Medical Policy
Melanoma Vaccines

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Policy Number: 453
BCBSA Reference Number: 2.03.04A
NCD/LCD: N/A

Related Policies
Adoptive Immunotherapy, #455

Policy
Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity
Medicare HMO BlueSM and Medicare PPO BlueSM Members

Melanoma vaccines are considered INVESTIGATIONAL.

Prior Authorization Information

Inpatient
- For services described in this policy, precertification/preauthorization IS REQUIRED for all products if the procedure is performed inpatient.

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

<table>
<thead>
<tr>
<th>Policy Type</th>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Managed Care (HMO and POS)</td>
<td>This is not a covered service.</td>
</tr>
<tr>
<td>Commercial PPO and Indemnity</td>
<td>This is not a covered service.</td>
</tr>
<tr>
<td>Medicare HMO BlueSM</td>
<td>This is not a covered service.</td>
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<tr>
<td>Medicare PPO BlueSM</td>
<td>This is not a covered service.</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/2020</td>
<td>Policy updated with literature review through February 1, 2020, no references added. Policy statements unchanged.</td>
</tr>
<tr>
<td>7/2015</td>
<td>New references added from BCBSA National medical policy.</td>
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<tr>
<td>6/2013</td>
<td>New references from BCBSA National medical policy.</td>
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<tr>
<td>1/17/2012</td>
<td>BCBSA National medical policy review. No changes to policy statements.</td>
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<tr>
<td>4/2010</td>
<td>BCBSA National medical policy review. No changes to policy statements.</td>
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<tr>
<td>9/2007</td>
<td>BCBSA National medical policy review. No changes to policy statements.</td>
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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


