Plasma Exchange: Therapeutic Apheresis for Medicare
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.

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

Presbyterian follows CMS (NCD 110.14) for Apheresis (Therapeutic Pheresis), for plasma exchange. Per CMS, apheresis is covered for the following indications:

- Exchange of plasma for acquired myasthenia gravis
- Leukemia (leukapheresis)
- Plasmapheresis for treatment of primary macroglobulinemia (Waldenstrom)
- Hyperglobulinemias, including (but not limited to) multiple myelomas, cryoglobulinemia and hyperviscosity syndromes
- Treatment of last resort for:
  - Plasmapheresis or exchange of plasma for thrombotic thrombocytopenic purpura (TTP).
  - Plasma exchange or plasmapheresis for life threatening rheumatoid vasculitis (treatment of last resort). For life threatening systemic lupus erythematosus (SLE) when conventional therapy has failed to prevent clinical deterioration.
- Pruritis or cholestatic liver disease (plasma perfusion of charcoal filters)
- Plasma exchange for Goodpasture’s syndrome
- Plasma exchange for 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 treatment

Not every Presbyterian health plan contains the same benefits. Please refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage. [MPMPPC051001]
Plasma Exchange: Therapeutic Apheresis for Medicare
MPM 16.11

Place of Service
Apheresis must be performed in a hospital setting (either inpatient or outpatient); or in a nonhospital setting, if patient is under the care of a physician and a physician is present to direct and supervise the nonphysician services.

Coding
The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>36511</td>
<td>Therapeutic apheresis; for white blood cells</td>
</tr>
<tr>
<td>36512</td>
<td>Therapeutic apheresis; for red blood cells</td>
</tr>
<tr>
<td>36513</td>
<td>Therapeutic apheresis; for platelets</td>
</tr>
<tr>
<td>36514</td>
<td>Therapeutic apheresis; for plasma pheresis</td>
</tr>
<tr>
<td>36516</td>
<td>Therapeutic apheresis; with extracorporeal immunoadsorption, selective adsorption or selective filtration and plasma reinfusion</td>
</tr>
<tr>
<td>36522</td>
<td>Photopheresis, extracorporeal</td>
</tr>
</tbody>
</table>

References
CMS, National Coverage Determination, (NCD) for Apheresis (Therapeutic Pheresis) (110.14), effective date of version #1: 07/30/1992. [Cited 07/15/2019]

Medicare National Coverage Determination, Chapter 1, Part 2 (Section 110.14), Apheresis (Therapeutic Pheresis). Revision #1, 10-03.03. [Cited 09/06/2019]

Approval Signatures:
Clinical Quality & Utilization Mgmt. Committee: Howard Epstein MD
Medical Director: Norman White MD

Approval Date
July 31, 2019

Publication History:


07-31-19: Annual Review. Previously titled Plasma Exchange for Multiple Sclerosis, Devic’s Syndrome, Transverse Myelitis, and other conditions. since 10/03/2003. Split MPM 16.11 policy, one for Commercial/Medicaid (MPM 16.12) and this policy is for Medicare. NCD 110.14 remains unchanged.
Plasma Exchange: Therapeutic Apheresis for Medicare  
MPM 16.11

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: Click here for Medical Policies

Web links:
At any time during your visit to this policy and find the source material web links has been updated, retired or superseded, PHP is not responsible for the continued viability of websites listed in this policy.

When PHP follows a particular guidelines such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.