

Extracorporeal Photopheresis

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Effective Date	5/2008
Next Review Date	10/2024
Coverage Policy	Medical 237
Version	6

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details *.

Purpose:

This policy addresses the medical necessity of Extracorporeal Photopheresis.

Description & Definitions:

Extracorporeal photopheresis is a nonsurgical procedure in which the individual's blood is drawn and white blood cells are separated and exposed first to a drug called 8-methoxypsoralen (8-MOP) and then to ultraviolet A (UVA) light.

Criteria:

Extracorporeal photopheresis is considered medically necessary with **1 or more** of the following:

- Individual has acute or chronic graft-versus-host disease when the disease is refractory to standard immunosuppressive drug treatment
- Individual requires palliative treatment of skin manifestations of cutaneous T-cell lymphoma that has not responded to other therapies
- Individual has erythrodermic variants of cutaneous T cell lymphoma (e.g. Mycosis Fungoides/Sézary Syndrome (MF/SS), etc.)
- Individual has acute cardiac allograft rejection that is refractory to standard immunosuppressive drug treatment
- Individual with solid organ transplant rejection that is refractory to standard immunosuppressive drug treatment
- Individual has had a rejection of a lung transplant and **1 or more** of the following:
 - Individual is refractory to immunosuppressive drug treatment
 - Individual has a rapid decline in lung function
 - Bronchiolitis obliterans syndrome (BOS)

Photopheresis is considered **not medically necessary** for any use other than those indicated in clinical criteria, to include but not limited to:

- Atopic dermatitis

- Autoimmune diseases (e.g., multiple sclerosis, scleroderma, diabetes mellitus [DM] type 1, rheumatoid arthritis, systemic lupus erythematosus [SLE], psoriasis, and pemphigus)
- Crohn's disease
- Eosinophilic fasciitis
- Graft rejection in kidney transplant recipients
- Nephrogenic systemic fibrosis (previously known as nephrogenic fibrosing dermopathy)
- nephrogenic peritonitis

Coding:

Medically necessary with criteria:

Coding	Description
36522	Photopheresis, extracorporeal.

Considered Not Medically Necessary:

Coding	Description
	None

U.S. Food and Drug Administration (FDA) - approved only products only.

Document History:

Revised Dates:

- 2022: October
- 2021: December
- 2019: November
- 2016: January, February
- 2015: February, March
- 2014: January, November
- 2013: April, October
- 2012: September, October

Reviewed Dates:

- 2023: October
- 2020: December
- 2019: December
- 2018: August
- 2017: November
- 2012: April
- 2011: April
- 2010: April
- 2009: April

Effective Date:

- May 2008

References:

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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Special Notes: *

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

Keywords:

SHP Extracorporeal Photopheresis, medical 128, graft-versus-host disease, white blood cells, infusion, immune system, ECP, apheresis, photodynamic therapy, 8-methoxypsoralen, 8-MOP, ultraviolet A light, UVA, acute cardiac allograft rejection, erythrodermic variants of cutaneous T cell lymphoma, mycosis fungoides, Sézary syndrome, palliative treatment of skin manifestations, cutaneous T-cell lymphoma, lung function, rejection lung transplant