Plasma Exchange for Multiple Sclerosis, Devic’s Syndrome, Transverse Myelitis, and other conditions

MPM 16.11

Disclaimer
Refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Description
Plasma exchange, also called plasmapheresis or apheresis, involves removal and replacement of the plasma component of blood. The goal of the procedure is to remove autoantibodies, cytokines or other plasma-soluble factors that are believed to contribute to the patient’s symptoms.¹

Coverage Determination
Prior Authorization is not required. However, all claims are subject to retrospective review.

Presbyterian uses CMS guidelines (NCD 110.14) entitled “Apheresis (Therapeutic Pheresis)” and MCG Criteria # A-0173. Due to contractual restrictions providers may not access the MCG website but may obtain a copy of the criteria from the Prior Authorization staff.

The following guidelines apply for multiple sclerosis, Devic’s syndrome, and transverse myelitis:

Plasma exchange is covered for continued worsening (progression) of symptoms of acute central nervous system demyelination that may result in paralysis, blindness or disability. Specifically, this includes conditions associated with multiple sclerosis, Devic’s syndrome and transverse myelitis, which have failed to respond to high-dose steroids or other conventional intensive treatment, including interferon, mitoxantrone, or natalizumab.

Other Conditions:

PHP uses CMS guidelines for plasma exchange as stated in NCD 110.14 entitled “Apheresis (Therapeutic Pheresis)”. Per CMS, apheresis is covered for the following indications:

- Acquired myasthenia gravis
- Leukemia (leukapheresis)
- Primary macroglobulinemia (Waldenstrom)
- Hyperglobulinemias, including (but not limited to) multiple myelomas, cryoglobulinemia and hyperviscosity syndromes
- Thrombotic thrombocytopenic purpura (TTP) (treatment of last resort)
- Life threatening rheumatoid vasculitis (treatment of last resort)
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- Pruritis or cholestatic liver disease (plasma perfusion of charcoal filters)
- Goodpasture’s syndrome
- Glomerulonephritis associated with antiglomerular basement membrane antibodies and advancing renal failure or pulmonary hemorrhage
- Chronic relapsing polyneuropathy for patients with severe or life threatening symptoms who have failed to respond to conventional therapy
- Life threatening scleroderma and polymyositis when the patient is unresponsive to conventional therapy
- Guillain-Barre syndrome
- Life threatening systemic lupus erythematosus when conventional therapy has failed to prevent clinical deterioration (treatment of last resort)

The CMS NCD 110.14 for “Apheresis (Therapeutic Pheresis)” can be accessed at the following Web site:


Medical Terms

Devic’s syndrome: Also known as neuromyelitis optica, Devic’s syndrome is an uncommon disease of the central nervous system that affects the optic nerves and spinal cord.

Multiple sclerosis: An unpredictable disease of the central nervous system which causes disruption of communication between the brain and other parts of the body. Many investigators believe MS is an autoimmune disease. With MS, the nerve-insulating myelin comes under assault, producing symptoms that can range from relatively benign to somewhat disabling to devastating.

Transverse myelitis: A neurological disorder caused by inflammation across both sides of one level, or segment, of the spinal cord. The segment of the spinal cord at which the damage occurs determines which parts of the body are affected.

Approval Signatures:

Clinical Quality Committee: Thomas Rothfeld MD
Medical Director: Norman White MD

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01-22-08: Transition to Medical Policy
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02-25-09: Annual Review and Revision (CMS guidelines added)
01-19-11: Biennial Review
01-29-14: Presbyterian Policy Retired
01-29-14: Presbyterian now uses CMS guideline (NCD 110.14) and MCG Criteria A-0173.
MCG A-0173 accessed. Last update 2/2/17. No changes in criteria.

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: http://www.phs.org/phs/healthplans/providers/healthservices/Medical/index.htm