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SHP Autologous Myoblast and Muscle Cell Injection

AUTH: SHP Medical 262 v4 (AC)

MCG Health
Ambulatory Care
26th Edition

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Coverage

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See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

Application to Products

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Policy is applicable to all products.

Authorization Requirements

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Pre-certification by the Plan is required.

Description of Item or Service

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Autologous Myoblast and Muscle Cell Injection is a procedure to biopsy a muscle and cultured before injecting into to another muscle to assist with regenerating damaged tissue.

Exceptions and Limitations

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There is insufficient scientific evidence to support the medical necessity of this service as it is not shown to improve health outcomes upon technology review.

Clinical Indications for Procedure

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- NA

Document History

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- Revised Dates:
 - 2020: January
 - 2016: January
 - 2015: March, August, September
 - 2014: October
 - 2013: January, March, April, May, July
 - 2012: April, November
 - 2010: March, April, August
 - 2009: January, April
- Reviewed Dates:
 - 2023: February
 - 2022: February
 - 2021: February
 - 2020: February
 - 2018: November
 - 2017: December
 - 2014: April
 - 2011: April
 - 2010: July
- Effective Date: August 2008

Coding Information

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- CPT/HCPCS codes covered if policy criteria is met:
 - None

- CPT/HCPCS codes considered not medically necessary per this Policy:
 - CPT 53899 - Unlisted procedure, urinary system

References

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References used include but are not limited to the following:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; Uptodate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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(2022). Retrieved Dec 09, 2022, from Centers for Medicare and Medicaid Services: <https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=muscle%20cell&keywordType=starts&areald=s53&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance>

(2022). Retrieved Dec 09, 2022, from AIM Specialty Health: https://guidelines.aimspecialtyhealth.com/?s=muscle+cell+injection&et_pb_searchform_submit=et_search_process&et_pb_search_cat=11%2C1%2C96&et_pb_include_posts=yes

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(2022, Aug 31). Retrieved Dec 09, 2022, from MCG: <https://careweb.careguidelines.com/ed26/index.html>

(2022). Retrieved Dec 12, 2022, from Google, Inc: https://www.google.com/search?q=autologus+myoblast+and+muscle+cell+injections+professional+recommendation&safe=strict&rlz=1C1GCEA_enUS982US982&sxsrf=ALiCzsZUo4bu49Plz-UJl8mJdbowgK-xw%3A1670853157285&ei=JTKXY7D-ELqKp8kPoJ-HqAo&ved=0ahUKEwjwpKWHnT7AhU6xSk

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Colucci, W. (2022, Jun 29). Investigational therapies for management of heart failure. Retrieved Dec 09, 2022, from UpToDate: https://www.uptodate.com/contents/investigational-therapies-for-management-of-heart-failure?search=myoblast%20injection&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1

Important Patient and Consumer Information About Regenerative Medicine Therapies. (2021, Jul 09). Retrieved Dec 12, 2022, from Food and Drug Administration: <https://www.fda.gov/vaccines-blood-biologics/consumers-biologics/important-patient-and-consumer-information-about-regenerative-medicine-therapies>

Codes

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