BLUE CROSS OF NORTHEASTERN PA "BCNEPA" MEDICAL POLICY BULLETIN	**MANUAL:** MEDICAL POLICY
	REFERENCE NO.: MPO-490-0127
EFFECTIVE DATE January 1, 2014	**SUBJECT:** Plasma Exchange and Apheresis Therapy

Blue Cross of Northeastern Pennsylvania ("BCNEPA") Medical Policy

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical policy and claims payment policy are applied. Policies are provided for informational purposes only and are developed to assist in administering plan benefits and do not constitute medical advice. Treating providers are solely responsible for medical advice and treatment. Policies are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and information are constantly changing and BCNEPA may review and revise its medical policies periodically. Also, due to the rapid pace of changing technology and the advent of new medical procedures, BCNEPA may not have a policy to address every procedure. In those cases, BCNEPA may review other sources of information including, but not limited to, current medical literature and other medical resources, such as Technology Evaluation Center Assessments (TEC) published by the Blue Cross Blue Shield Association. BCNEPA may also consult with health care providers possessing particular expertise in the services at issue.

I. DESCRIPTION:

Plasma is the colorless fluid part of the blood.

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 conditions including the treatment of neurological disease (e.g., Guillain-Barre) and hematological disorders (e.g., thrombotic thrombocytopenic purpura [TTP]).

Apheresis is 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.

II. BENEFIT POLICY STATEMENT:

BCNEPA makes decisions on coverage based on Policy Bulletins, benefit plan documents, and the member's medical history and condition. Benefits may vary based on product line, group or contract, therefore, Member benefits must be verified. In the event of a conflict between the Member's benefit plan document and topics addressed in Medical Policy Bulletins (i.e., specific contract exclusions), the Member's benefit plan document always supersedes the information in the Medical Policy Bulletins. BCNEPA determines medical necessity only if the benefit exists and no contract exclusions are applicable.

Benefits are determined by the terms of the Member's specific benefit plan document [i.e., the Fully Insured policy, the Administrative Services Only (ASO) agreement applicable to the Self-Funded Plan Participant, or the Individual Policy] that is in effect at the time services are rendered.

III. MEDICAL POLICY STATEMENT:

Coverage is subject to the terms, conditions, and limitations of the member's contract.

Apheresis

A. BCNEPA will provide coverage for therapeutic apheresis of white blood cells, red blood cells and platelets as this is considered medically necessary for all indications.

Low-Density Lipid (LDL) Apheresis

B. BCNEPA will provide coverage for Low-Density Lipid (LDL) apheresis when medically necessary.

1. LDL Apheresis may be considered medically necessary:

a) In patients with homozygous familial hypercholesterolemia as an alternative to plasmapheresis.

b) In patients with heterozygous familial hypercholesterolemia who have failed a 6 month trial of diet therapy and maximum tolerated combination drug therapy and who meet the following FDA approved indications (All LDL levels represent the best achievable LDL level after a program of diet and drug therapy):

- Functional hypercholesterolemic heterozygotes with LDL >/= 300 mg/dl.
- Functional hypercholesterolemic heterozygotes with LDL >/= 200 mg/dl and documented coronary artery disease.

C. BCNEPA will not provide coverage for LDL apheresis for the following indications as they are considered investigational and, therefore, not covered because the safety and effectiveness of these services cannot be established by review of the available published peer-reviewed literature:

1. Use in preeclampsia.

2. All other indications not identified above as medically necessary

Plasma Exchange

D. BCNEPA will provide coverage for plasma exchange when medically necessary.

1. Plasma exchange may be considered medically necessary for the following conditions:

a) 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 (CAPS).

b) 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;
- HELLP syndrome of pregnancy;
- myeloma with acute renal failure.

c) Neurological

- acute inflammatory demyelinating polyneuropathy (Guillain-Barre syndrome; severity grade 1-2 within two weeks of onset; severity grade 3-5 within four weeks of onset; and children less than 10 years old with severe GBS;
- chronic inflammatory demyelinating polyradiculoneuropathy (CIDP);
- multiple sclerosis; acute fulminant CNS demyelination;
- myasthenia gravis in crisis or as part of preoperative preparation;
- paraproteinemia polyneuropathy; IgA, IgG.

d) Renal

- Anti-glomerular basement membrane disease (Goodpasture's syndrome);
- ANCA-associated vasculitis (e.g., Wegener's granulomatosis with associated renal failure;
- dense deposit disease with factor H deficiency and/or elevated C3 Nephritic factor.

e) Transplantation

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

E. BCNEPA will not provide coverage for plasma exchange for the following conditions as they are considered investigational and, therefore, not covered because the safety and effectiveness of these services cannot be established by review of the available published peer-reviewed literature:

1. ABO incompatible solid organ transplant; liver;
2. acute disseminated encephalomyelitis;
3. acute inflammatory demyelinating polyneuropathy (Guillain-Barre syndrome) in children less than 10 years old with mild or moderate forms;
4. acute liver failure;
5. amyotropic lateral sclerosis;
6. ANCA-associated rapidly progressive glomerulonephritis (Wegener's granulomatosis);
7. aplastic anemia;
8. asthma;
9. autoimmune hemolytic anemia; warm autoimmune hemolytic anemia; cold agglutinin disease;
10. chronic fatigue syndrome;
11. coagulation factor inhibitors;
12. cryoglobulinemia; except for severe mixed cryoglobulinemia as noted above;
13. dermatomyositis and polymyositis;
14. focal segmental glomerulosclerosis (other than after renal transplant);
15. heart transplant rejection treatment;

16. hemolytic uremic syndrome (HUS); typical (diarrheal-related);

17. idiopathic thrombocytopenic purpura; refractory or non-refractory;

18. inclusion body myositis;

19. Lambert-Eaton myasthenic syndrome;

20. multiple sclerosis; chronic progressive or relapsing remitting;

21. mushroom poisoning;

22. myasthenia gravis with anti-MuSK antibodies;

23. overdose and poisoning (other than mushroom poisoning);

24. paraneoplastic syndromes;

25. paraproteinemia polyneuropathy; IgM;

26. pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS);

27. pemphigus vulgaris;

28. phytanic acid storage disease (Refsum's disease);

29. POEMS (polyneuropathy, organomegaly, endocrinopathy, M protein, skin changes);

30. psoriasis;

31. red cell alloimmunization in pregnancy;

32. rheumatoid arthritis;

33. sepsis;

34. scleroderma (systemic sclerosis);

35. stiff person syndrome;

36. Sydenham's chorea (SC);

37. systemic lupus erythematosus; manifestations other than nephritis; nephritis;

38. thyrotoxicosis;

oo) hyperviscoscity syndromes with renal failure (other than associated with multiple myeloma or Waldenstrom's macroglobulinermia).

pp) All other conditions not identified above as medically necessary.

IV. DEFINITIONS:

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 plasma is removed and replaced with a replacement solution such as colloid solution (e.g., albumin and/ or plasma) or combination of crystalloid/colloid solution.

-PLEASE SEE CODING ON NEXT PAGE-

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BCNEPA CODING

Covered procedure codes are dependent upon meeting criteria of the policy and appropriate diagnosis code.
Benefits are determined by the Member's fully insured policy or the administrative services only agreement applicable to the Self-Funded plan Participant that is in effect at the time services are rendered.

272.0	287.41	358.01	446.6	36513
273.2	289.0	411.1	642.53	36514
273.3	356.9	412	V45.81	36516
282.8	357.0	413.9	V45.82	S2120
283.11	357.81	414.9	36511	
287.30	358.00	446.21	36512	

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