Medical Policy
Plasma Exchange

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Policy Number: 466
BCBSA Reference Number: 8.02.02 (For Plan internal use only)

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
  o Kidney
  o 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,
• Phytic 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 Blue℠ and Medicare PPO Blue℠ 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**.

| Commercial Managed Care (HMO and POS) | Prior authorization is **not required**. |
| Commercial PPO and Indemnity        | 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:

<table>
<thead>
<tr>
<th>CPT Codes</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>36514</td>
<td>Therapeutic apheresis; for plasma pheresis</td>
</tr>
</tbody>
</table>

The following ICD Diagnosis Codes are considered medically necessary when submitted with the CPT code above if medical necessity criteria are met:
### ICD-10 Diagnosis Codes

<table>
<thead>
<tr>
<th>Code Description</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple myeloma not having achieved remission</td>
<td>Multiple myeloma not having achieved remission</td>
</tr>
<tr>
<td>Waldenstrom macroglobulinemia</td>
<td>Waldenstrom macroglobulinemia</td>
</tr>
<tr>
<td>Multiple myeloma in remission</td>
<td>Multiple myeloma in remission</td>
</tr>
<tr>
<td>Multiple myeloma in relapse</td>
<td>Multiple myeloma in relapse</td>
</tr>
<tr>
<td>Hemolytic-uremic syndrome, unspecified</td>
<td>Hemolytic-uremic syndrome, unspecified</td>
</tr>
<tr>
<td>Infection-associated hemolytic-uremic syndrome</td>
<td>Infection-associated hemolytic-uremic syndrome</td>
</tr>
<tr>
<td>Hereditary hemolytic-uremic syndrome</td>
<td>Hereditary hemolytic-uremic syndrome</td>
</tr>
<tr>
<td>Other hemolytic-uremic syndrome</td>
<td>Other hemolytic-uremic syndrome</td>
</tr>
<tr>
<td>Immune thrombocytopenic purpura</td>
<td>Immune thrombocytopenic purpura</td>
</tr>
<tr>
<td>Posttransfusion purpura</td>
<td>Posttransfusion purpura</td>
</tr>
<tr>
<td>Secondary polycythemia</td>
<td>Secondary polycythemia</td>
</tr>
<tr>
<td>Cryoglobulinemia</td>
<td>Cryoglobulinemia</td>
</tr>
<tr>
<td>Multiple sclerosis</td>
<td>Multiple sclerosis</td>
</tr>
<tr>
<td>Acute and subacute hemorrhagic leukoencephalitis [Hurst]</td>
<td>Acute and subacute hemorrhagic leukoencephalitis [Hurst]</td>
</tr>
<tr>
<td>Other specified acute disseminated demyelination</td>
<td>Other specified acute disseminated demyelination</td>
</tr>
<tr>
<td>Acute disseminated demyelination, unspecified</td>
<td>Acute disseminated demyelination, unspecified</td>
</tr>
<tr>
<td>Subacute necrotizing myelitis of central nervous system</td>
<td>Subacute necrotizing myelitis of central nervous system</td>
</tr>
<tr>
<td>Other specified demyelinating diseases of central nervous system</td>
<td>Other specified demyelinating diseases of central nervous system</td>
</tr>
<tr>
<td>Demyelinating disease of central nervous system, unspecified</td>
<td>Demyelinating disease of central nervous system, unspecified</td>
</tr>
<tr>
<td>Guillain-Barre syndrome</td>
<td>Guillain-Barre syndrome</td>
</tr>
<tr>
<td>Chronic inflammatory demyelinating polyneuritis</td>
<td>Chronic inflammatory demyelinating polyneuritis</td>
</tr>
<tr>
<td>Critical illness polyneuropathy</td>
<td>Critical illness polyneuropathy</td>
</tr>
<tr>
<td>Myasthenia gravis without (acute) exacerbation</td>
<td>Myasthenia gravis without (acute) exacerbation</td>
</tr>
<tr>
<td>Myasthenia gravis with (acute) exacerbation</td>
<td>Myasthenia gravis with (acute) exacerbation</td>
</tr>
<tr>
<td>Polyarteritis with lung involvement [Churg-Strauss]</td>
<td>Polyarteritis with lung involvement [Churg-Strauss]</td>
</tr>
<tr>
<td>Hypersensitivity angiitis</td>
<td>Hypersensitivity angiitis</td>
</tr>
<tr>
<td>Thrombotic microangiopathy, unspecified</td>
<td>Thrombotic microangiopathy, unspecified</td>
</tr>
<tr>
<td>Other thrombotic microangiopathy</td>
<td>Other thrombotic microangiopathy</td>
</tr>
<tr>
<td>Wegener's granulomatosis without renal involvement</td>
<td>Wegener's granulomatosis without renal involvement</td>
</tr>
<tr>
<td>Wegener's granulomatosis with renal involvement</td>
<td>Wegener's granulomatosis with renal involvement</td>
</tr>
<tr>
<td>Acute nephritic syndrome with dense deposit disease</td>
<td>Acute nephritic syndrome with dense deposit disease</td>
</tr>
<tr>
<td>Recurrent and persistent hematuria with dense deposit disease</td>
<td>Recurrent and persistent hematuria with dense deposit disease</td>
</tr>
<tr>
<td>Chronic nephritic syndrome with dense deposit disease</td>
<td>Chronic nephritic syndrome with dense deposit disease</td>
</tr>
<tr>
<td>Nephrotic syndrome with dense deposit disease</td>
<td>Nephrotic syndrome with dense deposit disease</td>
</tr>
<tr>
<td>Unspecified kidney failure</td>
<td>Unspecified kidney failure</td>
</tr>
<tr>
<td>Severe pre-eclampsia, unspecified trimester</td>
<td>Severe pre-eclampsia, unspecified trimester</td>
</tr>
<tr>
<td>Severe pre-eclampsia, second trimester</td>
<td>Severe pre-eclampsia, second trimester</td>
</tr>
<tr>
<td>Severe pre-eclampsia, third trimester</td>
<td>Severe pre-eclampsia, third trimester</td>
</tr>
<tr>
<td>HELLP syndrome (HELLP), unspecified trimester</td>
<td>HELLP syndrome (HELLP), unspecified trimester</td>
</tr>
<tr>
<td>HELLP syndrome (HELLP), second trimester</td>
<td>HELLP syndrome (HELLP), second trimester</td>
</tr>
<tr>
<td>HELLP syndrome (HELLP), third trimester</td>
<td>HELLP syndrome (HELLP), third trimester</td>
</tr>
<tr>
<td>Kidney transplant rejection</td>
<td>Kidney transplant rejection</td>
</tr>
<tr>
<td>Heart transplant rejection</td>
<td>Heart transplant rejection</td>
</tr>
<tr>
<td>Heart-lung transplant rejection</td>
<td>Heart-lung transplant rejection</td>
</tr>
</tbody>
</table>
**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**

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/2022</td>
<td>Clarified coding information.</td>
</tr>
<tr>
<td>10/2021</td>
<td>Clarified coding information.</td>
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<tr>
<td>1/2021</td>
<td>Medicare information removed. See MP #132 Medicare Advantage Management for local coverage determination and national coverage determination reference.</td>
</tr>
<tr>
<td>10/2017</td>
<td>Annual policy review. New references added.</td>
</tr>
</tbody>
</table>
NCD/LCD: National Coverage Determination (NCD) for APHERESIS (Therapeutic Pheresis) (110.14) added.

7/2014  Annual 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  Annual policy review. New references added.


6/2011  Annual policy review. Changes to policy statements


6/2010  Annual policy review. Changes to policy statements


5/2009  Annual policy review. No changes to policy statements.


3/2009  Annual policy review. Changes to policy statements

11/2008  Annual policy review. Changes to policy statements


5/2008  Annual policy review. No changes to policy statements.


4/2008  Annual policy review. Changes to policy statements


2/2008  Annual policy review. 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

References


