

MEDICAL POLICY

POLICY TITLE	DONOR LYMPHOCYTE INFUSION FOR HEMATOLOGIC MALIGNANCIES TREATED WITH AN ALLOGENEIC HEMATOPOIETIC CELL TRANSPLANT
POLICY NUMBER	MP 2.004

CLINICAL BENEFIT	<input type="checkbox"/> MINIMIZE SAFETY RISK OR CONCERN. <input 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 checked="" type="checkbox"/> ASSURE THAT RECOMMENDED MEDICAL PREREQUISITES HAVE BEEN MET. <input type="checkbox"/> ASSURE APPROPRIATE SITE OF TREATMENT OR SERVICE.
Effective Date:	3/1/2024

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

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

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

I. POLICY

Donor lymphocyte infusion may be considered **medically necessary** following allogeneic hematopoietic cell transplantation (HCT) that was originally considered medically necessary for the treatment of a hematologic malignancy that has relapsed or is refractory, to prevent relapse in the setting of a high-risk relapse (see Policy Guidelines), or to convert a patient from mixed to full donor chimerism.

The following procedures are considered **investigational**:

- Donor lymphocyte infusion as a treatment of nonhematologic malignancies that have relapsed after a prior allogeneic HCT;
- Genetic modification of donor lymphocytes;
- Donor lymphocyte infusion following allogeneic HCT transplantation that was originally considered investigational for the treatment of hematologic malignancy.

There is insufficient evidence to support a general conclusion concerning the health outcomes or benefits associated with these procedures.

The National Comprehensive Cancer Network (NCCN) is a nonprofit alliance of cancer centers throughout the United States. NCCN develops the Clinical Practice Guidelines in Oncology which are recommendations aimed to help health care professionals diagnose, treat, and manage patients with cancer. The National Cancer Institute's PDQ (Physician Data Query) is NCI's comprehensive source of cancer information, which includes evidence-based summaries on topics that cover adult and pediatric cancer treatment. These guidelines evolve continuously as new treatments and diagnostics emerge, and may be used by Capital Blue Cross when determining medical necessity according to this policy.

Policy Guidelines

Settings considered high risk for relapse include T cell-depleted grafts or nonmyeloablative (reduced-intensity conditioning) allogeneic HCT.

II. PRODUCT VARIATIONS

[TOP](#)

MEDICAL POLICY

POLICY TITLE	DONOR LYMPHOCYTE INFUSION FOR HEMATOLOGIC MALIGNANCIES TREATED WITH AN ALLOGENEIC HEMATOPOIETIC CELL TRANSPLANT
POLICY NUMBER	MP 2.004

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

III. DESCRIPTION/BACKGROUND

[TOP](#)

Approximately 40% to 60% of patients who receive a donor lymphocyte infusion (DLI) develop graft-versus-host disease (GVHD), and the development of GVHD predicts a response to the DLI. Treatment-related mortality after DLI is 5% to 20%. There does not seem to be a correlation between the type of hematologic malignancy for which the DLI was given and the development of GVHD. The risk of development of GVHD is related, in part, to DLI dose and therapy before DLI.

DLI may be used for various indications such as relapse after allogeneic hematopoietic cell transplantation (HSCT), to prevent disease relapse in the setting of T cell–depleted grafts or nonmyeloablative conditioning regimens, or to convert mixed to full donor chimerism. Management of relapse, which occurs in approximately 40% of all hematologic malignancy patients, is the most common indication for DLI.

The literature is heterogeneous for reporting methods of cell collection, timing of infusion (e.g., after chemotherapy, in early relapse), cell dose infused, and cell subtype used. In addition, many studies include multiple diseases with little information regarding disease-specific outcomes; however, DLI is used in nearly all hematologic malignancies for which allogeneic HSCT is performed, including chronic myeloid leukemia, acute myeloid and lymphoblastic leukemias, myelodysplastic syndromes, multiple myeloma and Hodgkin and non-Hodgkin lymphoma.

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 (CFR) title 21, parts 1270 and 1271. Hematopoietic stem cells are included in these regulations.

IV. RATIONALE

[TOP](#)

SUMMARY OF EVIDENCE

For individuals who have had an allogeneic hematopoietic cell transplant (HCT) who receive donor lymphocyte infusion (DLI), the evidence includes nonrandomized comparative studies and case series. Relevant outcomes are overall survival and change in disease status. In various hematologic malignancies and for various indications such as planned or preemptive DLI, treatment of relapse, or conversion of mixed to full donor chimerism, patients have shown evidence of responding to DLI. Response rates to DLI for relapsed hematologic malignancies following an allogeneic HCT are best in chronic myelogenous leukemia (CML), followed by the lymphomas, multiple myeloma, and acute leukemias, respectively. Other than CML, clinical

MEDICAL POLICY

POLICY TITLE	DONOR LYMPHOCYTE INFUSION FOR HEMATOLOGIC MALIGNANCIES TREATED WITH AN ALLOGENEIC HEMATOPOIETIC CELL TRANSPLANT
POLICY NUMBER	MP 2.004

responses are most effective when chemotherapy induction is used to reduce the tumor burden before DLI. The evidence is sufficient to determine qualitatively that the technology results in a meaningful improvement in the net health outcome.

For individuals who have had an allogeneic HCT who receive a modified (genetic or other ex vivo modification) donor lymphocytes infusion, the evidence includes case series. Relevant outcomes are overall survival and change in disease status. The case series have demonstrated the feasibility of the technique and no serious adverse effects. Without a comparison to standard treatment, the efficacy of administering modified donor lymphocytes is unknown. The evidence is insufficient to determine the effects of the technology on health outcomes.

V. DEFINITIONS

ALLOGENEIC refers to having a different genetic constitution but belonging to the same species i.e., involves a donor and a recipient.

CHIMERISM A state in bone marrow transplantation in which bone marrow and host cells exist compatibly without any signs of graft-versus-host rejection disease.

HEMATOLOGIC refers to the science concerned with blood and the blood-forming tissues.

IMMUNOTHERAPY refers to treatment of disease by stimulating the body's own immune system.

LYMPHOCYTE is a white blood cell.

LEUKAPHERESIS refers to the separation and storage of leukocytes from donor blood, which is then transfused back into the recipient patient.

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 should be based in all cases on the applicable health benefit plan language. Medical policies do not constitute a description of benefits. A member's health benefit plan governs which services are covered, which are excluded, which are subject to benefit limits, and which require preauthorization. There are different benefit plan designs in each product administered by Capital Blue Cross. 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's medical policies are developed to assist in administering a member's benefits, 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

MEDICAL POLICY

POLICY TITLE	DONOR LYMPHOCYTE INFUSION FOR HEMATOLOGIC MALIGNANCIES TREATED WITH AN ALLOGENEIC HEMATOPOIETIC CELL TRANSPLANT
POLICY NUMBER	MP 2.004

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

Covered when medically necessary:

Procedure Codes							
38242							

ICD-10-CM Diagnosis Code	Description
C81.00	Nodular lymphocyte predominant Hodgkin lymphoma, unspecified site
C81.01	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.02	Nodular lymphocyte predominant Hodgkin lymphoma, intrathoracic lymph nodes
C81.03	Nodular lymphocyte predominant Hodgkin lymphoma, intra-abdominal lymph nodes
C81.04	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.05	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.06	Nodular lymphocyte predominant Hodgkin lymphoma, intrapelvic lymph nodes
C81.07	Nodular lymphocyte predominant Hodgkin lymphoma, spleen
C81.08	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of multiple sites
C81.09	Nodular lymphocyte predominant Hodgkin lymphoma, extranodal and solid organ sites
C81.10	Nodular sclerosis Hodgkin lymphoma, unspecified site.
C81.11	Nodular sclerosis Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.12	Nodular sclerosis Hodgkin lymphoma, intrathoracic lymph nodes
C81.13	Nodular sclerosis Hodgkin lymphoma, intra-abdominal lymph nodes
C81.14	Nodular sclerosis Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.15	Nodular sclerosis Hodgkin lymphoma, lymph nodes of inguinal region and lower limb

MEDICAL POLICY

POLICY TITLE	DONOR LYMPHOCYTE INFUSION FOR HEMATOLOGIC MALIGNANCIES TREATED WITH AN ALLOGENEIC HEMATOPOIETIC CELL TRANSPLANT
POLICY NUMBER	MP 2.004

ICD-10-CM Diagnosis Code	Description
C81.16	Nodular sclerosis Hodgkin lymphoma, intrapelvic lymph nodes
C81.17	Nodular sclerosis Hodgkin lymphoma, spleen
C81.18	Nodular sclerosis Hodgkin lymphoma, lymph nodes of multiple sites
C81.19	Nodular sclerosis Hodgkin lymphoma, extranodal and solid organ sites
C81.20	Mixed cellularity Hodgkin lymphoma, unspecified site
C81.21	Mixed cellularity Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.22	Mixed cellularity Hodgkin lymphoma, intrathoracic lymph nodes
C81.23	Mixed cellularity Hodgkin lymphoma, intra-abdominal lymph nodes
C81.24	Mixed cellularity Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.25	Mixed cellularity Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.26	Mixed cellularity Hodgkin lymphoma, intrapelvic lymph nodes
C81.27	Mixed cellularity Hodgkin lymphoma, spleen
C81.28	Mixed cellularity Hodgkin lymphoma, lymph nodes of multiple sites
C81.29	Mixed cellularity Hodgkin lymphoma, extranodal and solid organ sites
C81.30	Lymphocyte depleted Hodgkin lymphoma, unspecified site
C81.31	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.32	Lymphocyte depleted Hodgkin lymphoma, intrathoracic lymph nodes
C81.33	Lymphocyte depleted Hodgkin lymphoma, intra-abdominal lymph nodes
C81.34	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.35	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.36	Lymphocyte depleted Hodgkin lymphoma, intrapelvic lymph nodes
C81.37	Lymphocyte depleted Hodgkin lymphoma, spleen
C81.38	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of multiple sites
C81.39	Lymphocyte depleted Hodgkin lymphoma, extranodal and solid organ sites
C81.40	Lymphocyte-rich Hodgkin lymphoma, unspecified site
C81.41	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.42	Lymphocyte-rich Hodgkin lymphoma, intrathoracic lymph nodes
C81.43	Lymphocyte-rich Hodgkin lymphoma, intra-abdominal lymph nodes
C81.44	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.45	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.46	Lymphocyte-rich Hodgkin lymphoma, intrapelvic lymph nodes
C81.47	Lymphocyte-rich Hodgkin lymphoma, spleen
C81.48	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of multiple sites
C81.49	Lymphocyte-rich Hodgkin lymphoma, extranodal and solid organ sites

MEDICAL POLICY

POLICY TITLE	DONOR LYMPHOCYTE INFUSION FOR HEMATOLOGIC MALIGNANCIES TREATED WITH AN ALLOGENEIC HEMATOPOIETIC CELL TRANSPLANT
POLICY NUMBER	MP 2.004

ICD-10-CM Diagnosis Code	Description
C81.70	Other Hodgkin lymphoma, unspecified site
C81.71	Other Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.72	Other Hodgkin lymphoma, intrathoracic lymph nodes
C81.73	Other Hodgkin lymphoma, intra-abdominal lymph nodes
C81.74	Other Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.75	Other Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.76	Other Hodgkin lymphoma, intrapelvic lymph nodes
C81.77	Other Hodgkin lymphoma, spleen
C81.78	Other Hodgkin lymphoma, lymph nodes of multiple sites
C81.79	Other Hodgkin lymphoma, extranodal and solid organ sites
C82.00	Follicular lymphoma grade I, unspecified site
C82.01	Follicular lymphoma grade I, lymph nodes of head, face, and neck
C82.02	Follicular lymphoma grade I, intrathoracic lymph nodes
C82.03	Follicular lymphoma grade I, intra-abdominal lymph nodes
C82.04	Follicular lymphoma grade I, lymph nodes of axilla and upper limb
C82.05	Follicular lymphoma grade I, lymph nodes of inguinal region and lower limb
C82.06	Follicular lymphoma grade I, intrapelvic lymph nodes
C82.07	Follicular lymphoma grade I, spleen
C82.08	Follicular lymphoma grade I, lymph nodes of multiple sites
C82.09	Follicular lymphoma grade I, extranodal and solid organ sites
C82.10	Follicular lymphoma grade II, unspecified site
C82.11	Follicular lymphoma grade II, lymph nodes of head, face, and neck
C82.12	Follicular lymphoma grade II, intrathoracic lymph nodes
C82.13	Follicular lymphoma grade II, intra-abdominal lymph nodes
C82.14	Follicular lymphoma grade II, lymph nodes of axilla and upper limb
C82.15	Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb
C82.16	Follicular lymphoma grade II, intrapelvic lymph nodes
C82.17	Follicular lymphoma grade II, spleen
C82.18	Follicular lymphoma grade II, lymph nodes of multiple sites
C82.19	Follicular lymphoma grade II, extranodal and solid organ sites
C82.30	Follicular lymphoma grade IIIa, unspecified site
C82.31	Follicular lymphoma grade IIIa, lymph nodes of head, face, and neck
C82.32	Follicular lymphoma grade IIIa, intrathoracic lymph nodes
C82.33	Follicular lymphoma grade IIIa, intra-abdominal lymph nodes
C82.34	Follicular lymphoma grade IIIa, lymph nodes of axilla and upper limb
C82.35	Follicular lymphoma grade IIIa, lymph nodes of inguinal region and lower limb

MEDICAL POLICY

POLICY TITLE	DONOR LYMPHOCYTE INFUSION FOR HEMATOLOGIC MALIGNANCIES TREATED WITH AN ALLOGENEIC HEMATOPOIETIC CELL TRANSPLANT
POLICY NUMBER	MP 2.004

ICD-10-CM Diagnosis Code	Description
C82.36	Follicular lymphoma grade IIIa, intrapelvic lymph nodes
C82.37	Follicular lymphoma grade IIIa, spleen
C82.38	Follicular lymphoma grade IIIa, lymph nodes of multiple sites
C82.39	Follicular lymphoma grade IIIa, extranodal and solid organ sites
C82.40	Follicular lymphoma grade IIIb, unspecified site
C82.41	Follicular lymphoma grade IIIb, lymph nodes of head, face, and neck
C82.42	Follicular lymphoma grade IIIb, intrathoracic lymph nodes
C82.43	Follicular lymphoma grade IIIb, intra-abdominal lymph nodes
C82.44	Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb
C82.45	Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb
C82.46	Follicular lymphoma grade IIIb, intrapelvic lymph nodes
C82.47	Follicular lymphoma grade IIIb, spleen
C82.48	Follicular lymphoma grade IIIb, lymph nodes of multiple sites
C82.49	Follicular lymphoma grade IIIb, extranodal and solid organ sites
C82.50	Diffuse follicle center lymphoma, unspecified site
C82.51	Diffuse follicle center lymphoma, lymph nodes of head, face, and neck
C82.52	Diffuse follicle center lymphoma, intrathoracic lymph nodes
C82.53	Diffuse follicle center lymphoma, intra-abdominal lymph nodes
C82.54	Diffuse follicle center lymphoma, lymph nodes of axilla and upper limb
C82.55	Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb
C82.56	Diffuse follicle center lymphoma, intrapelvic lymph nodes
C82.57	Diffuse follicle center lymphoma, spleen
C82.58	Diffuse follicle center lymphoma, lymph nodes of multiple sites
C82.59	Diffuse follicle center lymphoma, extranodal and solid organ sites
C82.62	Cutaneous follicle center lymphoma, intrathoracic lymph nodes
C82.61	Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck
C82.63	Cutaneous follicle center lymphoma, intra-abdominal lymph nodes
C82.64	Cutaneous follicle center lymphoma, lymph nodes of axilla and upper limb
C82.65	Cutaneous follicle center lymphoma, lymph nodes of inguinal region and lower limb
C82.66	Cutaneous follicle center lymphoma, intrapelvic lymph nodes
C82.67	Cutaneous follicle center lymphoma, spleen
C82.68	Cutaneous follicle center lymphoma, lymph nodes of multiple sites
C82.69	Cutaneous follicle center lymphoma, extranodal and solid organ sites
C82.80	Other types of follicular lymphoma, unspecified site
C82.81	Other types of follicular lymphoma, lymph nodes of head, face, and neck

MEDICAL POLICY

POLICY TITLE	DONOR LYMPHOCYTE INFUSION FOR HEMATOLOGIC MALIGNANCIES TREATED WITH AN ALLOGENEIC HEMATOPOIETIC CELL TRANSPLANT
POLICY NUMBER	MP 2.004

ICD-10-CM Diagnosis Code	Description
C82.82	Other types of follicular lymphoma, intrathoracic lymph nodes
C82.83	Other types of follicular lymphoma, intra-abdominal lymph nodes
C82.84	Other types of follicular lymphoma, lymph nodes of axilla and upper limb
C82.85	Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb
C82.86	Other types of follicular lymphoma, intrapelvic lymph nodes
C82.87	Other types of follicular lymphoma, spleen
C82.88	Other types of follicular lymphoma, lymph nodes of multiple sites
C82.89	Other types of follicular lymphoma, extranodal and solid organ sites
C83.00	Small cell B-cell lymphoma, unspecified site
C83.01	Small cell B-cell lymphoma, lymph nodes of head, face, and neck
C83.02	Small cell B-cell lymphoma, intrathoracic lymph nodes
C83.03	Small cell B-cell lymphoma, intra-abdominal lymph nodes
C83.04	Small cell B-cell lymphoma, lymph nodes of axilla and upper limb
C83.05	Small cell B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.06	Small cell B-cell lymphoma, intrapelvic lymph nodes
C83.07	Small cell B-cell lymphoma, spleen
C83.08	Small cell B-cell lymphoma, lymph nodes of multiple sites
C83.09	Small cell B-cell lymphoma, extranodal and solid organ sites
C83.10	Mantle cell lymphoma, unspecified site
C83.11	Mantle cell lymphoma, lymph nodes of head, face, and neck
C83.12	Mantle cell lymphoma, intrathoracic lymph nodes
C83.13	Mantle cell lymphoma, intra-abdominal lymph nodes
C83.14	Mantle cell lymphoma, lymph nodes of axilla and upper limb
C83.15	Mantle cell lymphoma, lymph nodes of inguinal region and lower limb
C83.16	Mantle cell lymphoma, intrapelvic lymph nodes
C83.17	Mantle cell lymphoma, spleen
C83.18	Mantle cell lymphoma, lymph nodes of multiple sites
C83.19	Mantle cell lymphoma, extranodal and solid organ sites
C83.30	Diffuse large B-cell lymphoma, unspecified site
C83.31	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck
C83.32	Diffuse large B-cell lymphoma, intrathoracic lymph nodes
C83.33	Diffuse large B-cell lymphoma, intra-abdominal lymph nodes
C83.34	Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb
C83.35	Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.36	Diffuse large B-cell lymphoma, intrapelvic lymph nodes
C83.37	Diffuse large B-cell lymphoma, spleen

MEDICAL POLICY

POLICY TITLE	DONOR LYMPHOCYTE INFUSION FOR HEMATOLOGIC MALIGNANCIES TREATED WITH AN ALLOGENEIC HEMATOPOIETIC CELL TRANSPLANT
POLICY NUMBER	MP 2.004

ICD-10-CM Diagnosis Code	Description
C83.38	Diffuse large B-cell lymphoma, lymph nodes of multiple sites
C83.39	Diffuse large B-cell lymphoma, extranodal and solid organ sites
C83.50	Lymphoblastic (diffuse) lymphoma, unspecified site
C83.51	Lymphoblastic (diffuse) lymphoma, lymph nodes of head, face, and neck
C83.52	Lymphoblastic (diffuse) lymphoma, intrathoracic lymph nodes
C83.53	Lymphoblastic (diffuse) lymphoma, intra-abdominal lymph nodes
C83.54	Lymphoblastic (diffuse) lymphoma, lymph nodes of axilla and upper limb
C83.55	Lymphoblastic (diffuse) lymphoma, lymph nodes of inguinal region and lower limb
C83.56	Lymphoblastic (diffuse) lymphoma, intrapelvic lymph nodes
C83.57	Lymphoblastic (diffuse) lymphoma, spleen
C83.58	Lymphoblastic (diffuse) lymphoma, lymph nodes of multiple sites
C83.59	Lymphoblastic (diffuse) lymphoma, extranodal and solid organ sites
C83.70	Burkitt lymphoma, unspecified site
C83.71	Burkitt lymphoma, lymph nodes of head, face, and neck
C83.72	Burkitt lymphoma, intrathoracic lymph nodes
C83.73	Burkitt lymphoma, intra-abdominal lymph nodes
C83.74	Burkitt lymphoma, lymph nodes of axilla and upper limb
C83.75	Burkitt lymphoma, lymph nodes of inguinal region and lower limb
C83.76	Burkitt lymphoma, intrapelvic lymph nodes
C83.77	Burkitt lymphoma, spleen
C83.78	Burkitt lymphoma, lymph nodes of multiple sites
C83.79	Burkitt lymphoma, extranodal and solid organ sites
C83.80	Other non-follicular lymphoma, unspecified site
C83.81	Other non-follicular lymphoma, lymph nodes of head, face, and neck
C83.82	Other non-follicular lymphoma, intrathoracic lymph nodes
C83.83	Other non-follicular lymphoma, intra-abdominal lymph nodes
C83.84	Other non-follicular lymphoma, lymph nodes of axilla and upper limb
C83.85	Other non-follicular lymphoma, lymph nodes of inguinal region and lower limb
C83.86	Other non-follicular lymphoma, intrapelvic lymph nodes
C83.87	Other non-follicular lymphoma, spleen
C83.88	Other non-follicular lymphoma, lymph nodes of multiple sites
C83.89	Other non-follicular lymphoma, extranodal and solid organ sites
C84.00	Mycosis fungoides, unspecified site
C84.01	Mycosis fungoides, lymph nodes of head, face, and neck
C84.02	Mycosis fungoides, intrathoracic lymph nodes
C84.03	Mycosis fungoides, intra-abdominal lymph nodes

MEDICAL POLICY

POLICY TITLE	DONOR LYMPHOCYTE INFUSION FOR HEMATOLOGIC MALIGNANCIES TREATED WITH AN ALLOGENEIC HEMATOPOIETIC CELL TRANSPLANT
POLICY NUMBER	MP 2.004

ICD-10-CM Diagnosis Code	Description
C84.04	Mycosis fungoides, lymph nodes of axilla and upper limb
C84.05	Mycosis fungoides, lymph nodes of inguinal region and lower limb
C84.06	Mycosis fungoides, intrapelvic lymph nodes
C84.07	Mycosis fungoides, spleen
C84.08	Mycosis fungoides, lymph nodes of multiple sites
C84.09	Mycosis fungoides, extranodal and solid organ sites
C84.10	Sezary disease, unspecified site
C84.11	Sezary disease, lymph nodes of head, face, and neck
C84.12	Sezary disease, intrathoracic lymph nodes
C84.13	Sezary disease, intra-abdominal lymph nodes
C84.14	Sezary disease, lymph nodes of axilla and upper limb
C84.15	Sezary disease, lymph nodes of inguinal region and lower limb
C84.16	Sezary disease, intrapelvic lymph nodes
C84.17	Sezary disease, spleen
C84.18	Sezary disease, lymph nodes of multiple sites
C84.19	Sezary disease, extranodal and solid organ sites
C84.40	Peripheral T-cell lymphoma, not classified, unspecified site
C84.41	Peripheral T-cell lymphoma, not classified, lymph nodes of head, face, and neck
C84.42	Peripheral T-cell lymphoma, not classified, intrathoracic lymph nodes
C84.43	Peripheral T-cell lymphoma, not classified, intra-abdominal lymph nodes
C84.44	Peripheral T-cell lymphoma, not classified, lymph nodes of axilla and upper limb
C84.45	Peripheral T-cell lymphoma, not classified, lymph nodes of inguinal region and lower limb
C84.46	Peripheral T-cell lymphoma, not classified, intrapelvic lymph nodes
C84.47	Peripheral T-cell lymphoma, not classified, spleen
C84.48	Peripheral T-cell lymphoma, not classified, lymph nodes of multiple sites
C84.49	Peripheral T-cell lymphoma, not classified, extranodal and solid organ sites
C84.60	Anaplastic large cell lymphoma, ALK-positive, unspecified site
C84.61	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face, and neck
C84.62	Anaplastic large cell lymphoma, ALK-positive, intrathoracic lymph nodes
C84.63	Anaplastic large cell lymphoma, ALK-positive, intra-abdominal lymph nodes
C84.64	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of axilla and upper limb
C84.65	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of inguinal region and lower limb
C84.66	Anaplastic large cell lymphoma, ALK-positive, intrapelvic lymph nodes

MEDICAL POLICY

POLICY TITLE	DONOR LYMPHOCYTE INFUSION FOR HEMATOLOGIC MALIGNANCIES TREATED WITH AN ALLOGENEIC HEMATOPOIETIC CELL TRANSPLANT
POLICY NUMBER	MP 2.004

ICD-10-CM Diagnosis Code	Description
C84.67	Anaplastic large cell lymphoma, ALK-positive, spleen
C84.68	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of multiple sites
C84.69	Anaplastic large cell lymphoma, ALK-positive, extranodal and solid organ sites
C84.70	Anaplastic large cell lymphoma, ALK-negative, unspecified site
C84.71	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of head, face, and neck
C84.72	Anaplastic large cell lymphoma, ALK-negative, intrathoracic lymph nodes
C84.73	Anaplastic large cell lymphoma, ALK-negative, intra-abdominal lymph nodes
C84.74	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of axilla and upper limb
C84.75	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of inguinal region and lower limb
C84.76	Anaplastic large cell lymphoma, ALK-negative, intrapelvic lymph nodes
C84.77	Anaplastic large cell lymphoma, ALK-negative, spleen
C84.78	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of multiple sites
C84.79	Anaplastic large cell lymphoma, ALK-negative, extranodal and solid organ sites
C84.7A	Anaplastic large cell lymphoma, ALK-negative, breast
C84.Z0	Other mature T/NK-cell lymphomas, unspecified site
C84.Z1	Other mature T/NK-cell lymphomas, lymph nodes of head, face, and neck
C84.Z2	Other mature T/NK-cell lymphomas, intrathoracic lymph nodes
C84.Z3	Other mature T/NK-cell lymphomas, intra-abdominal lymph nodes
C84.Z4	Other mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb
C84.Z5	Other mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb
C84.Z6	Other mature T/NK-cell lymphomas, intrapelvic lymph nodes
C84.Z7	Other mature T/NK-cell lymphomas, spleen
Z84.Z8	Other mature T/NK-cell lymphomas, lymph nodes of multiple sites
Z84.Z9	Other mature T/NK-cell lymphomas, extranodal and solid organ sites
C85.20	Mediastinal (thymic) large B-cell lymphoma, unspecified site
C85.21	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face, and neck
C85.22	Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes
C85.23	Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes
C85.24	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb
C85.25	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C85.26	Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes
C85.27	Mediastinal (thymic) large B-cell lymphoma, spleen
C85.28	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites

MEDICAL POLICY

POLICY TITLE	DONOR LYMPHOCYTE INFUSION FOR HEMATOLOGIC MALIGNANCIES TREATED WITH AN ALLOGENEIC HEMATOPOIETIC CELL TRANSPLANT
POLICY NUMBER	MP 2.004

ICD-10-CM Diagnosis Code	Description
C85.29	Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites
C85.80	Other specified types of non-Hodgkin lymphoma, unspecified site
C85.81	Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face, and neck
C85.82	Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes
C85.83	Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes
C85.84	Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb
C85.85	Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C85.86	Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes
C85.87	Other specified types of non-Hodgkin lymphoma, spleen
C85.88	Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites
C85.89	Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites
C86.0	Extranodal NK/T-cell lymphoma, nasal type
C86.1	Hepatosplenic T-cell lymphoma
C86.2	Enteropathy-type (intestinal) T-cell lymphoma
C86.3	Enteropathy-type (intestinal) T-cell lymphoma
C86.4	Blastic NK-cell lymphoma
C86.5	Angioimmunoblastic T-cell lymphoma
C86.6	Primary cutaneous CD30-positive T-cell proliferations
C88.0	Waldenstrom macroglobulinemia
C88.2	Heavy chain disease
C88.3	Immunoproliferative small intestinal disease
C88.4	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma]
C88.8	Other malignant immunoproliferative diseases
C90.00	Multiple myeloma not having achieved remission
C90.01	Multiple myeloma in remission
C90.02	Multiple myeloma in relapse
C90.10	Plasma cell leukemia not having achieved remission
C90.11	Plasma cell leukemia in remission
C90.12	Plasma cell leukemia in relapse
C90.20	Extramedullary plasmacytoma not having achieved remission
C90.21	Extramedullary plasmacytoma in remission
C90.22	Extramedullary plasmacytoma in relapse
C90.30	Solitary plasmacytoma not having achieved remission

MEDICAL POLICY

POLICY TITLE	DONOR LYMPHOCYTE INFUSION FOR HEMATOLOGIC MALIGNANCIES TREATED WITH AN ALLOGENEIC HEMATOPOIETIC CELL TRANSPLANT
POLICY NUMBER	MP 2.004

ICD-10-CM Diagnosis Code	Description
C90.31	Solitary plasmacytoma in remission
C90.32	Solitary plasmacytoma in relapse
C91.00	Acute lymphoblastic leukemia not having achieved remission
C91.01	Acute lymphoblastic leukemia, in remission
C91.02	Acute lymphoblastic leukemia, in relapse
C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission
C91.11	Chronic lymphocytic leukemia of B-cell type in remission
C91.12	Chronic lymphocytic leukemia of B-cell type in relapse
C91.30	Prolymphocytic leukemia of B-cell type not having achieved remission
C91.31	Prolymphocytic leukemia of B-cell type, in remission
C91.32	Prolymphocytic leukemia of B-cell type, in relapse
C91.40	Hairy cell leukemia not having achieved remission
C91.41	Hairy cell leukemia, in remission
C91.42	Hairy cell leukemia, in relapse
C91.50	Adult T-cell lymphoma/leukemia (HTLV-1-associated) not having achieved remission
C91.51	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in remission
C91.52	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in relapse
C91.60	Prolymphocytic leukemia of T-cell type not having achieved remission
C91.61	Prolymphocytic leukemia of T-cell type, in remission
C91.62	Prolymphocytic leukemia of T-cell type, in relapse
C91.A0	Mature B-cell leukemia Burkitt-type not having achieved remission
C91.A1	Mature B-cell leukemia Burkitt-type, in remission
C91.A2	Mature B-cell leukemia Burkitt-type, in relapse
C91.Z0	Other lymphoid leukemia not having achieved remission
C91.Z1	Other lymphoid leukemia, in remission
C91.Z2	Other lymphoid leukemia, in relapse
C92.00	Acute myeloblastic leukemia, not having achieved remission
C92.01	Acute myeloblastic leukemia, in remission
C92.02	Acute myeloblastic leukemia, in relapse
C92.10	Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission
C92.11	Chronic myeloid leukemia, BCR/ABL-positive, in remission
C92.12	Chronic myeloid leukemia, BCR/ABL-positive, in relapse
C92.20	Atypical chronic myeloid leukemia, BCR/ABL-negative, not having achieved remission
C92.21	Atypical chronic myeloid leukemia, BCR/ABL-negative, in remission

MEDICAL POLICY

POLICY TITLE	DONOR LYMPHOCYTE INFUSION FOR HEMATOLOGIC MALIGNANCIES TREATED WITH AN ALLOGENEIC HEMATOPOIETIC CELL TRANSPLANT
POLICY NUMBER	MP 2.004

ICD-10-CM Diagnosis Code	Description
C92.22	Atypical chronic myeloid leukemia, BCR/ABL-negative, in relapse
C92.30	Myeloid sarcoma, not having achieved remission
C92.31	Myeloid sarcoma, in remission
C92.32	Myeloid sarcoma, in relapse
C92.40	Acute promyelocytic leukemia, not having achieved remission
C92.41	Acute promyelocytic leukemia, in remission
C92.42	Acute promyelocytic leukemia, in relapse
C92.50	Acute myelomonocytic leukemia, not having achieved remission
C92.51	Acute myelomonocytic leukemia, in remission
C92.52	Acute myelomonocytic leukemia, in relapse
C92.60	Acute myeloid leukemia with 11q23-abnormality not having achieved remission
C92.61	Acute myeloid leukemia with 11q23-abnormality in remission
C92.62	Acute myeloid leukemia with 11q23-abnormality in relapse
C92.A0	Acute myeloid leukemia with multilineage dysplasia, not having achieved remission
C92.A1	Acute myeloid leukemia with multilineage dysplasia, in remission
C92.A2	Acute myeloid leukemia with multilineage dysplasia, in relapse
C92.Z0	Other myeloid leukemia not having achieved remission
C92.Z1	Other myeloid leukemia, in remission
C92.Z2	Other myeloid leukemia, in relapse
C93.00	Acute monoblastic/monocytic leukemia, not having achieved remission
C93.01	Acute monoblastic/monocytic leukemia, in remission
C93.02	Acute monoblastic/monocytic leukemia, in relapse
C93.10	Chronic myelomonocytic leukemia not having achieved remission
C93.11	Chronic myelomonocytic leukemia, in remission
C93.12	Chronic myelomonocytic leukemia, in relapse
C93.30	Juvenile myelomonocytic leukemia, not having achieved remission
C93.31	Juvenile myelomonocytic leukemia, in remission
C93.32	Juvenile myelomonocytic leukemia, in relapse
C93.Z0	Other monocytic leukemia, not having achieved remission
C93.Z1	Other monocytic leukemia, in remission
C93.Z2	Other monocytic leukemia, in relapse
C94.00	Acute erythroid leukemia, not having achieved remission
C94.01	Acute erythroid leukemia, in remission
C94.02	Acute erythroid leukemia, in relapse
C94.20	Acute megakaryoblastic leukemia not having achieved remission

MEDICAL POLICY

POLICY TITLE	DONOR LYMPHOCYTE INFUSION FOR HEMATOLOGIC MALIGNANCIES TREATED WITH AN ALLOGENEIC HEMATOPOIETIC CELL TRANSPLANT
POLICY NUMBER	MP 2.004

ICD-10-CM Diagnosis Code	Description
C94.21	Acute megakaryoblastic leukemia, in remission
C94.22	Acute megakaryoblastic leukemia, in relapse
C94.30	Mast cell leukemia not having achieved remission
C94.31	Mast cell leukemia, in remission
C94.32	Mast cell leukemia, in relapse
C94.40	Acute panmyelosis with myelofibrosis not having achieved remission
C94.41	Acute panmyelosis with myelofibrosis, in remission
C94.42	Acute panmyelosis with myelofibrosis, in relapse
C94.6	Myelodysplastic disease, not classified
C94.80	Other specified leukemias not having achieved remission
C94.81	Other specified leukemias, in remission
C94.82	Other specified leukemias, in relapse
C95.00	Acute leukemia of unspecified cell type not having achieved remission
C95.01	Acute leukemia of unspecified cell type, in remission
C95.02	Acute leukemia of unspecified cell type, in relapse
C96.0	Multifocal and multisystemic (disseminated) Langerhans-cell histiocytosis
C96.21	Aggressive systemic mastocytosis
C96.22	Mast cell sarcoma
C96.29	Other malignant mast cell neoplasm
C96.4	Sarcoma of dendritic cells (accessory cells)
C96.5	Multifocal and unisystemic Langerhans-cell histiocytosis
C96.6	Unifocal Langerhans-cell histiocytosis
C96.A	Histiocytic sarcoma
C96.Z	Other specified malignant neoplasms of lymphoid, hematopoietic, and related tissue
Z94.81	Bone marrow transplant status
Z94.84	Stem cells transplant status

IX. REFERENCES

[TOP](#)

1. *Deol A, Lum LG. Role of donor lymphocyte infusions in relapsed hematological malignancies after stem cell transplantation revisited. Cancer Treat Rev. Nov 2010;36(7):528-538. PMID 20381970*
2. *Tomblyn M, Lazarus HM. Donor lymphocyte infusions: the long and winding road: how should it be traveled? Bone Marrow Transplant. Nov 2008;42(9):569-579. PMID 18711351*
3. *Blue Cross and Blue Shield Association Technology Evaluation Center (TEC). Technology Assessment 1997; Tab 22.*

MEDICAL POLICY

POLICY TITLE	DONOR LYMPHOCYTE INFUSION FOR HEMATOLOGIC MALIGNANCIES TREATED WITH AN ALLOGENEIC HEMATOPOIETIC CELL TRANSPLANT
POLICY NUMBER	MP 2.004

4. Van den Brink MR, Porter DL, Giral S, et al. Relapse after allogeneic hematopoietic cell therapy. *Biol Blood Marrow Transplant.* Jan 2010;16(1 Suppl):S138-145. PMID 19857588
5. Simula MP, Markt S, Fozza C, et al. Response to donor lymphocyte infusions for chronic myeloid leukemia is dose-dependent: the importance of escalating the cell dose to maximize therapeutic efficacy. *Leukemia.* May 2007;21(5):943-948. PMID 17361226
6. Dazzi F, Szydlo RM, Cross NC, et al. Durability of responses following donor lymphocyte infusions for patients who relapse after allogeneic stem cell transplantation for chronic myeloid leukemia. *Blood.* Oct 15, 2000;96(8):2712-2716. PMID 11023502
7. Guglielmi C, Arcese W, Dazzi F, et al. Donor lymphocyte infusion for relapsed chronic myelogenous leukemia: prognostic relevance of the initial cell dose. *Blood.* Jul 15, 2002;100(2):397-405. PMID 12091328
8. Fozza C, Szydlo RM, Abdel-Rehim MM, et al. Factors for graft-versus-host disease after donor lymphocyte infusions with an escalating dose regimen: lack of association with cell dose. *Br J Haematol.* Mar 2007;136(6):833-836. PMID 17341269
9. Radujkovic A, Guglielmi C, Bergantini S, et al. Donor lymphocyte infusions for chronic myeloid leukemia relapsing after allogeneic stem cell transplantation: may we predict graft-versus-leukemia without graft-versus-host disease? *Biol Blood Marrow Transplant.* Mar 19, 2015. PMID 25797175
10. El-Jurdi N, Reljic T, Kumar A, et al. Efficacy of adoptive immunotherapy with donor lymphocyte infusion in relapsed lymphoid malignancies. *Immunotherapy.* May 2013;5(5):457-466. PMID 23638742
11. Guieze R, Damaj G, Pereira B, et al. Management of myelodysplastic syndrome relapsing after allogeneic hematopoietic stem cell transplantation: a study by the French Society of Bone Marrow Transplantation and Cell Therapies. *Biol Blood Marrow Transplant.* Aug 6, 2015. PMID 26256942
12. Schmid C, Labopin M, Nagler A, et al. Donor lymphocyte infusion in the treatment of first hematological relapse after allogeneic stem-cell transplantation in adults with acute myeloid leukemia: a retrospective risk factors analysis and comparison with other strategies by the EBMT Acute Leukemia Working Party. *J Clin Oncol.* Nov 1, 2007;25(31):4938-4945. PMID 17909197
13. Bejanyan N, Weisdorf DJ, Logan BR, et al. Survival of patients with acute myeloid leukemia relapsing after allogeneic hematopoietic cell transplantation: a Center for International Blood and Marrow Transplant Research study. *Biol Blood Marrow Transplant.* Mar 2015;21(3):454-459. PMID 25460355
14. Warlick ED, DeFor T, Blazar BR, et al. Successful remission rates and survival after lymphodepleting chemotherapy and donor lymphocyte infusion for relapsed hematologic malignancies postallogeneic hematopoietic cell transplantation. *Biol Blood Marrow Transplant.* Mar 2012;18(3):480-486. PMID 22155141
15. Schroeder T, Rachlis E, Bug G, et al. Treatment of acute myeloid leukemia or myelodysplastic syndrome relapse after allogeneic stem cell transplantation with

MEDICAL POLICY

POLICY TITLE	DONOR LYMPHOCYTE INFUSION FOR HEMATOLOGIC MALIGNANCIES TREATED WITH AN ALLOGENEIC HEMATOPOIETIC CELL TRANSPLANT
POLICY NUMBER	MP 2.004

azacitidine and donor lymphocyte infusions-a retrospective multicenter analysis from the German Cooperative Transplant Study Group. Biol Blood Marrow Transplant. Apr 2015;21(4):653-660. PMID 25540937

16. Morris E, Thomson K, Craddock C, et al. Outcomes after alemtuzumab-containing reduced-intensity allogeneic transplantation regimen for relapsed and refractory non-Hodgkin lymphoma. *Blood. Dec 15, 2004;104(13):3865-3871. PMID 15304395*
17. Peggs KS, Sureda A, Qian W, et al. Reduced-intensity conditioning for allogeneic haematopoietic stem cell transplantation in relapsed and refractory Hodgkin lymphoma: impact of alemtuzumab and donor lymphocyte infusions on long-term outcomes. *Br J Haematol. Oct 2007;139(1):70-80. PMID 17854309*
18. Lokhorst HM, Schattenberg A, Cornelissen JJ, et al. Donor leukocyte infusions are effective in relapsed multiple myeloma after allogeneic bone marrow transplantation. *Blood. Nov 15, 1997;90(10):4206-4211. PMID 9354693*
19. Salama M, Nevill T, Marcellus D, et al. Donor leukocyte infusions for multiple myeloma. *Bone Marrow Transplant. Dec 2000;26(11):1179-1184. PMID 11149728*
20. Collins RH, Jr., Shpilberg O, Drobyski WR, et al. Donor leukocyte infusions in 140 patients with relapsed malignancy after allogeneic bone marrow transplantation. *J Clin Oncol. Feb 1997;15(2):433-444. PMID 9053463*
21. Bensinger WI, Buckner CD, Anasetti C, et al. Allogeneic marrow transplantation for multiple myeloma: an analysis of risk factors on outcome. *Blood. Oct 1, 1996;88(7):2787-2793. PMID 8839877*
22. Lokhorst HM, Schattenberg A, Cornelissen JJ, et al. Donor lymphocyte infusions for relapsed multiple myeloma after allogeneic stem-cell transplantation: predictive factors for response and long-term outcome. *J Clin Oncol. Aug 2000;18(16):3031-3037. PMID 10944138*
23. Ciceri F, Bonini C, Markt S, et al. Antitumor effects of HSV-TK-engineered donor lymphocytes after allogeneic stem-cell transplantation. *Blood. Jun 1, 2007;109(11):4698-4707. PMID 17327416*
24. Fowler DH, Mossoba ME, Steinberg SM, et al. Phase 2 clinical trial of rapamycin-resistant donor CD4+ Th2/Th1 (T-Rapa) cells after low-intensity allogeneic hematopoietic cell transplantation. *Blood. Apr 11, 2013;121(15):2864-2874. PMID 23426943*
25. Hashimoto H, Kitano S, Ueda R, et al. Infusion of donor lymphocytes expressing the herpes simplex virus thymidine kinase suicide gene for recurrent hematologic malignancies after allogeneic hematopoietic stem cell transplantation. *Int J Hematol. Jul 2015;102(1):101-110. PMID 25948083*
26. National Comprehensive Cancer Network (NCCN). *Clinical Practice Guidelines in Oncology. Chronic Myeloid Leukemia. (v.1.2024). 2023;*
27. National Comprehensive Cancer Network (NCCN). *Clinical Practice Guidelines in Oncology. Acute Lymphoblastic Leukemia (v.2.2023). 2023;*

MEDICAL POLICY

POLICY TITLE	DONOR LYMPHOCYTE INFUSION FOR HEMATOLOGIC MALIGNANCIES TREATED WITH AN ALLOGENEIC HEMATOPOIETIC CELL TRANSPLANT
POLICY NUMBER	MP 2.004

28. National Comprehensive Cancer Network (NCCN). *Clinical Practice Guidelines in Oncology. Multiple Myeloma (v.2.2023)*. 2023;
29. UpToDate Online Journal [serial online]. Negrin R: *Immunotherapy for the prevention and treatment of relapse following allogeneic hematopoietic cell transplantation UpToDate*; updated August 2022, Literature review through July 2023.
30. Gao XN, Lin J, Wang SH, Huang WR, Li F, Li HH, et al. Donor lymphocyte infusion for prevention of relapse after unmanipulated haploidentical PBSCT for very high-risk hematologic malignancies. *Ann Hematol*. 2019 Jan;98(1):185-193.
31. de Witte T, Bowen D, Robin M, et al. Allogeneic hematopoietic stem cell transplantation for MDS and CMML: recommendations from an international expert panel. *Blood*. 2017;129(13):1753-1762. doi:10.1182/blood-2016-06-724500 PMID 28096091
32. Dholaria B, Savani BN, Labopin M, et al. Clinical applications of donor lymphocyte infusion from an HLA-haploidentical donor: consensus recommendations from the Acute Leukemia Working Party of the EBMT. *Haematologica*. 2020;105(1):47-58. doi:10.3324/haematol.2019.219790 PMID: 31537691
33. Harada K. Pre-emptive and prophylactic donor lymphocyte infusion following allogeneic stem cell transplantation. *Int J Hematol*. 2023;118(2):158-168. doi:10.1007/s12185-023-03595-x PMID: 37014602
34. Blue Cross Blue Shield Association Medical Policy Reference Manual. 2.03.03, Donor Lymphocyte Infusion for Malignancies Treated With an Allogeneic Hematopoietic Cell Transplant. Archived Sept 2016.

X. POLICY HISTORY

[TOP](#)

MP 2.004	CAC 5/27/03
	CAC 4/26/05
	CAC 10/25/05
	CAC 7/29/08
	CAC 7/28/09 Consensus review.
	CAC 7/27/10 Consensus review.
	CAC 11/22/11 Adopt BCBSA. Policy title revised to “Donor Lymphocyte Infusion for Hematologic Malignancies Treated with an Allogeneic Hematopoietic Stem-Cell Transplant. Policy statements modified to indicate that donor lymphocyte infusion would be considered medically necessary following an allogeneic-hematopoietic stem cell transplantation for the treatment of a hematologic malignancy that has relapsed or is refractory, to prevent relapse in the setting of a high risk of relapse, or to convert a patient from mixed to full donor chimerism. References revised.

MEDICAL POLICY

POLICY TITLE	DONOR LYMPHOCYTE INFUSION FOR HEMATOLOGIC MALIGNANCIES TREATED WITH AN ALLOGENEIC HEMATOPOIETIC CELL TRANSPLANT
POLICY NUMBER	MP 2.004

	<p>CAC 3/26/13 Minor revision. Changed the word “leukocyte” to “lymphocyte” in policy statements for consistency with BCBSA. Policy statements modified to indicate that donor lymphocyte infusion would be considered medically necessary “following an allogeneic-hematopoietic stem cell transplantation (HSCT) that was considered medically necessary for the treatment of a hematologic malignancy that has relapsed or is refractory, to prevent relapse in the setting of a high risk of relapse, or to convert a patient from mixed to full donor chimerism.” Added a statement indicating Donor lymphocyte infusion following allogeneic hematopoietic stem-cell transplantation (HSCT) that was originally considered investigational for the treatment of hematologic malignancy is investigational. Policy Guideline added - “Settings considered high risk for relapse include T cell depleted grafts or nonmyeloablative (reduced-intensity conditioning) allogeneic HSCT. FEP variation added to reference FEP Medical Policy Manual MP-2.03.03 Donor Lymphocyte Infusion for Hematologic Malignancies Treated with Allogeneic Hematopoietic Stem-Cell Transplant. References updated. Codes reviewed.</p>
	<p>CAC 1/28/14 Consensus review. No change to policy statements. References updated. Rationale section added.</p>
	<p>CAC 1/27/15 Consensus review. No change to policy statements. References and rationale updated.</p>
	<p>CAC 1/26/16 Consensus review. No change to policy statements. References and rationale updated. Coding reviewed.</p>
	<p>Administrative update 11/10/16. Variation Reformatting</p>
	<p>Administrative update 1/1/17. Revised diagnosis code descriptions updated effective 10/1/16</p>
	<p>CAC 1/31/17 Consensus review. “Hematopoietic stem cell transplantation (HSCT)” was replaced with “hematopoietic cell transplantation (HCT)” in the policy statements, title, and text. References and rationale reviewed. Coding Reviewed/updated.</p>
	<p>Administrative update 10/1/17. Added new ICD 10 codes effective 10/1/17 and deleted old ICD 10 codes.</p>
	<p>12/4/17 Consensus review. Policy statements unchanged. FEP policy archived, product variation removed. Description/Background, Rationale and Reference sections updated.</p>
	<p>9/25/18 Consensus review. No change to policy statements. Rationale condensed. References updated.</p>
	<p>7/29/19 Consensus review. Policy statement unchanged. References updated.</p>

MEDICAL POLICY

POLICY TITLE	DONOR LYMPHOCYTE INFUSION FOR HEMATOLOGIC MALIGNANCIES TREATED WITH AN ALLOGENEIC HEMATOPOIETIC CELL TRANSPLANT
POLICY NUMBER	MP 2.004

6/10/20 Consensus review. Policy statement unchanged. References updated; coding reviewed.
5/25/21 Consensus review. Policy statement unchanged. References and coding review.
9/7/2021 Administrative update. New code added C84.7A. Effective 10/1/2021
11/7/2022 Consensus review. Policy statement unchanged. References updated.
08/23/2023 Consensus review. Policy statement unchanged. References updated.
1/18/2024 Administrative update. Clinical benefit added.

[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 BlueCross BlueShield Association. Communications issued by Capital Blue Cross in its capacity as administrator of programs and provider relations for all companies.