SHP Apheresis

AUTH: SHP Medical 128 v2 (AC)

MCG Health
Ambulatory Care
25th Edition

Link to Codes

Coverage

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See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

Application to Products

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Policy is applicable to all products.

Authorization Requirements

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Pre-certification by the Plan is required.

Description of Item or Service

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Apheresis (also known as pheresis or therapeutic pheresis) is a medical procedure utilizing specialized equipment to remove selected blood constituents (plasma, leukocytes, platelets, or cells) from whole blood. The remainder is re-transfused into the person from whom the blood was taken.

Exceptions and Limitations

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- There is insufficient scientific evidence to support the medical necessity of apheresis for uses other than those listed in the clinical indications for procedure section.

Clinical Indications for Procedure

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- Therapeutic apheresis may be indicated for **1 or more** of the following:
  - Acute inflammatory demyelinating polyneuropathy (Guillain-Barre syndrome)
  - Antiphospholipid syndrome (catastrophic), as indicated by **ALL** of the following:
    - Acute involvement of 3 or more organs, systems, or tissues
    - Antiphospholipid antibodies present
  - Age-related macular degeneration (dry)
  - Amanita mushroom poisoning
  - Antiglomerular basement membrane disease, as indicated by **1 or more** of the following:
    - Diffuse alveolar hemorrhage
    - Individual not dialysis dependent, and creatinine less than 6.6 mg/dL (583 micromoles/L)
  - Antineutrophil cytoplasmic antibody (ANCA)-associated vasculitis, as indicated by **ALL** of the following:
    - Antineutrophil cytoplasmic antibody positive
    - Appropriate clinical condition, as indicated by **1 or more** of the following:
      - Dialysis dependent
      - Dialysis is imminent.
      - Diffuse alveolar hemorrhage
  - Autoimmune encephalitis
  - Babesiosis (severe) as indicated by **1 or more** of the following:
    - Disseminated intravascular coagulation
    - Greater than 10% parasitemia
    - Pulmonary, renal, or hepatic dysfunction
    - Significant hemolysis (eg, blood hemoglobin level less than 10 g/dL (100 g/L), hemoglobinuria)
  - Cardiac transplant, as indicated by **1 or more** of the following:
    - Cellular or recurrent rejection treatment needed
    - Desensitization prior to transplant
    - Rejection prophylaxis needed
  - Chronic inflammatory demyelinating polyradiculoneuropathy, as indicated by **ALL** of the following:

- Hyporeflexia or areflexia present in most limbs
- Insufficient response to corticosteroids or intravenous immunoglobulin
- Progressive or relapsing motor and sensory impairment of more than one limb

◦ Chronic relapsing polyneuropathy, as indicated by **ALL** of the following:
- Individual has severe or life threatening symptoms
- Individual failed to respond to conventional therapy

◦ Cryoglobulinemia, as indicated by **1 or more** of the following:
- Membranoproliferative glomerulonephritis
- Neuropathy (eg, mononeuritis multiplex)
- Ulcerating purpura
- Vasculitis

◦ Focal segmental glomerulosclerosis, as indicated by **1 or more** of the following:
- Post transplant: recurrent focal segmental glomerulosclerosis
- Pretransplant: to prevent or delay recurrence

◦ Glomerulonephritis associated with antiglomerular basement membrane antibodies and advancing renal failure or pulmonary hemorrhage
◦ Goodpasture's syndrome
◦ Graft vs host disease, steroid-dependent or steroid-refractory
◦ Hemochromatosis (hereditary)
◦ Heterozygous familial hypercholesterolemia, as indicated by **1 or more** of the following:
- Individual with progressive coronary artery disease and **1 or more** of the following :
  - LDL cholesterol is greater than 200 mg/dL (5.18 mmol/L) or has decreased by less than 40% with medical therapy for 6 or more months
  - Lipoprotein(a) is greater than 60 mg/dL (2.14 micromoles/L) and LDL cholesterol is greater than 125 mg/dL (3.24 mmol/L) despite medical therapy for 6 or more months
- Individual without coronary artery disease and **ALL** of the following :
  - LDL cholesterol is greater than 300 mg/dL (7.77 mmol/L)
  - LDL cholesterol has decreased by less than 40% with medical therapy for 6 or more months.

◦ Homozygous familial hypercholesterolemia, as indicated by **ALL** of the following:
- Age is older than 2 years.
- LDL cholesterol is greater than 500 mg/dL (12.95 mmol/L)

◦ Hyperglobulinemias, including (but not limited to) multiple myelomas, cryoglobulinemia, and hyperviscosity syndromes
◦ Hyperviscosity due to clonal thrombocytosis (eg, from essential thrombocythemia or other myeloproliferative disorder), as indicated by **1 or more** of the following:
- Platelet count 1,500,000/mm3 (1500 x109/L) or greater
- Platelet count 450,000/mm3 (450 x109/L) or greater and **1 or more** of the following:
  - History of thrombosis or bleeding
  - Vascular stasis signs or symptoms

◦ Hyperviscosity due to erythrocytosis, as indicated by **ALL** of the following:
- Hematocrit greater than 55% (0.55)
- Hyperviscosity symptoms
- Simple phlebotomy has failed to reverse symptoms

◦ Hyperviscosity due to leukocytosis, as indicated by **ALL** of the following:
- Vascular stasis signs or symptoms
- White blood cell count greater than 50,000/mm3 (50 x109/L)

◦ Hyperviscosity due to monoclonal gammopathy (eg, Waldenstrom macroglobulinemia, multiple myeloma with IgA, IgG, or kappa light chains), as indicated by **1 or more** of the following:
- Neurologic signs or symptoms
- Spontaneous bleeding from mucous membranes
- Vascular stasis signs or symptoms
- Visual disturbance due to retinopathy

◦ Leukemia
◦ Lipoprotein(a) hyperlipoproteinemia, as indicated by **ALL** of the following:
- LDL cholesterol is greater than 125 mg/dL (3.24 mmol/L) despite medical therapy for 6 or more months.
- Lipoprotein(a) greater than 60 mg/dL (2.14 micromoles/L)
- Progressive coronary artery disease

◦ Liver failure (acute)
◦ Liver transplant (ABO-incompatible), as indicated by **ALL** of the following:
- Desensitization prior to transplant
- Living related donor

◦ Lung allograft rejection, as indicated by **ALL** of the following:
- Bronchiolitis obliterans syndrome
- Failure of steroids or other immunosuppressive agents to halt syndrome progression

◦ Multiple sclerosis (acute, unresponsive to steroids)
◦ Myasthenia gravis, as indicated by **1 or more** of the following:
- During initiation of immunosuppressive therapy
- During myasthenic crisis with ventilatory insufficiency or failure
- During postoperative period after thymectomy
- Prior to surgery (eg, thymectomy)
- Symptomatic individual resistant to or intolerant of immunosuppressive therapy

◦ Mycosis fungoides (cutaneous T-cell lymphoma) for erythrodermic disease (stage III)
◦ Neuromyelitis optica (acute), when high-dose intravenous steroids fail to resolve symptoms
◦ Pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS), as indicated by **1 or more** of the following:
- Refractory disease
- Severe symptoms (eg, chorea, cognitive deficits, motor hyperactivity)

◦ Phytanic acid storage disease (Refsum disease), as indicated by **1 or more** of the following:
- Acute neurologic or cardiac symptoms
- Disease exacerbation
- Maintenance therapy

◦ Polyarteritis nodosa associated with hepatitis B virus, in combination with glucocorticoids
◦ Polyneuropathy due to monoclonal gammopathy (paraprotein neuropathy) with IgA, IgG, or IgM

- Primary macroglobulinemia (Waldenstrom)
- Pruritis of Cholestatic Liver Disease (plasma perfusion of charcoal filters)
- Renal transplant (ABO compatible), as indicated by **1 or more** of the following:
  - Antibody-mediated rejection
  - Desensitization prior to transplant with crossmatch-positive living donor
- Renal transplant (ABO-incompatible), as indicated by **1 or more** of the following:
  - Antibody-mediated rejection
  - Desensitization prior to living donor transplant
- Rheumatoid vasculitis, as indicated by **ALL** of the following:
  - Disease is life threatening
  - Treatment is a last resort
- Scleroderma and polymyositis, as indicated by **ALL** of the following:
  - Disease is life threatening
  - Individual failed to respond to conventional therapy
- Sickle cell disease (acute) with complications, as indicated by **1 or more** of the following:
  - Acute stroke
  - Severe acute chest syndrome (ie, oxygen saturation less than 90% despite oxygen therapy)
- Sickle cell disease (nonacute) with complications, as indicated by **1 or more** of the following:
  - Cerebral infarct documented on brain MRI in absence of symptoms
  - High risk for stroke, as documented by transcranial Doppler study with mean blood flow velocity in the internal carotid artery or middle cerebral artery of 200 cm/second or higher
  - History of acute stroke or evidence of cerebral infarct on brain MRI
  - History of iron overload
- Systemic lupus erythematosus, as indicated by **ALL** of the following:
  - Disease is life threatening
  - Conventional therapy has failed to prevent clinical deterioration
  - Treatment is a last resort
- Thrombotic microangiopathy (drug-related)
- Thrombotic thrombocytopenic purpura where treatment is a last resort
- Vasculitis associated with HIV
- Wilson disease

Document History

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- Revised Dates:
  - 2022: May
  - 2020: May, July
  - 2018: September
  - 2016: January, February, November
  - 2015: February, March
  - 2014: January, November
  - 2013: April, October
  - 2012: September, October
- Reviewed Dates:
  - 2021: May
  - 2018: August
  - 2017: November
  - 2011: April
  - 2010: April
  - 2009: April
- Effective Date: May 2008

Coding Information

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- CPT/HCPCS codes covered if policy criteria is met:
  - CPT 36511 - Therapeutic apheresis; for white blood cells
  - CPT 36512 - Therapeutic apheresis; for red blood cells
  - CPT 36513 - Therapeutic apheresis; for platelets
  - CPT 36514 - Therapeutic apheresis; for plasma pheresis
  - CPT 36516 - Therapeutic apheresis; with extracorporeal selective adsorption or selective filtration and plasma reinfusion
- CPT/HCPCS codes considered not medically necessary per this Policy:
  - None

References

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References used include but are not limited to the following:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; Uptodate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2021, Jun 07). Retrieved Apr 15, 2022, from MCG: https://careweb.careguidelines.com/ed25/index.html

(2022). Retrieved Apr 13, 2022, from AIM Specialty Health: https://aimspecialtyhealth.com/resources/clinical-guidelines/

Guidelines on the Use of Therapeutic Apheresis in Clinical Practice – Evidence-Based Approach from the Writing Committee of the American Society for Apheresis: The Eighth Special Issue. (2019). Retrieved Apr 15, 2022, from American Society for Apheresis: https://www.ammtac.org/docs/articulos/ASFA%202019%20guidelines.pdf

Kaplan, A., & Fridey, J. (2022, Feb 18). Therapeutic apheresis (plasma exchange or cytapheresis): Indications and technology. Retrieved Feb 17, 2022, from UpToDate: https://www.uptodate.com/contents/therapeutic-apheresis-plasma-exchange-or-cytapheresis-indications-and-technology?search=apheresis&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1#H3915389

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines) with NCCN Evidence Blocks™. (2022). Retrieved Apr 14, 2022, from National Comprehensive Cancer Network: https://www.nccn.org/guidelines/guidelines-with-evidence-blocks

NCD: Apheresis (Therapeutic Pheresis) (110.14). (1992, Jul 30). Retrieved Apr 14, 2022, from Centers for Medicare and Medicaid Services: https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=82&ncdver=1&keyword=Pheresis&keywordType=starts&areaId=s53&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1

Procedure Fee Files & CPT Codes. (2022). Retrieved Apr 15, 2022, from Department of Medical Assistance Services: https://www.dmas.virginia.gov/for-providers/procedure-fee-files-cpt-codes/#searchCPT

Therapeutic Plasma Exchange. (2020, Dec 16). Retrieved Apr 15, 2022, from DynaMed: https://www.dynamedex.com/procedure/therapeutic-plasma-exchange

Therapeutic Plasmapheresis: Seven Year Experience of an Intensive Care Unit in Portugal. (2022, Mar). Retrieved Apr 15, 2022, from PubMed: https://pubmed.ncbi.nlm.nih.gov/34416929/

(2022). Retrieved Apr 15, 2022, from Hayes, Inc: https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522pheresis%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%257B%2522page%2522:0,%2522size%2522:50%257D,%2522type%2522:%2522all%2522,%2522sources%2522:%255B%25

Rosenson, R., de Ferranti, S., & Durrington, P. (2020, Jun 01). Treatment of drug-resistant hypercholesterolemia. Retrieved Apr 21, 2021, from UpToDate: https://www.uptodate.com/contents/treatment-of-drug-resistant-hypercholesterolemia?search=apheresis&source=search_result&selectedTitle=5~150&usage_type=default&display_rank=5

Waldenstrom Macroglobulinemia/ Lymphoplasmacytic Lymphoma. (2020, Oct 13). Retrieved Apr 21, 2021, from National Comprehensive Cancer Network: https://www.nccn.org/professionals/physician_gls/pdf/waldenstroms_blocks.pdf

Codes

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CPT® : 36511, 36512, 36513, 36514, 36516

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