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, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, 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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Extracorporeal Photopheresis (NCD 110.4)

Summary

Overview

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) but the drug can alternatively be administered directly to the patient before the white blood cells are withdrawn. After UVA light exposure, the treated white blood cells are then re-infused into the patient.

Reimbursement Guidelines

Nationally Covered Indications:
The Centers for Medicare & Medicaid Services has determined that extracorporeal photopheresis is reasonable and necessary under §1862(a)(1)(A) of the Social Security Act (the Act) under the following circumstances:

Effective April 8, 1988, Medicare provides coverage for:

- Palliative treatment of skin manifestations of cutaneous T-cell lymphoma that has not responded to other therapy.

Effective December 19, 2006, Medicare also provides coverage for:

- 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.

Effective April 30, 2012, Medicare also provides coverage for:

- Extracorporeal photopheresis for the treatment of bronchiolitis obliterans syndrome (BOS) following lung allograft transplantation only when extracorporeal photopheresis is provided under a clinical research study that meets the following conditions:

The clinical research study meets the requirements specified below to assess the effect of extracorporeal photopheresis for the treatment of BOS following lung allograft transplantation. The clinical study must address one or more aspects of the following question:

Prospectively, do Medicare beneficiaries who have received lung allografts, developed BOS refractory to standard immunosuppressive therapy, and received ECP, experience improved patient-centered health outcomes as indicated by:

- improved forced expiratory volume in one second (FEV1), or decreased rate of decline of FEV1;
- improved survival after transplant; and/or
- improved quality of life?

The required clinical study must adhere to proper standards of scientific integrity and relevance to the Medicare population.

Any clinical study under which there is coverage of extracorporeal photopheresis for this indication pursuant to
this national coverage determination (NCD) must be approved by April 30, 2014. If there are no approved clinical studies on this date, this NCD will expire and coverage of extracorporeal photopheresis for BOS will revert to the coverage policy in effect prior to the issuance of the final decision memorandum for this NCD.

**Nationally Noncovered Indications:**
All other indications for extracorporeal photopheresis remain noncovered.

### CPT/HCPCS Codes

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### ICP/PCS Codes

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### References Included (but not limited to):

**CMS NCD**
NCD 110.4 Extracorporeal Photopheresis

**CMS Article**

**CMS Claims Processing Manual**
Chapter 32; § 190-190.4 Billing Requirements for Extracorporeal Photopheresis

**CMS Transmittals**
Transmittal 2551, Change Request 7806, Dated 9/24/2012 (Extracorporeal Photopheresis (ICD-10))
Transmittal 1199, Change Request 8197, Dated 3/15/2013 International Classification of Diseases (ICD)-10 Conversion from ICD-9 and Related Code Infrastructure of the Medicare Shared Systems as They Relate to CMS National Coverage Determinations (NCDs)

**UnitedHealthcare Medicare Advantage Coverage Summaries**
Extracorporeal Photopheresis

**UnitedHealthcare Reimbursement Policies**
Apheresis

**UnitedHealthcare Medical Policies**
Apheresis

**Others**
Decision Memo for Extracorporeal Photopheresis (ECP) (CAG-00324R2)
National Institutes of Health Clinical Trials for Extracorporeal Photopheresis

### History

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<tr>
<td>09/08/2014</td>
<td>Removed all GA/GY modifier language from document</td>
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<tr>
<td>04/09/2014</td>
<td>• Annual Review for MRP Committee presentation and approval</td>
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