/relapsed ovarian cancer: a multivariate analysis of survival for 100 consecutively treated patients. *J Clin Oncol*. Apr 1997; 15(4): 1309-17. PMID 9193322
10. Stiff PJ, Veum-Stone J, Lazarus HM, et al. High-dose chemotherapy and autologous stem-cell transplantation for ovarian cancer: an autologous blood and marrow transplant registry report. *Ann Intern Med*. Oct 03 2000; 133(7): 504-15. PMID 11015163

MEDICAL POLICY

| | |
|----------------------|---|
| POLICY TITLE | HEMATOPOIETIC CELL TRANSPLANTATION FOR EPITHELIAL OVARIAN CANCER |
| POLICY NUMBER | MP 9.047 |

11. Sabatier R, Goncalves A, Bertucci F, et al. Are there candidates for high-dose chemotherapy in ovarian carcinoma?. *J Exp Clin Cancer Res*. Oct 16 2012; 31: 87. PMID 23072336
12. National Comprehensive Cancer Network (NCCN). *NCCN Clinical Practice Guidelines in Oncology: Ovarian Cancer Including Fallopian Tube Cancer and Primary Peritoneal Cancer*. Version 3.2024
13. National Comprehensive Cancer Network (NCCN). *NCCN Clinical Practice Guidelines in Oncology: Hematopoietic Cell Transplantation (HCT): Pre-Transplant Recipient Evaluation and Management of Graft-Versus-Host Disease*. Version 2.2024
14. Herzog, T. *Adjuvant Therapy of Early Stage (stage I and II) epithelial ovarian, fallopian tubal, or peritoneal cancer*. UpToDate [online serial]. Waltham, MA: UpToDate; reviewed February 2024.
15. Centers for Medicare & Medicaid Services. *National Coverage Determination (NCD) for Stem Cell Transplantation (110.23, formerly 110.8.1)*. 2016
16. Blue Cross Blue Shield Association Medical Policy Reference Manual. 8.01.23 Hematopoietic Cell Transplantation for Epithelial Ovarian Cancer February 2025

X. POLICY HISTORY

[Top](#)

| | |
|-----------------|---|
| MP 9.047 | 02/27/2020 Consensus Review. No changes to the policy statements. References reviewed. |
| | 02/03/2021 Consensus Review. No changes to policy statement. References updated. |
| | 02/21/2022 Consensus Review. Policy statement unchanged. NCCN language added. FEP language updated. Background and References updated. |
| | 02/15/2023 Consensus Review. No change to policy statement. Background, Rationale and References updated. |
| | 03/11/2024 Consensus Review. No changes to policy statement. Updated background, references. Coding reviewed, no changes. |
| | 11/20/2024 Administrative Update. Removed NCCN statement. |
| | 02/14/2025 Consensus Review. No changes to policy statement. Updated background, references. Coding reviewed, no changes. |

[Top](#)

Health care benefit programs issued or administered by Capital Blue Cross and/or its subsidiaries, Capital Advantage Insurance Company®, Capital Advantage Assurance Company®, and Keystone Health Plan® Central. Independent licensees of the Blue Cross BlueShield Association. Communications issued by Capital Blue Cross in its capacity as administrator of programs and provider relations for all companies.