



**BlueCross BlueShield
of Illinois**

Blue Cross and Blue Shield of Illinois Provider Manual

HMO Scope of Benefits Section

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross and Blue Shield Association

Bone Marrow Transplantation

Benefit

Bone marrow transplantation and related services are a covered benefit, as specified below, when ordered by the Primary Care Physician. Please refer to the benefits interpretation on Organ and Tissue Transplantation for information about notification, review, authorization and claims procedures.

Interpretation

Allogenic (Homologous) bone marrow transplantation involves harvesting bone marrow from a healthy donor for infusion (transplanting) into a member whose bone marrow is compromised either as a result of a primary disease or as a result of a treatment for a disease. Immunologic compatibility (matching) between donor and member (recipient) is a critical factor in success of this service and frequently involves donor searches and histocompatibility (HLA) studies.

Autologous bone marrow transplantation (ABMT) refers to the process in which bone marrow is removed from a member (self-donor), the member is treated with high dose chemotherapeutic drugs and then the previously removed bone marrow is returned to the member. This process "rescues" the bone marrow from the toxic and potentially fatal effects of the chemotherapeutic drugs.

Peripheral stem cell harvesting is an alternative to bone marrow harvesting. In this process members are treated with various parenterally administered growth stimulating factors. These factors cause precursor cells (stem cells) to leave the bone marrow and enter the blood stream. By a series of phlebotomies (blood drawings) enough stem cells can be harvested and utilized in the same manner as bone marrow material.

Donor search expenses as defined by the HMO may be covered for approved bone marrow transplants.

Paid by	HMO (when pre-authorized by the HMO)
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Note: See related benefits interpretation on Organ and Tissue Transplantation for details on notification, review, authorization and claims procedures.