



MASSACHUSETTS

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Medical Policy

Plasma Exchange

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Policy Number: 466

BCBSA Reference Number: 8.02.02

NCD/LCD: National Coverage Determination (NCD) for APHERESIS (Therapeutic Pheresis) (110.14)

Related Policies

Immune Globulin Therapy, [#310](#)

Lipid Apheresis, [#465](#)

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Plasma exchange may be considered **MEDICALLY NECESSARY** for the conditions listed below:

Autoimmune

- Severe multiple manifestations of mixed cryoglobulinemia (MC) such as cryoglobulinemic nephropathy, skin ulcers, sensory motor neuropathy, and widespread vasculitis in combination with immunosuppressive treatment
- Catastrophic antiphospholipid syndrome.

Hematologic

- ABO incompatible hematopoietic progenitor cell transplantation
- Hyperviscosity syndromes associated with multiple myeloma or Waldenstrom's macroglobulinemia
- Idiopathic thrombocytopenic purpura in emergency situations
- Thrombotic thrombocytopenic purpura (TTP)
- Atypical hemolytic-uremic syndrome
- Post-transfusion purpura, and
- HELLP syndrome of pregnancy (a severe form of preeclampsia, characterized by hemolysis [H], elevated liver enzymes [EL], and low platelet [LP] counts)
- Myeloma with acute renal failure.

Neurological

- Acute inflammatory demyelinating polyneuropathy (Guillain-Barré syndrome [GBS]; severity grade 1–2 within 2 weeks of onset; severity grade 3–5 within 4 weeks of onset; and children younger than 10-years-old with severe GBS)

- Chronic inflammatory demyelinating polyradiculoneuropathy (CIDP)
- Multiple sclerosis (MS); acute fulminant central nervous system (CNS) demyelination
- Myasthenia gravis in crisis or as part of preoperative preparation, and
- Paraproteinemia polyneuropathy; IgA, IgG.

Renal

- Anti-glomerular basement membrane disease (Goodpasture's syndrome), and
- ANCA [antineutrophil cytoplasmic antibody]-associated vasculitis (e.g., Wegener's granulomatosis [also known as granulomatosis with polyangiitis (GPA)] with associated renal failure)
- Dense deposit disease with factor H deficiency and/or elevated C3 Nephritic factor.

Transplantation

- ABO incompatible solid organ transplantation
 - Kidney
 - Heart (infants), and
- Renal transplantation: antibody mediated rejection; HLA desensitization
- Focal segmental glomerulosclerosis after renal transplant.

Plasma exchange is **INVESTIGATIONAL** in all other conditions, including, but not limited, to the following:

- ABO-incompatible solid organ transplant; liver,
- Acute disseminated encephalomyelitis,
- Acute inflammatory demyelinating polyneuropathy (Guillain-Barre syndrome) in children younger than 10-years-old with mild or moderate forms,
- Acute liver failure,
- Amyotrophic lateral sclerosis,
- ANCA [antineutrophil cytoplasmic antibody]-associated rapidly progressive glomerulonephritis (Wegener's granulomatosis or GPA without renal failure),
- Aplastic anemia,
- Asthma,
- Autoimmune hemolytic anemia; warm autoimmune hemolytic anemia; cold agglutinin disease,
- Chronic fatigue syndrome,
- Coagulation factor inhibitors,
- Cryoglobulinemia; except for severe mixed cryoglobulinemia, as noted above,
- Dermatomyositis and polymyositis,
- Focal segmental glomerulosclerosis (other than after renal transplant),
- Heart transplant rejection treatment,
- Hemolytic uremic syndrome (HUS); typical (diarrheal-related),
- Idiopathic thrombocytopenic purpura; refractory or non-refractory,
- Inclusion body myositis,
- Lambert-Eaton myasthenic syndrome,
- Multiple sclerosis with chronic progressive or relapsing remitting course,
- Mushroom poisoning,
- Myasthenia gravis with anti-MuSK antibodies,
- Neuromyelitis optica (NMO),
- Overdose and poisoning (other than mushroom poisoning),
- Paraneoplastic syndromes,
- Paraproteinemia polyneuropathy; IgM,
- Pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS),
- Pemphigus vulgaris,
- Phytanic acid storage disease (Refsum's disease),
- POEMS (polyneuropathy, organomegaly, endocrinopathy, M protein, skin changes),
- Psoriasis,
- Red blood cell alloimmunization in pregnancy,

- Rheumatoid arthritis,
- Sepsis,
- Scleroderma (systemic sclerosis),
- Stiff person syndrome,
- Sydenham's chorea (SC),
- Systemic lupus erythematosus (including SLE [systemic lupus erythematosus] nephritis), and
- Thyrotoxicosis
- Hyperviscosity syndromes with renal failure (other than associated with multiple myeloma or Waldenstrom's macroglobulinemia).

Medicare HMO BlueSM and Medicare PPO BlueSM Members

Medical necessity criteria and coding guidance can be found through the link below.

[National Coverage Determinations \(NCDs\)](#)

National Coverage Determination (NCD) for APHERESIS (Therapeutic Pheresis) (110.14)

Note: To review the specific NCD, please remember to click "accept" on the CMS licensing agreement at the bottom of the CMS webpage.

Prior Authorization Information

Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

	Outpatient
Commercial Managed Care (HMO and POS)	Prior authorization is not required .
Commercial PPO and Indemnity	Prior authorization is not required .
Medicare HMO BlueSM	Prior authorization is not required .
Medicare PPO BlueSM	Prior authorization is not required .

CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The above **medical necessity criteria MUST** be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:

CPT Codes

CPT codes:	Code Description
36514	Therapeutic apheresis; for plasma pheresis

ICD-10 Diagnosis Codes

ICD-10-CM Diagnosis codes:	Code Description
C90.00	Multiple myeloma not having achieved remission
C88.0	Waldenström macroglobulinemia
C90.01	Multiple myeloma in remission
C90.02	Multiple myeloma in relapse
D59.3	Hemolytic-uremic syndrome
D69.3	Immune thrombocytopenic purpura
D69.51	Posttransfusion purpura
D75.1	Secondary polycythemia
D89.1	Cryoglobulinemia
G35	Multiple sclerosis
G36.1	Acute and subacute hemorrhagic leukoencephalitis [Hurst]
G36.8	Other specified acute disseminated demyelination
G36.9	Acute disseminated demyelination, unspecified
G37.4	Subacute necrotizing myelitis of central nervous system
G37.8	Other specified demyelinating diseases of central nervous system
G37.9	Demyelinating disease of central nervous system, unspecified
G61.0	Guillain-Barre syndrome
G61.81	Chronic inflammatory demyelinating polyneuritis
G62.81	Critical illness polyneuropathy
G70.00	Myasthenia gravis without (acute) exacerbation
G70.01	Myasthenia gravis with (acute) exacerbation
M30.1	Polyarteritis with lung involvement [Churg-Strauss]
M31.0	Hypersensitivity angiitis
M31.1	Thrombotic microangiopathy
M31.30	Wegener's granulomatosis without renal involvement
M31.31	Wegener's granulomatosis with renal involvement
N00.6	Acute nephritic syndrome with dense deposit disease
N02.6	Recurrent and persistent hematuria with dense deposit disease
N03.6	Chronic nephritic syndrome with dense deposit disease
N04.6	Nephrotic syndrome with dense deposit disease
N19	Unspecified kidney failure
O14.10	Severe pre-eclampsia, unspecified trimester
O14.12	Severe pre-eclampsia, second trimester
O14.13	Severe pre-eclampsia, third trimester
O14.20	HELLP syndrome (HELLP), unspecified trimester
O14.22	HELLP syndrome (HELLP), second trimester
O14.23	HELLP syndrome (HELLP), third trimester
T86.11	Kidney transplant rejection
T86.21	Heart transplant rejection
T86.31	Heart-lung transplant rejection

Description

Plasma exchange (PE) is a procedure in which the plasma is isolated, then discarded and replaced with a substitution fluid such as albumin. Plasma exchange is a nonspecific therapy, since the entire plasma is discarded. PE has been used in a wide variety of acute and chronic conditions, as well as in the setting of solid organ transplantation.

The terms therapeutic apheresis, plasmapheresis, and plasma exchange (PE) are often used interchangeably but when properly used denote different procedures. The American Society for Apheresis (ASFA) definitions for these procedures is as follows:

- *Apheresis*: A procedure in which blood of the patient or donor is passed through a medical device which separates out one or more components of blood and returns remainder with or without extracorporeal treatment or replacement of the separated component.
- *Plasmapheresis*: A procedure in which blood of a patient or the donor is passed through a medical device which separates out plasma from the other components of blood and the plasma is removed (i.e., less than 15% of total plasma volume) without the use of replacement solution.
- *Plasma exchange*: A therapeutic procedure in which blood of the patient is passed through a medical device which separates out plasma from other components of blood, the plasma is removed and replaced with a replacement solution such as colloid solution (e.g., albumin and/ or plasma) or a combination of crystalloid/colloid solution.

PE is essentially a symptomatic therapy, since it does not remove the source of the pathogenic factors. Therefore the success of PE will depend on whether the pathogenic substances are accessible through the circulation and whether their rate of production and transfer to the plasma component can be adequately addressed by PE.

Applications of PE can be broadly subdivided into two general categories: 1) acute self-limited diseases, in which PE is used to acutely lower the circulating pathogenic substance; and 2) chronic diseases, in which there is ongoing production of pathogenic autoantibodies.

In addition, plasmapheresis has been used as a technique to desensitize high-risk patients prior to transplant and also as a treatment of antibody-mediated rejection reaction (AMR) occurring after transplant.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

Summary

Plasma exchange (PE) is a procedure in which the plasma is isolated, then discarded and replaced with a substitution fluid such as albumin. PE is a nonspecific therapy, because the entire plasma is discarded. PE has been used in a wide variety of acute and chronic conditions, as well as in the setting of solid organ transplantation.

Due to data from published studies and/or clinical support, PE is considered medically necessary for selected conditions. For conditions in which there is a lack of efficacy data and clinical support, PE is considered investigational.

Policy History

Date	Action
10/2017	New references added from BCBSA National medical policy.
10/2015	BCBSA National medical policy review. New investigational indications described. Effective 10/1/2015. NCD/LCD: National Coverage Determination (NCD) for APHERESIS (Therapeutic Pheresis) (110.14) added.
7/2014	BCBSA National medical policy review. Minor changes to bullet points on multiple sclerosis for clarity only.
6/2014	Updated Coding section with ICD10 procedure and diagnosis codes. Effective 10/2015.
4/2014	Clarified coding information.
6/2013	New references from BCBSA National medical policy.
2/2013	BCBSA National medical policy review. Changes to policy statements. Effective 2/4/2013.

11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.
7/2011	Reviewed - Medical Policy Group - Hematology and Oncology. No changes to policy statements.
6/2/2011	BCBSA National medical policy review. Changes to policy statements
4/2011	Reviewed - Medical Policy Group - Cardiology and Pulmonology. No changes to policy statements.
9/2010	Reviewed - Medical Policy Group - Hematology and Oncology. No changes to policy statements.
6/2010	BCBSA National medical policy review. Changes to policy statements,
4/2010	Reviewed - Medical Policy Group - Cardiology and Pulmonology. No changes to policy statements.
9/2009	Reviewed - Medical Policy Group - Hematology and Oncology. No changes to policy statements.
5/2009	BCBSA National medical policy review. No changes to policy statements.
4/2009	Reviewed - Medical Policy Group - Cardiology and Pulmonology. No changes to policy statements.
3/2009	BCSBA National medical policy review. Changes to policy statement.
11/2008	BCSBA National medical policy review. Changes to policy statement.
10/2008	Reviewed - Medical Policy Group - Hematology and Oncology. No changes to policy statements.
5/2008	BCBSA National medical policy review. No changes to policy statements.
4/2008	Reviewed - Medical Policy Group - Cardiology and Pulmonology. No changes to policy statements.
4/2008	BCBSA National medical policy review. Changes to policy statements.
1/2008	Reviewed - Medical Policy Group - Neurology and Neurosurgery. No changes to policy statements.
2/2008	BCBSA National medical policy review. No changes to policy statements.
9/2007	Reviewed - Medical Policy Group - Hematology and Oncology. No changes to policy statements.
4/2007	Reviewed - Medical Policy Group - Cardiology and Pulmonology. No changes to policy statements.
1/2007	Reviewed - Medical Policy Group - Neurology and Neurosurgery. No changes to policy statements.

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

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