ND | Medical Policies

🖶 Print

Policy Number:	S-11
Policy Name:	Pheresis Therapy
Policy Type:	Medical

Policy Subtype:	Surgery

Effective Date:	09-15-2025

End Date:	11-02-2025

Description

Pheresis is a procedure utilizing specialized equipment to remove selected blood constituents (platelets, red blood cells, white blood cells or plasma) from whole blood and return the remaining constituents to the individual from whom the blood was taken. Different methods of apheresis therapy include pheresis, plasmapheresis, and plasma exchange (PE)

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of processing, regardless of service date; and/or

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

Criteria

Coverage is subject to the specific terms of the member's benefit plan.

Pheresis therapy may be considered medically necessary when performed for ANY of the following indications:

Plasma exchange for:

- Autoimmune conditions:
  - Catastrophic antiphospholipid syndrome (CAPS); or
    - Severe multiple manifestations of mixed cryoglobulinemia (MC) such as cryoglobulinemic nephropathy, skin ulcers, sensory motor neuropathy, and widespread vasculitis in combination with immunosuppressive treatment; or
    - Systemic lupus erythematosus (SLE), life threatening, as a treatment of last resort; or

- Hematologic conditions:
  - ABO incompatible hematopoietic stem cell transplantation; **or**
  - Atypical hemolytic-uremic syndrome; **or**
  - Coagulation factor inhibitors **or**
  - HELLP syndrome of pregnancy (a severe form of preeclampsia, characterized by hemolysis (H), elevated liver enzymes (EL), and low platelet (LP) counts); **or**
  - Hyperviscosity syndromes associated with multiple myeloma, Waldenstrom's hypergammaglobulinemia, **or**
  - Idiopathic thrombocytopenic purpura in emergency situations; **or**
  - Myeloma with acute renal failure; **or**
  - Plasmapheresis in the treatment of pure red cell aplasia unresponsive to steroid and immunosuppressive therapy, **or**
  - Post-transfusion purpura; **or**
  - Thrombotic thrombocytopenic purpura (TTP); **or**
- Neurological conditions:
  - Chronic inflammatory demyelinating polyradiculoneuropathy (CIDP); **or**
  - Guillain-Barré syndrome; **or**
  - Multiple sclerosis (MS); acute fulminant central nervous system (CNS) demyelination; **or**
  - Myasthenia gravis in crisis or as part of preoperative preparation; **or**
  - Neuromyelitis optica (NMO); **or**
  - N-methyl-D-aspartate receptor antibody encephalitis; **or**
  - Paraproteinemia polyneuropathy; IgA, IgG (aka Lamber-Eaton syndrome); **or**
  - Post-infectious pediatric neurological conditions (PANDAS and Sydenham's Chorea); **or**
- Renal conditions:
  - ANCA (antineutrophil cytoplasmic antibody)-associated vasculitis [e.g., Wegener's granulomatosis, also known as granulomatosis with polyangitis (GPA)] with associated renal failure; **or**
  - Anti-glomerular basement membrane disease (Goodpasture's syndrome); **or**
  - Dense deposit disease with factor H deficiency and/or elevated C3 Nephritic factor; **or**
  - IgA nephropathy (Berger's Disease); **or**
- Transplant-related conditions:
  - Focal segmental glomerulosclerosis after renal transplant; **or**
  - Prior to solid organ transplant, treatment of individuals at high risk of antibody-mediated rejection, including highly sensitized individuals, and those receiving an ABO incompatible organ: **or**
  - Heart (infants); **or**
  - Kidney; **or**
- Renal transplantation.
  - antibody mediated rejection; **or**
  - Human leukocyte antigen [HLA] desensitization; **or**
- Apheresis therapy for:
  - Treatment of chronic relapsing polyneuropathy for individuals with severe or life-threatening symptoms who have failed to respond to conventional therapy; **or**
  - Treatment of life-threatening scleroderma and polymyositis, when the individual is unresponsive to conventional therapy; **or**
- Erythrocytapheresis for:
  - Hereditary Hemochromatosis; **or**
  - Polycythemia Vera; **or**
- Leukocytapheresis for:
  - Hyperleukocytosis (symptomatic) such as in chronic myelogenous leukemia (CML); **or**
- Red Blood Cell (RBC) exchange transfusion for:
  - Acute sickle cell disease; **or**

- Non-acute sickle cell disease, stroke prophylaxis, pre-operative, in pregnancy or to reduce pain crises; or
- Pheresis therapy for:
  - Advanced prostate cancer only when used in the development of sipuleucel-T (Provenge); or
  - Atopic dermatitis, recalcitrant; or
  - Cutaneous T-cell lymphoma/mycosis fungoides/Sezary syndrome, Erythrodermic type; or
  - Idiopathic dilated cardiomyopathy; or
  - Pruritis due to hepatobiliary diseases (treatment resistant); or
  - Systemic amyloidosis due to Beta-2 microglobulin; or
  - Toxic epidermal necrolysis (TEN), Refractory; or
  - Voltage-gated potassium channel antibody disease; or
  - Wilson's disease, fulminant Plasmapheresis therapy for the following conditions:
    - Plasmapheresis or plasma exchange in the last resort treatment of life-threatening rheumatoid vasculitis when all other conventional therapies have failed; or
    - Plasmapheresis in the treatment of pure red cell aplasia unresponsive to steroid and immunosuppressive therapy.

Contraindications/Exclusions: The following are **NOT** indications for plasma exchange and will be denied as not medically necessary:

- Amyotrophic lateral sclerosis; or
- Dermatomyositis/polymyositis; or
- Inclusion Body myositis; or
- POEMS syndrome; or
- Rheumatoid arthritis; or
- Schizophrenia.

Pheresis therapy not meeting the criteria as indicated in this policy is considered not medically necessary.

Procedure Codes

36511	36512	36513	36514	36516

Low-Density Lipid (LDL)

LDL apheresis may be considered medically necessary for ALL of the following indications:

- Individuals with homozygous familial hypercholesterolemia as an alternative to plasmapheresis; or
- Individuals with heterozygous familial hypercholesterolemia who have failed a six (6) month trial of diet therapy, and maximum tolerated combination drug therapy (*), and who meet **one of** the following FDA-approved indications:
  - Functional hypercholesterolemic heterozygotes with LDL cholesterol greater than 100 mg/dl without coronary artery disease; or
  - Functional hypercholesterolemic heterozygotes with LDL cholesterol greater than 100 mg/dl and documented coronary artery disease.

* Maximum tolerated drug therapy is defined as a trial of drugs from at least two (2) separate classes of hypolipidemic agents such as PSCK9 inhibitors bile acid sequestrants, HMG-CoA reductase inhibitors, fibric acid derivatives, or Niacin/Nicotinic acids.

LDL not meeting the criteria as indicated in this policy is considered not medically necessary.

Procedure Codes

36516	S2120

Extracorporeal Photopheresis (ECP)

ECP may be considered medically necessary for **ANY** the following indications:

- For treatment of early stage (I or II) cutaneous T-cell lymphoma that is progressive and refractory to established non-systemic therapies; **or**
- For treatment of late-stage (III or IV) cutaneous T-cell lymphoma; **or**
- Individuals with acute cardiac allograft rejection whose disease is refractory to standard immunosuppressive drug treatment; **or**
- Individuals with acute or chronic graft versus host disease whose disease is refractory to standard immunosuppressive drug treatment; **or**
- Prior to lung transplantation for the condition bronchiolitis obliterans syndrome.

ECP not meeting the criteria as indicated in this policy is considered not medically necessary.

A cycle of ECP consists of treatment on two consecutive days, once per month. If there is no response to the treatment within six to eight months, the treatment should be stopped.

Procedure Codes

36522

Diagnosis Codes

Covered Diagnosis Codes for Procedure Codes: 36522

C84.00	C84.10	D57.04	D57.1	D57.214	D57.414	D57.434
D57.454	D57.814	D89.812	D89.813	T86.290	T86.298	Z94.1

Covered Diagnosis Codes for Procedure Codes: 36512, 36513, 36514

C88.00	C90.20	C90.22	C90.30	C90.32	C91.00	C91.01
C91.02	C91.10	C91.11	C91.12	C91.30	C91.31	C91.32
C91.40	C91.42	C91.50	C91.51	C91.52	C91.60	C91.61
C91.62	C91.90	C91.91	C91.92	C91.A0	C91.A1	C91.A2
C91.Z0	C91.Z1	C91.Z2	C92.00	C92.01	C92.02	C92.10

C92.11	C92.12	C92.20	C92.21	C92.22	C92.30	C92.31
C92.32	C92.40	C92.41	C92.42	C92.50	C92.51	C92.52
C92.60	C92.61	C92.62	C92.90	C92.91	C92.92	C92.A0
C92.A1	C92.A2	C92.Z0	C92.Z1	C92.Z2	C93.00	C93.01
C93.02	C93.10	C93.11	C93.12	C93.30	C93.31	C93.32
C93.90	C93.91	C93.92	C93.Z0	C93.Z1	C93.Z2	C94.00
C94.01	C94.02	C94.20	C94.21	C94.22	C94.30	C94.31
C94.32	C94.80	C94.81	C94.82	C95.00	C95.01	C95.02
C95.10	C95.11	C95.12	C95.90	C95.91	C95.92	D45
D58.0	D58.1	D58.2	D58.8	D58.9	D59.30	D59.31
D59.32	D59.39	D60.0	D60.1	D60.8	D60.9	D61.01
D61.09	D61.1	D61.2	D61.3	D61.89	D68.51	D68.52
D68.59	D68.61	D68.62	D69.3	D69.49	D69.59	D75.1
D89.1	D89.2	E78.00	E78.01	E78.41	E78.49	E78.5
E88.09	G35	G36.0	G60.0	G60.1	G60.2	G60.3
G60.8	G60.9	G61.0	G61.81	G61.89	G61.9	G62.2
G62.81	G62.82	G62.89	G62.9	G70.01	K72.10	K72.11
K72.90	K72.91	K76.1	K76.5	K76.89	K77	L29.9

M31.0	M31.30	M31.31	M32.0	M32.10	M32.11	M32.12
M32.13	M32.14	M32.15	M32.19	M32.8	M32.9	M33.20
M33.21	M33.22	M33.29	M34.0	M34.1	M34.2	M34.81
M34.82	M34.83	M34.89	M34.9	N05.0	N05.1	N05.2
N05.3	N05.4	N05.5	N05.6	N05.7	N05.8	N05.9
N06.0	N06.1	N06.3	N06.4	N06.5	N06.6	N06.7
N06.8	N07.0	N07.1	N07.2	N07.3	N07.4	N07.5
N07.6	N07.7	N07.8	N14.0	N14.11	N14.19	N14.2
N14.3	N14.4	N15.0	N15.8	O14.20	T86.11	T86.12
T86.19	T86.290	T86.298				

Covered Diagnosis Codes for Procedure Codes: 36511

C61	C88.00	C88.80	C90.00	C90.02	C90.10	C90.11
C90.12	C90.20	C90.22	C90.30	C90.32	C91.00	C91.01
C91.02	C91.10	C91.11	C91.12	C91.30	C91.31	C91.32
C91.40	C91.42	C91.50	C91.51	C91.52	C91.60	C91.61
C91.62	C91.90	C91.91	C91.92	C91.A0	C91.A1	C91.A2
C91.Z0	C91.Z1	C91.Z2	C92.00	C92.01	C92.02	C92.10
C92.11	C92.12	C92.20	C92.21	C92.22	C92.30	C92.31
C92.32	C92.40	C92.41	C92.42	C92.50	C92.51	C92.52
C92.60	C92.61	C92.62	C92.90	C92.91	C92.92	C92.A0
C92.A1	C92.A2	C92.Z0	C92.Z1	C92.Z2	C93.00	C93.01

C93.02	C93.10	C93.11	C93.12	C93.30	C93.31	C93.32
C93.90	C93.91	C93.92	C93.Z0	C93.Z1	C93.Z2	C94.00
C94.01	C94.02	C94.20	C94.21	C94.22	C94.30	C94.31
C94.32	C94.80	C94.81	C94.82	C95.00	C95.01	C95.02
C95.10	C95.11	C95.12	C95.90	C95.91	C95.92	D45
D57.04	D57.1	D57.214	D57.414	D57.434	D57.454	D57.814
D58.0	D58.1	D58.2	D58.8	D58.9	D59.30	D59.31
D59.32	D59.39	D60.0	D60.1	D60.8	D60.9	D61.01
D61.09	D61.1	D61.2	D61.3	D61.89	D68.51	D68.52
D68.59	D68.61	D68.62	D69.3	D69.49	D69.59	D75.1
D89.1	D89.2	E78.00	E78.01	E78.41	E78.49	E78.5
E88.09	G35	G36.0	G60.0	G60.1	G60.2	G60.3
G60.8	G60.9	G61.0	G61.81	G61.89	G61.9	G62.2
G62.81	G62.82	G62.89	G62.9	G70.01	K72.10	K72.11
K72.90	K72.91	K76.1	K76.5	K76.89	K77	L29.9
M31.0	M31.30	M31.31	M32.0	M32.10	M32.11	M32.12
M32.13	M32.14	M32.15	M32.19	M32.8	M32.9	M33.20
M33.21	M33.22	M33.29	M34.0	M34.1	M34.2	M34.81
M34.82	M34.83	M34.89	M34.9	N05.0	N05.1	N05.2
N05.3	N05.4	N05.5	N05.6	N05.7	N05.8	N05.9
N06.0	N06.1	N06.3	N06.4	N06.5	N06.6	N06.7
N06.8	N07.0	N07.1	N07.2	N07.3	N07.4	N07.5
N07.6	N07.7	N07.8	N14.0	N14.11	N14.19	N14.2
N14.3	N14.4	N15.0	N15.8	O14.20	T86.11	T86.12

T86.19	T86.290	T86.298	

Covered Diagnosis Codes for Procedure Codes: 36516, S2120

D57.04	D57.1	D57.214	D57.414	D57.434	D57.454	D57.814
E78.01						

CURRENT CODING

CPT:

36511	THERAPEUTIC APHERESIS WHITE BLOOD CELLS	Medicaid Expansion
36512	THERAPEUTIC APHERESIS RED BLOOD CELLS	Medicaid Expansion
36513	THERAPEUTIC APHERESIS PLATELETS	Medicaid Expansion
36514	THERAPEUTIC APHERESIS PLASMA PHERESIS	Medicaid Expansion
36516	THER APHERESIS W/EXTRACORPOREAL IMMUNOADSORPTION	Medicaid Expansion
36522	PHOTOPHERESIS EXTRACORPOREAL	Medicaid Expansion
36511	THERAPEUTIC APHERESIS WHITE BLOOD CELLS	Commercial
36512	THERAPEUTIC APHERESIS RED BLOOD CELLS	Commercial
36513	THERAPEUTIC APHERESIS PLATELETS	Commercial
36514	THERAPEUTIC APHERESIS PLASMA PHERESIS	Commercial
36516	THER APHERESIS W/EXTRACORPOREAL IMMUNOADSORPTION	Commercial
36522	PHOTOPHERESIS EXTRACORPOREAL	Commercial

HCPCS:

S2120	Low density lipoprotein(ldl)	Medicaid Expansion
S2120	Low density lipoprotein(ldl)	Commercial

References

S-11

1. Su Y, Chiu W, Hsu C, Chen J, Ng H. Lower in-hospital mortality with plasma exchange than plasmapheresis in a subgroup analysis of 374 lupus patients. *Biomed Res Int.* 2018;1-8.
2. Ranganathan D, John GT. Therapeutic plasma exchange in renal disorders. *Indian J Nephrol.* 2019;29(3):151-159.
3. Harris E, Meiselman H, Moriarty P, et.al. Therapeutic plasma exchange for the treatment of systemic sclerosis: A comprehensive review and analysis. *J Scleroderma Relat Disord.* 2018;3(2):132-152
4. Padmanabhan A, Connelly-Smith L, Aqui N, et al. 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. *J Clin Apher.* 2019;34(3):171-354.
5. National Institute for Health and Care Excellence (NICE). Familial hypercholesterolaemia: Identification and management [CG71]. 2016.
6. Gao C, McCormack C, van der Weyden C, et al. Prolonged survival with the early use of a novel extracorporeal photopheresis regimen in patients with Sezary syndrome. 2019;134(16):1346-1350.
7. National Comprehensive Cancer Network (NCCN). NCCN Clinical practice guidelines in oncology: Primary cutaneous lymphomas. Version 1.2021.
8. Thompson G, Parhofer KG. Current role of lipoprotein apheresis. *Curr Atheroscler Rep.* 2019;21(7):26.
9. Goldberg AC, Dunbar RL, Hemphill L, et al. A retrospective analysis of clinical use of alirocumab in lipoprotein apheresis patients. *J Clin Lipidol.*
10. Banerjee S, Luo P, Reda DJ, et al. Plaque regression and endothelial progenitor cell mobilization with intensive lipid elimination regimen (PREMIER). *Circ Cardiovasc Interv.* 2020;13(8):e008933.

ND Committee Review

Internal Medical Policy Committee 7-22-2020 Annual Review,

- *Updated* wording

Internal Medical Policy Committee 1-19-2021 Annual Review

- *Rearranged* criteria within the policy

Internal Medical Policy Committee 5-20-2021 Revision in criteria,

- **Added** several diagnosis codes, update language.

Internal Medical Policy Committee 9-21-2021 Coding update *Effective October 01, 2021*

- **Removed** diagnosis code M31.1

Internal Medical Policy Committee 7-21-2022 Coding update with minor revisions Effective July 04, 2022

- *Removed* Professional Statements and Societal Positions Guidelines
- *Removed* Diagnosis codes: C84.01; C84.02; C84.03; C84.04; C84.05; C84.06; C84.07; C84.08; C84.09; C84.11; C84.12; C84.13; C84.14; C84.15; C84.16; C84.17; C84.18; C84.19; D89.810; D89.811; E78.1; E78.2; E78.3; E83.110; I20.0; I20.1; I20.8; I20.9; I25.110; I25.111; I25.118; I25.119; I25.2; I25.700; I25.701; I25.708; I25.709; I25.710; I25.711; I25.718; I25.719; I25.720; I25.721; I25.728; I25.729; I25.730; I25.731; I25.738; I25.739; I25.750; I25.751; I25.758; I25.759; I25.760; I25.761; I25.768; I25.769; I25.790; I25.791; I25.798; I25.799; I25.9; J42; O14.22; O14.23; T86.00; T86.01; T86.02; T86.03; T86.09; T86.10; T86.13; T86.20; T86.21; T86.22; T86.23; T86.30; T86.31; T86.32; T86.33; T86.39; T86.90; T86.91; T86.99; Z48.21; Z94.81; Z95.1; Z95.5; and Z98.61
- *Added* Diagnosis codes: O14.20

Internal Medical Policy Committee 9-28-2022 Coding update - *Effective October 01, 2022*

- *Removed* Diagnosis codes D59.3; and N14.1 **and**
- *Added* Diagnosis codes D59.30; D59.31; D59.32; D59.39; N14.11; and N14.19.

Internal Medical Policy Committee *11-15-2023 Coding update* - *Effective October 01, 2023*

- *Added* Diagnosis codes D57.04; D57.214; D57.414; D57.434; D57.454; and D57.814; **and**
- *Removed* Diagnosis code N06.2

Internal Medical Policy Committee 9-17-2024 Coding update - *Effective October 01, 2024*

- *Removed* diagnosis codes C88.0; and C88.8 from procedure code 36511; **and**
- *Removed* diagnosis code C88.0 from procedure codes 36512; 36513; and 36514; **and**
- *Removed* diagnosis code N06.2 from procedure code 36511; **and**
- *Added* diagnosis codes C88.00; and C88.80 to procedure code 36511; **and**
- *Added* diagnosis codes D57.04; D57.214; D57.414; D57.434; D57.454; D57.814; to procedure code 36511; **and**
- *Added* diagnosis code C88.00 to procedure codes 36512, 36513, and 36514; **and**
- *Added* diagnosis codes D57.454; and D57.814 to procedure code 36522; **and**
- *Added* diagnosis codes D57.04; D57.214; D57.414; D57.434; D57.454; D57.814 to procedure codes 36516 and S2120; **and**
- *Added* Policy Application

Disclaimer

Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.