

Blue Cross Blue Shield of Massachusetts is an Independent Licenses of the Blue Cross and Blue Shield Association

# Medical Policy Melanoma Vaccines

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**Policy Number: 453** 

BCBSA Reference Number: 2.03.04A (For Plan internal use only)

NCD/LCD: N/A

#### **Related Policies**

Adoptive Immunotherapy, #455

#### **Policy**

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity Medicare HMO Blue<sup>SM</sup> and Medicare PPO Blue<sup>SM</sup> Members

Melanoma vaccines are considered **INVESTIGATIONAL**.

### **Prior Authorization Information**

## Inpatient

 For services described in this policy, precertification/preauthorization <u>IS REQUIRED</u> for all products if the procedure is performed **inpatient**.

#### Outpatient

For services described in this policy, see below for products where prior authorization <u>might be</u> <u>required</u> if the procedure is performed <u>outpatient</u>.

	Outpatient
Commercial Managed Care (HMO and POS)	This is <b>not</b> a covered service.
Commercial PPO and Indemnity	This is <b>not</b> a covered service.
Medicare HMO Blue <sup>SM</sup>	This is <b>not</b> a covered service.
Medicare PPO Blue <sup>SM</sup>	This is <b>not</b> a covered service.

#### **CPT Codes / HCPCS Codes / ICD Codes**

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

#### **CPT Codes**

There is no specific CPT code for this service.

## **Description**

Tumor vaccines are a type of active immunotherapy that attempts to stimulate the patient's own immune system to respond to tumor antigens. Melanoma has been viewed as a particularly promising tumor for this type of treatment because of its immunologic features, which include the prognostic importance of lymphocytic infiltrate at the primary tumor site, the expression of a wide variety of antigens, and the occasional occurrence of spontaneous remissions. Melanoma vaccines can be generally categorized or prepared in a variety of ways.

### **Summary**

Despite considerable interest and numerous studies over the past 20 years, to date no melanoma vaccine has been shown to demonstrate safety and efficacy in a well-controlled published Phase III clinical trial and no vaccine treatment for this cancer has been approved by FDA. A wide range of vaccine choices are available including use of autologous tumor cells, allogeneic tumor cells, and tumor-specific moieties including peptides, gangliosides, and DNA plasmids. A variety of mechanisms appear to exist as possible obstacles to successful active immunotherapy using vaccines. Current studies are focused on the use of new and different vaccine preparations, as well as on various forms of immune-modulation as potential techniques for enhancing vaccine effectiveness.

## **Policy History**

Date	Action
11/2022	Annual policy review. Policy updated with literature review through October 2022. No references added. Policy statements unchanged.
2/2020	Policy updated with literature review through February 1, 2020, no references added. Policy statements unchanged.
7/2015	Annual policy review. New references added.
6/2013	Annual policy review. New references added.
11/2011-	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes
4/2012	to policy statements.
1/17/2012	Annual policy review. No changes to policy statements.
7/2011	Reviewed - Medical Policy Group - Hematology and Oncology. No changes to policy statements.
9/2010	Reviewed - Medical Policy Group - Hematology and Oncology. No changes to policy statements.
4/2010	Annual policy review. No changes to policy statements.
9/2009	Reviewed - Medical Policy Group - Hematology and Oncology. No changes to policy statements.
10/2008	Reviewed - Medical Policy Group - Hematology and Oncology. No changes to policy statements.
9/2008	Annual policy review. No changes to policy statements.
11/2007	Annual policy review. No changes to policy statements.

# Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

Medical Policy Terms of Use
Managed Care Guidelines
Indemnity/PPO Guidelines
Clinical Exception Process

#### Medical Technology Assessment Guidelines

#### References

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