

Extracorporeal Photopheresis

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Related Medicare Advantage Policy Guideline
• Extracorporeal Photopheresis (NCD 110.4)

Coverage Guidelines

Extracorporeal photopheresis (also known as extracorporeal photochemotherapy) is covered when Medicare criteria are met.

Extracorporeal Photopheresis

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administration) but the drug can alternatively be administered directly to the patient before the white blood cells are withdrawn.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. Extracorporeal photopheresis is covered for the following:

- Palliative treatment of skin manifestations of CTCL (cutaneous T-cell lymphoma) that has not responded to other therapy (effective April 8, 1988)
- Patients with acute cardiac allograft rejection whose disease is refractory to standard immunosuppressive drug treatment (effective December 19, 2006); and
- Patients with chronic graft versus host disease whose disease is refractory to standard immunosuppressive drug treatment (effective December 19, 2006).

Refer to the [NCD for Extracorporeal Photopheresis \(110.4\)](#). (Accessed May 5, 2021)

Treatment of Bronchiolitis Obliterans Syndrome (BOS)

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 that meets the criteria.

Refer to the following:

- The [NCD for Extracorporeal Photopheresis \(110.4\)](#).
- The list of Medicare approved clinical trials is available at <http://www.cms.gov/Medicare/Coverage/Coverage-with-Evidence-Development/ECP.html>.
- For payment rules for National Coverage Determinations (NCDs) requiring CED; refer to the Coverage Summary titled [Experimental Procedures and Items, Investigational Devices and Clinical Trials](#).

(Accessed May 5, 2021)

Non-Covered Indications

Extracorporeal photopheresis is not covered for the treatment of bullous pemphigoid and pemphigus vulgaris and all other indications unless specified above.

Refer to the [NCD for Extracorporeal Photopheresis \(110.4\)](#). (Accessed May 5, 2021)

Policy History/Revision Information

Date	Summary of Changes
05/18/2021	<p>Coverage Guidelines</p> <p><i>Extracorporeal Photopheresis</i></p> <ul style="list-style-type: none">Added reference link to the National Coverage Determination (NCD) for <i>Extracorporeal Photopheresis (110.4)</i> <p><i>Treatment of Bronchiolitis Obliterans Syndrome (BOS)</i></p> <ul style="list-style-type: none">Added reference link to the NCD for <i>Extracorporeal Photopheresis (110.4)</i>Removed reference link to the Centers for Medicare & Medicaid Services (CMS) transmittals for Extracorporeal Photopheresis:<ul style="list-style-type: none"><i>Transmittal 2551 (Change Request 7806)</i><i>Transmittal 3050 (Change Request 8808)</i> <p>Non-Covered Indications</p> <ul style="list-style-type: none">Removed content/language addressing extracorporeal processing systems <p>Supporting Information</p> <ul style="list-style-type: none">Archived previous policy version MCS034.01

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The benefit information in this Coverage Summary is based on existing national coverage policy; however, Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)).

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