BlueCross BlueShield of Alabama

Name of Blue Advantage Policy:

Isolated Limb Perfusion/Infusion for Malignant Melanoma

Policy #: 185
Latest Review Date: April 2024
Category: Surgery

BACKGROUND:

Blue Advantage *medical policy does not conflict with Local Coverage Determinations (LCDs), Local Medical Review Policies (LMRPs) or National Coverage Determinations (NCDs) or with coverage provisions in Medicare manuals, instructions or operational policy letters. In order to be covered by Blue Advantage the service shall be reasonable and necessary under Title XVIII of the Social Security Act, Section 1862(a)(1)(A). The service is considered reasonable and necessary if it is determined that the service is:*

1. *Safe and effective;*
2. *Not experimental or investigational*;*
3. *Appropriate, including duration and frequency that is considered appropriate for the service, in terms of whether it is:*
   - *Furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient's condition or to improve the function of a malformed body member;*
   - *Furnished in a setting appropriate to the patient's medical needs and condition;*
   - *Ordered and furnished by qualified personnel;*
   - *One that meets, but does not exceed, the patient's medical need; and*
   - *At least as beneficial as an existing and available medically appropriate alternative.*

Routine costs of qualifying clinical trial services with dates of service on or after September 19, 2000, which meet the requirements of the Clinical Trials NCD are considered reasonable and necessary by Medicare. Providers should bill* ***Original Medicare* *for covered services that are related to* ***clinical trials*** *that meet Medicare requirements (Refer to Medicare National Coverage Determinations Manual, Chapter 1, Section 310 and Medicare Claims Processing Manual Chapter 32, Sections 69.0-69.11).*

POLICY:

Blue Advantage will treat **isolated limb perfusion** with **melphalan** as a **covered** benefit when used as a therapeutic treatment of **local recurrence of non-resectable melanoma (i.e., satellite lesions or "in transit" melanoma).**

Blue Advantage will treat **isolated limb perfusion** with **melphalan** as a **non-covered** benefit when used for the following indications:

- As an adjuvant treatment of surgically treated primary malignant melanoma with no clinical evidence of disease
- As an adjuvant treatment of surgically treated locally recurrent melanoma with no evidence of disease
- In conjunction with tumor necrosis factor or interferon-gamma for primary malignant melanoma, locally recurrent melanoma with no other evidence of disease or local recurrence of non-resectable melanoma

Blue Advantage will treat **isolated limb perfusion in conjunction with hyperthermia** as a **non-covered** benefit and as **investigational**.

Blue Advantage will treat **isolated limb infusion (ILI) with melphalan** as a **covered** benefit for the therapeutic treatment of local recurrence of nonresectable melanoma (i.e., satellite lesions or "in transit" melanoma).

Blue Advantage will treat **isolated limb infusion in the treatment of melanoma for all other indications** as a **non-covered** benefit and as **investigational.**

Blue Advantage does not approve or deny procedures, services, testing, or equipment for our members. Our decisions concern coverage only. The decision of whether or not to have a certain test, treatment or procedure is one made between the physician and his/her patient. Blue Advantage administers benefits based on the members' contracts and medical policies. Physicians should always exercise their best medical judgment in providing the care they feel is most appropriate for their patients. Needed care should not be delayed or refused because of a coverage determination.

DESCRIPTION OF PROCEDURE OR SERVICE:

Isolated limb perfusion (ILP) is a method of drug delivery that is designed to deliver high local doses of chemotherapeutic agents to isolated anatomic regions while avoiding systemic toxicity. It has been investigated primarily as a treatment of malignant melanoma arising in the extremities. ILP involves the following steps: 1) mobilization and placement of venotomy and arteriotomy catheters into the major blood vessels (axillary, brachial, iliac, or popliteal artery and vein) proximal to the tumor; 2) isolation of the limb via a tourniquet; and 3) perfusion of a chemotherapeutic drug via an extracorporeal circulation system into the affected extremity. Perfusion lasts for approximately 60 minutes. Melphalan is the drug typically used, but more recently melphalan has been combined with the cytokine tumor necrosis factor-alpha (TNF-alpha) and/or interferon-gamma (IFN-gamma). ILP as a treatment of melanoma has been

investigated in two general settings—either as adjuvant treatment after all clinical disease has been surgically resected or as therapeutic treatment for patients with surgically unresectable disease.

ILP has also been performed in conjunction with mild hyperthermia based on the theoretical rationale that heat may potentiate the tumor-killing effect of melphalan. Hyperthermia is performed by warming the perfusate and by wrapping the treated extremity in a warming blanket. Target tissue temperature is typically 39 to 40 degrees Celsius.

In isolated limb infusion (ILI), catheters are inserted percutaneously into the axial artery and vein of the affected limb, and a pneumatic tourniquet is inflated proximally. Cytotoxic agents are then infused through the arterial catheter and circulated with a syringe for 15 to 20 minutes after which the limb is flushed with a liter of Hartman's solution. Progressive hypoxia occurs, but normothermia is maintained. This procedure differs from ILP primarily by avoiding the use of an extracorporeal circulation system, making it less expensive, requiring fewer medical personnel, and reducing the total operating room time.

KEY POINTS:

The most recent literature review was updated through April 10, 2024.

Summary of Evidence

Due to the small numbers, inability to blind to treatment assignment, and potentially the lack of good comparators, there may never be a randomized control trial of either ILI or ILP. Large ILP case series have consistently reported impressive complete response rates compared to systemic chemotherapy and there is no alternative therapy that would provide a meaningful comparison. Except for use of ILI in treatment of local recurrence of nonresectable melanoma, ILI in the treatment of melanoma is considered investigational due to lack of sufficient data concerning outcomes.

Practice Guidelines and Position Statements

A search of the National Cancer Institute's Physician Data Query database returned no active phase III trials involving isolated limb perfusion and melanoma, as of April 2024.

The National Cancer Comprehensive Cancer Network (NCCN) v.2.2024 guidelines for unresectable in-transit melanoma or in-transit recurrence include hyperthermic limb perfusion or infusion with melphalan; these are category 2-B recommendation (meaning the recommendation is based on "lower level evidence' and nonuniform NCCN consensus" without major disagreement).

KEY WORDS:

Isolated limb perfusion, ILP, melphalan, malignant melanoma, tumor necrosis factor, interferon-gamma, hyperthermia, isolated limb infusion, ILI

APPROVED BY GOVERNING BODIES:

TNF is not FDA-approved for any indication
Melphalan is FDA-approved

BENEFIT APPLICATION:

Coverage is subject to member's specific benefits. Group-specific policy will supersede this policy when applicable.

CURRENT CODING:

CPT codes:

36823	Insertion of arterial and venous cannula(s) for isolated extracorporeal circulation and regional chemotherapy perfusion to an extremity, with or without hyperthermia, with removal of cannula(s) and repair of arteriotomy and venotomy sites

HCPCS:

Q0083-Q0085	Chemotherapy administration code range (hospital use only)

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POLICY HISTORY:

Adopted for Blue Advantage, March 2005
Available for comment May 1-June 14, 2005
Medical Policy Group, July 2007
Medical Policy Group, July 2010
Available for comment June 18-August 2, 2010
Medical Policy Group, September 2010: Active but no longer scheduled for regular literature reviews and updates
Medical Policy Group, October 2013
Medical Policy Group, January 2020
Medical Policy Group, August 2021
Medical Policy Group, April 2022: Reviewed by consensus. No new published peer-reviewed literature is available that would alter the coverage statement in this policy.
Medical Policy Group, March 2023: Reviewed by consensus. No new published peer-reviewed literature is available that would alter the coverage statement in this policy.
UM Committee, December 2023: Policy approved by UM Committee for use for Blue Advantage business.
Medical Policy Group, April 2024: Reviewed by consensus. No new published peer-reviewed literature is available that would alter the coverage statement in this policy.
UM Committee, April 2024: Annual review of policy approved by UM Committee for use for Blue Advantage business.

This medical policy is not an authorization, certification, explanation of benefits, or a contract. Eligibility and benefits are determined on a case-by-case basis according to the terms of the member's plan in effect as of the date services are rendered. All medical policies are based on (i) research of current medical literature and (ii) review of common medical practices in the treatment and diagnosis of disease as of the date hereof. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment.

This policy is intended to be used for adjudication of claims (including pre-admission certification, pre-determinations, and pre-procedure review) in Blue Cross and Blue Shield's administration of plan contracts.