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SHP Extracorporeal Photopheresis

AUTH: SHP Medical 237 v5 (AC)

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[Link to Codes](#)

- [Coverage](#)
- [Application to Products](#)
- [Authorization Requirements](#)
- [Description of Item or Service](#)
- [Exceptions and Limitations](#)
- [Clinical Indications for Procedure](#)
- [Document History](#)
- [Coding Information](#)
- [References](#)
- [Codes](#)

Coverage

[Return to top of SHP Extracorporeal Photopheresis - AC](#)

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

Application to Products

[Return to top of SHP Extracorporeal Photopheresis - AC](#)

Policy is applicable to all products.

Authorization Requirements

[Return to top of SHP Extracorporeal Photopheresis - AC](#)

Pre-certification by the Plan is required.

Description of Item or Service

[Return to top of SHP Extracorporeal Photopheresis - AC](#)

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.

Exceptions and Limitations

[Return to top of SHP Extracorporeal Photopheresis - AC](#)

- There is insufficient scientific evidence to support the medical necessity of extracorporeal photopheresis for the following as they are not shown to improve health outcomes upon technology review:
 - 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
- There is insufficient scientific evidence to support the medical necessity of extracorporeal photopheresis for uses other than those listed in the clinical indications for procedure section.

Clinical Indications for Procedure

[Return to top of SHP Extracorporeal Photopheresis - AC](#)

- 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)
- Extracorporeal photopheresis is **NOT COVERED** for **ANY** of the following
 - 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

Document History

[Return to top of SHP Extracorporeal Photopheresis - AC](#)

- 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:
 - 2020: December
 - 2019: December
 - 2018: August
 - 2017: November
 - 2012: April
 - 2011: April
 - 2010: April
 - 2009: April
- Effective Date: May 2008

Coding Information

[Return to top of SHP Extracorporeal Photopheresis - AC](#)

- CPT/HCPCS codes covered if policy criteria is met:
 - CPT 36522 - Photopheresis, extracorporeal
- CPT/HCPCS codes considered not medically necessary per this Policy:
 - None

References

[Return to top of SHP Extracorporeal Photopheresis - AC](#)

References used include but are not limited to the following:

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Codes

[Return to top of SHP Extracorporeal Photopheresis - AC](#)

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