

EFFECTIVE DATE: 11/20/2007

POLICY LAST UPDATED: 11/20/2007

OVERVIEW

This payment policy documents the coverage determination for Therapeutic Apheresis. Therapeutic apheresis is a procedure in which blood is removed from the body, shunted into an ultra centrifuge to be separated into its components, and then a portion of the blood is retained and the rest returned to the patient. It is generally performed to remove harmful substances from the blood or from a component of the blood. Fluid constituents may be discarded and replaced with normal saline, fresh frozen plasma, or human albumin. Cellular elements may be extracted for various therapeutic purposes. Extracorporeal immunoadsorption (ECI) has been used to treat diseases of inflammatory and autoimmune etiology, presumably through the binding and removal of specific immunoglobulin (Ig) G and IgG-containing immune complexes.

PRIOR AUTHORIZATION

Prior authorization is not required.

POLICY STATEMENT

BlueCHiP for Medicare and Commercial

Therapeutic apheresis and extracorporeal immunoadsorption are covered.

MEDICAL CRITERIA

Not Applicable

BACKGROUND

Therapeutic apheresis is a procedure in which blood is removed from the body, shunted into an ultra centrifuge to be separated into its components, and then a portion of the blood is retained and the rest returned to the patient. It is generally performed to remove harmful substances from the blood or from a component of the blood. Fluid constituents may be discarded and replaced with normal saline, fresh frozen plasma, or human albumin. Cellular elements may be extracted for various therapeutic purposes.

Extracorporeal immunoadsorption (ECI) has been used to treat diseases of inflammatory and autoimmune etiology, presumably through the binding and removal of specific immunoglobulin (Ig) G and IgG-containing immune complexes. ECI carries both a bacterial exotoxin and a B-cell superantigen effect that impacts the outcomes of immunoadsorption on various disease processes. The use of ECI in some cases has proven to be beneficial when conventional plasmapheresis with extensive plasma exchange has failed.

Therapeutic apheresis is generally used for **any** of the conditions listed below and for any other conditions when hyperviscosity is a component of the illness:

- Conditions associated with hyperviscosity
- Myasthenia gravis in crisis
- Multiple myeloma
- Goodpasture's syndrome
- Cryoglobulinemia
- Waldenstrom's macroglobulinemia

- Chronic myelogenous leukemia
- Membranous and proliferative nephritis (glomerulonephritis)
- Thrombotic thrombocytopenic purpura (TTP)
- Familial homozygous hypercholesterolemia
- Guillain-Barre syndrome for severely ill patients who are diagnosed grades 3-5, which include ability to walk five meters with assistance, confinement to a bed or chair-bound, or requiring assisted ventilation for at least part of the day or night
- Chronic demyelinating gammopathy
- Leukapheresis in the treatment of leukemia
- Rheumatoid vasculitis
- Pure red cell aplasia unresponsive to steroid and immunosuppressive therapy
- Plasma perfusion of charcoal filter for treatment of pruritis of cholestatic liver disease
- Chronic relapsing polyneuropathy for patients with severe or life-threatening symptoms who have failed to respond to conventional therapy
- Scleroderma and polymyositis (cerebritis, myocarditis, nephritis, etc.) when the patient is unresponsive to conventional therapy
- Systemic lupus erythematosus (SLE), as a treatment of last resort
- Cold agglutinin disease
- (HELLP) syndrome of pregnancy. HELLP is a severe form of preeclampsia characterized by hemolysis (H), elevated liver enzymes (EL), and low platelet (LP) counts
- Post-transfusion purpura
- ABO incompatible bone marrow transplant
- Essential thrombocythemia
- Idiopathic thrombocytopenic purpura (ITP)
- Hemolytic uremic syndrome (HUS)

Extracorporeal immunoadsorption is generally used for individuals with the following:

- Idiopathic thrombocytopenic purpura (ITP), in patients with platelet counts of more than 100,000/cu mm
- Moderate to severe rheumatoid arthritis in adult patients with long standing disease, who have failed or who are intolerant to disease modifying anti-rheumatic drugs

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement for applicable surgery benefits or coverage.

CODING

Blue CHiP for Medicare and Commercial

According to the Correct Coding Initiative (CCI) modifier 59 should not be appended to the following CPT codes:

36511	36512	36513	36514	36515	36516
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RELATED POLICIES

None

PUBLISHED

Policy Update	Feb 2008
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REFERENCES

Centers for Medicare & Medicaid; National Claims Determination for Apheresis (Therapeutic Apheresis) (110.14). Last modified 8/14/2007. Retrieved 9/27/2007 from http://www.cms.hhs.gov/mcd/viewncd.asp?ncd_id=110.14&ncd_version=1&basket=ncd%3A110%2E14%3A1%3AApheresis+%28Therapeutic+Pheresis%29

Blue Cross & Blue Shield Association, Medical Policy Reference Manual: Plasma Exchange (Plasmapheresis): Last reviewed April 2006. Retrieved 9/27/07 from http://blueweb.bcbs.com/global_assets/special_content/medical_policy/policymanual/policy.html?pnum=80202

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