Extracorporeal Photopheresis

MPM 5.7

Disclaimer

Refer to the member’s specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

This MPM may or may not require Prior Authorization. Log on to Pres Online to verify and/or submit a request: https://ds.phs.org/preslogin/index.jsp

Description

Extracorporeal photopheresis is a medical procedure in which a patient’s white blood cells are exposed first to a drug called 8-methoxypsoralen (8-MOP) and then to ultraviolet A (UVA) light. The procedure starts with the removal of the patient’s blood, which is centrifuged to isolate the white blood cells. The drug is typically administered directly to the white blood cells after they have been removed from the patient (referred to as ex vivo administration); after UVA light exposure, the treated white blood cells are then re-infused into the patient.

The exact mechanism of action of extracorporeal photopheresis is still elusive. The role of UVA is to activate the normally inert 8-MOP. The activated 8-MOP molecules bind with the DNA of the white blood cells, which kills the cells. The dead white blood cells, once re-infused into the patient, stimulate the multiple different cells and proteins of the patient’s immune system in a series of cascading reactions. This activation of the immune system then impacts the medical condition being treated; however, the precise manner in which the medical condition is affected is still largely unknown but is believed to vary by condition. Hence, extracorporeal photopheresis is a procedure that attempts to negatively impact the ability of specific immune cells to function but without inducing a general state of immunosuppression.

For Photodynamic Therapy (PDT), see MPM 16.9.

Coverage Determination

PHP follows the National Coverage Determinations (NCD 110.4)

Extracorporeal photopheresis (also known as extracorporeal photochemotherapy) is approved under the following circumstances:

1. Palliative treatment of skin manifestations of cutaneous T Cell lymphoma (e.g., mycosis fungoides, Sézary syndrome) that has not responded to other therapy.

2. Patients with acute cardiac allograft rejection whose disease is refractory to standard immunosuppressive drug treatment and,
   Patients with chronic graft versus host disease whose
disease is refractory to standard immunosuppressive drug treatment.

3. Treatment of bronchiolitis obliterans syndrome (BOS) following lung allograft transplantation only when extracorporeal photopheresis is provided under a clinical research study that meets the conditions outlined on NCD 110.4.

Approval Signatures:
Clinical Quality Committee: Norman White MD
Medical Director: David Yu MD

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Publication History
03-25-09: Original effective date
02-09-10: Coding update, no changes to coverage policy
08-24-11: Annual Review
01-29-14: Annual Review
09-27-17: Annual Review, Accessed NDC 110.4 on 08-15-17- No policy-related changes are included with these updates.
01-23-19: Annual Review. No policy related changes

Reference

Coding
The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list


<table>
<thead>
<tr>
<th>CPT</th>
<th>Description</th>
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<tbody>
<tr>
<td>36522</td>
<td>Photopheresis, extracorporeal</td>
</tr>
<tr>
<td>38204 thru 38230</td>
<td>Bone marrow or stem cell services and procedures</td>
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Extracorporeal Photopheresis

ICD-10 Diagnosis Codes

<table>
<thead>
<tr>
<th>ICD-10</th>
<th>Description</th>
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<tbody>
<tr>
<td>C84.00 thru C84.09</td>
<td>Mycosis Fungoides (see ICD-10 for descriptors)</td>
</tr>
<tr>
<td>C84.10 thru C84.19</td>
<td>Sézary disease</td>
</tr>
<tr>
<td>D89.810 thru D89.813</td>
<td>Graft-versus-host disease</td>
</tr>
</tbody>
</table>

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. This Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available on the Internet at http://www.phs.org/phs/healthplans/providers/healthservices/Medical/index.htm.