OFFICE OF THE SECRETARY OF STATE
LAVONNE GRIFFIN-VALADE
SECRETARY OF STATE

CHERYL MYERS
DEPUTY SECRETARY OF STATE
AND TRIBAL LIAISON

ARCHIVES DIVISION
STEPHANIE CLARK
DIRECTOR

800 SUMMER STREET NE
SALEM, OR 97310
503-373-0701

TEMPORARY ADMINISTRATIVE ORDER
INCLUDING STATEMENT OF NEED & JUSTIFICATION

DMAP 113-2024
CHAPTER 410
OREGON HEALTH AUTHORITY
HEALTH SYSTEMS DIVISION: MEDICAL ASSISTANCE PROGRAMS

FILED
07/18/2024 2:00 PM
ARCHIVES DIVISION
SECRETARY OF STATE
& LEGISLATIVE COUNSEL

FILING CAPTION: Adopting Rules with Criteria and Specifications, for Bone Marrow, Autologous, Allogeneic Transplant, and Harvesting.

EFFECTIVE DATE: 07/18/2024 THROUGH 01/13/2025

AGENCY APPROVED DATE: 07/17/2024

CONTACT: Martha Martinez-Camacho
503-559-0830
hsd.rules@oha.oregon.gov

500 Summer Street NE
Salem,OR 97301

Filed By:
Martha Martinez-Camacho
Rules Coordinator

NEED FOR THE RULE(S):

Criteria, services, specifications and contraindications for Bone Marrow, Autologous and Allogeneic transplant and harvesting, accidentally repealed from rule. Adding language back into rule will provide clarity, consistency and uniformity for Division Bone Marrow harvesting and transplant services.

JUSTIFICATION OF TEMPORARY FILING:

(1) There are no legal binding rules available for Bone Marrow transplant and harvesting creating a potential outage in services with adverse life threating implications.

(2) Oregon Health Plan members in need of Bone Marrow transplants.

(3) Potential denials or delays in Bone Marrow transplant services due to no OAR rule guidelines for Coordinated Care Organizations to follow, delays pose adverse life threating implications.

(4) HERC is putting Bone Marrow transplants and harvesting into a guideline note on the Prioritized List, this will take effect on 1/1/2025, this temporary 180-day rule filing will serve as a bridge between now and the guideline note effective date.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE:

Reinstating rules that were inadvertently repealed in error:
OAR 410-124-0080
OAR 410-124-0090

RULES:
410-124-0081, 410-124-0091

ADOPT: 410-124-0081

RULE SUMMARY: Reinstating rules that were inadvertently repealed in error.

CHANGES TO RULE:

410-124-0081
Criteria and Contraindications for Autologous and Allogeneic Bone Marrow, Autologous and Allogeneic Peripheral Stem Cell and Allogeneic Cord Blood Transplants
(1) The following criteria shall be used to evaluate requests for all bone marrow and peripheral stem cell transplants:¶
(a) Transplantation must be the most effective medical treatment, when compared to other alternatives, in prolonging life expectancy to a reasonable degree;¶
(b) The client must have a maximum probability of a successful clinical outcome and the expectation of not less than a 20 percent five (5) year survival rate, subsequent to the transplant, as supported by medical literature considering each of the following factors:¶
(A) The type of transplant (i.e., autologous or allogeneic);¶
(B) The specific diagnosis of the individual;¶
(C) The stage of illness (i.e., in remission, not in remission, in second remission);¶
(D) Satisfactory antigen match between donor and recipient in allogeneic transplants;¶
(c) All alternative treatments with a one-year survival rate comparable to that of bone marrow transplantation must have been tried or considered.¶
(2) Allogeneic transplants shall be reimbursed when there is a minimum of 5-out-of-6 antigen match for bone marrow and peripheral stem cell transplants, or 4-out-of-6 match for cord blood transplants, considering the HLA-A, B, and DR loci. Donor search costs up to an amount of $15,000 shall be covered only if prior authorized.¶
(3) Donor leukocyte infusions are reimbursed when:¶
(a) An early failure or relapse post allogeneic bone marrow transplant occurs; and¶
(b) Peripheral stem cells are from the original donor.¶
(4) The following are contraindications for autologous and allogeneic bone marrow, autologous and allogeneic peripheral stem cell and allogeneic cord blood transplants:¶
(a) Irreversible terminal state (moribund or on life support);¶
(b) An irreversible disease of any other major organ system likely to limit life expectancy to five (5) years or less;¶
(c) Positive HIV test results;¶
(d) Positive pregnancy test.¶
(5) The following may be considered contraindications to the extent the evaluating transplant hospital and/or the specialist who completed the comprehensive evaluation of the client believe these condition(s) may interfere significantly with the recovery process:¶
(a) Serious psychological disorders;¶
(b) Alcohol or drug abuse.¶
(6) The Health Systems Division (Division) shall reimburse for autologous and allogeneic bone marrow, autologous and allogeneic peripheral stem cell and allogeneic cord blood transplants only if:¶
(a) All Division criteria are met; and¶
(b) Both the transplant hospital's and the specialist's evaluations recommend that the transplant be; and¶
(c) The ICD-10-CM diagnosis code(s) and CPT transplant procedure code(s) are paired on the same currently funded line on the Prioritized List of Health Services adopted under OAR 410-141-3830.¶
(7) The Division shall reimburse for autologous and allogeneic bone marrow, autologous and allogeneic peripheral stem cell and allogeneic cord blood transplants for pediatric solid malignancies only if:¶
(a) Requirements of OAR 410-124-0080(6)(a), (b) and (c) are met; and¶
(b) There is documentation of a morphology code listed on the currently funded line for pediatric solid tumor in the Prioritized List of Health Services adopted under OAR 410-141-3830.¶
(8) Harvesting of autologous bone marrow or peripheral stem cells does not guarantee reimbursement for the transplant; the patient must meet the criteria specified above and in OAR 410-124-0020 at the time the transplant is performed.
Statutory/Other Authority: ORS 413.042
Statutes/Other Implemented: 414.065

ADOPT: 410-124-0091

RULE SUMMARY: Reinstating rules that were inadvertently repealed in error.

CHANGES TO RULE:

410-124-0091
Criteria and Contraindications for Harvesting Autologous Bone Marrow and Peripheral Stem Cells.
(1) The following are contraindications for the harvesting and storage of autologous bone marrow or peripheral stem cells for a potential transplant. The potential transplant recipient has:¶
(a) Irreversible terminal state (moribund or on life support);¶
(b) An irreversible disease of any other major organ system likely to limit life expectancy to five (5) years or less;¶
(c) Positive HIV test results;¶
(d) Positive pregnancy test.¶
(2) The following may be considered contraindications for the harvesting and storage of autologous bone marrow or peripheral stem cells for a transplant to the extent the evaluating transplant hospital and/or the specialist who completed the comprehensive evaluation of the client believe these condition(s) may interfere significantly with the recovery process. The potential transplant recipient has:¶
(a) Serious psychological disorders;¶
(b) Alcohol or drug abuse.¶
(3) The Health Systems Division (Division) shall reimburse for the harvesting and storage of autologous bone marrow or autologous peripheral stem cells for a potential transplant recipient only if:¶
(a) All Division criteria are met; and¶
(b) Both the transplant hospital's and the specialist's evaluations recommend the transplant ; and¶
(c) The ICD-10-CM diagnosis code(s) and the CPT bone marrow or peripheral stem cell harvesting for transplantation procedure code(s) are paired on a currently funded line on the Prioritized List of Health Services adopted under OAR 410-141-3830; and¶
(d) There is documentation of a morphology code listed on the currently funded line for pediatric solid tumor in the Prioritized List of Health Services adopted under OAR 410-141-3830; and¶
(e) The client's marrow meets the clinical standards of remission at the time of storage; and¶
(f) A board certified hematologist/oncologist with specific experience in bone marrow transplant (BMT) services (i.e., cryopreservation and immunosuppressive treatment) has recommended the storage of autologous bone marrow or peripheral stem cell collection for possible future transplant/reinfusion; and¶
(g) The client has no contraindications for the harvesting and storage of autologous bone marrow or peripheral stem cells; and¶
(h) The client has no contraindications for bone marrow transplant or peripheral stem cell transplant.¶
(4) Harvesting of autologous bone marrow or peripheral stem cells does not guarantee reimbursement for the transplant. The client must meet the criteria specified in this rule and OAR 410-124-0080, at the time the transplant is performed.
Statutory/Other Authority: ORS 413.042
Statutes/Other Implemented: 414.065