Reimbursement Policy

Apheresis (Therapeutic Pheresis) (NCD 110.14)

<table>
<thead>
<tr>
<th>Policy Number</th>
<th>Approved By</th>
<th>Current Approval Date</th>
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<tbody>
<tr>
<td>110.14</td>
<td>UnitedHealthcare Medicare Reimbursement Policy Committee</td>
<td>08/13/2014</td>
</tr>
</tbody>
</table>

**IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY**

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy. This information is intended to serve only as a general resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee’s benefit coverage documents. Finally, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take
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precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American Medical Association (or such other date of publication of CPT). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to Government use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Current Dental Terminology (CDT), including procedure codes, nomenclature, descriptors, and other data contained therein, is copyright by the American Dental Association, 2002, 2004. All rights reserved. CDT is a registered trademark of the American Dental Association. Applicable FARS/DFARS apply.

Summary

Overview

Apheresis (also known as pheresis or therapeutic pheresis) is a medical procedure utilizing specialized equipment to remove selected blood constituents (plasma, leukocytes, platelets, or cells) from whole blood. The remainder is re-transfused into the person from whom the blood was taken.

Reimbursement Guidelines

For purposes of Medicare coverage, apheresis is defined as an autologous procedure, i.e., blood is taken from the patient, processed, and returned to the patient as part of a continuous procedure (as distinguished from the procedure in which a patient donates blood preoperatively and is transfused with the donated blood at a later date).

Indications and Limitations of Coverage

Indications

Apheresis is covered for the following indications:

- Plasma exchange for acquired myasthenia gravis;
- Leukapheresis in the treatment of leukemia;
- Plasmapheresis in the treatment of primary macroglobulinemia (Waldenstrom);
- Treatment of hyperglobulinemias, including (but not limited to) multiple myelomas, cryoglobulinemia and hyper viscosity syndromes;
- Plasmapheresis or plasma exchange as a last resort treatment of thrombotic thrombocytopenic purpura (TTP);
- Plasmapheresis or plasma exchange in the last resort treatment of life threatening rheumatoid vasculitis;
- Plasma perfusion of charcoal filters for treatment of pruritis of cholestatic liver disease;
- Plasma exchange in the treatment of Goodpasture's Syndrome;
- Plasma exchange in the treatment of glomerulonephritis associated with antiglomerular basement membrane antibodies and advancing renal failure or pulmonary hemorrhage;
- Treatment of chronic relapsing polyneuropathy for patients with severe or life threatening symptoms who have failed to respond to conventional therapy;
- Treatment of life threatening scleroderma and polymyositis when the patient is unresponsive to conventional therapy;
- Treatment of Guillain-Barre Syndrome; and
- Treatment of last resort for life threatening systemic lupus erythematosus (SLE) when conventional therapy has failed to prevent clinical deterioration

Settings

Apheresis is covered only when performed in a hospital setting (either inpatient or outpatient) or in a nonhospital setting, e.g., a physician directed clinic when the following conditions are met:

- A physician (or a number of physicians) is present to perform medical services and to respond to medical
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- Emergencies at all times during patient care hours;
- Each patient is under the care of a physician; and
- All nonphysician services are furnished under the direct, personal supervision of a physician.

### CPT/HCPCS Codes

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<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tr>
<td>36511</td>
<td>Therapeutic apheresis; for white blood cells</td>
</tr>
<tr>
<td>36512</td>
<td>Therapeutic apheresis; for red blood cells</td>
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<tr>
<td>36513</td>
<td>Therapeutic apheresis; for platelets</td>
</tr>
<tr>
<td>36514</td>
<td>Therapeutic apheresis; for plasma pheresis</td>
</tr>
<tr>
<td>36516</td>
<td>Therapeutic apheresis; with extracorporeal selective adsorption or selective filtration and plasma reinfusion</td>
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### ICP/PCS Codes

<table>
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<th>ICP Code</th>
<th>Description</th>
<th>PCS Code</th>
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<td>99.71</td>
<td>Therapeutic plasmapheresis</td>
<td>6A550Z3</td>
<td>Pheresis of Plasma, Single</td>
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<td></td>
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<td>6A551Z3</td>
<td>Pheresis of Plasma, Multiple</td>
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<td>6A550Z1</td>
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<td>Pheresis of Leukocytes, Multiple</td>
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<td>99.74</td>
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<td>6A550ZT</td>
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<td>6A550ZV</td>
<td>Pheresis of Hematopoietic Stem Cells, Single</td>
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### References Included (but not limited to):

**CMS NCD**

NCD 110.14 Apheresis (Therapeutic Pheresis)

**CMS Claims Processing Manual**

Chapter 4; § 231.9 Billing for Pheresis and Apheresis Services

**UnitedHealthcare Medicare Advantage Coverage Summaries**

Blood, Blood Products and Related Procedures and Drugs

**UnitedHealthcare Medical Policies**

Apheresis

**MLN Matters**

Article MM3681, Billing for Blood and Blood Products Under the Hospital Outpatient Prospective Payment System (OPPS)

Article MM3632, MMA - January 2005 Update of the Hospital Outpatient Prospective Payment System (OPPS): Summary of Payment Policy Changes

Article MM4250, January 2006 Update of the Hospital Outpatient Prospective Payment System (OPPS): Summary of Payment Policy Changes and OPPS PRICER Logic Changes
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### Others
Assigned ICD-9-CM Codes for National Coverage Determinations, Palmetto GBA

### History

<table>
<thead>
<tr>
<th>Date</th>
<th>Revisions</th>
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<tbody>
<tr>
<td>08/13/2014</td>
<td>Annual Review for MRP Committee presentation and approval</td>
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<tr>
<td>05/28/2014</td>
<td>Administrative updates</td>
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<td>09/11/2013</td>
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