



Payer Coverage of Therapeutic Apheresis

This fact sheet:

- Provides an overview of Medicare's national coverage determination (NCD) for therapeutic apheresis.
- Explains how Medicare coverage is determined in situations outside the scope of the NCD.
- Discusses how coverage policies of other payers may vary.

Medicare Apheresis NCD

Medicare has a longstanding NCD that lists the covered indications for therapeutic apheresis (see below).¹

Covered Indications Listed in the Medicare NCD for Apheresis (NCD #110.14):

- 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 hyperviscosity 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
- Treatment of last resort for life threatening systemic lupus erythematosus (SLE) when conventional therapy has failed to prevent clinical deterioration

The apheresis NCD has not been updated since 1992, which means the list of covered indications does not reflect current clinical practice. For example, the most recent version of the American Society for Apheresis (ASFA) guidelines for therapeutic apheresis (published in April 2023) addresses 166 indications,² whereas only 13 covered indications are listed in the Medicare NCD. This discrepancy sometimes results in confusion regarding whether Medicare will cover indications beyond those listed in the national policy. The NCD does allow for coverage of additional indications, but such decisions are left to the discretion of the local Medicare Administrative Contractors (MACs).

Local Contractor Discretion

The local MACs are required to cover therapeutic apheresis when used for one of the covered indications listed in the NCD (assuming all other requirements in the NCD are met), and are allowed to use their discretion when making coverage decisions for conditions not addressed in the national policy. Therefore, Medicare coverage of therapeutic apheresis is not limited to the indications listed in the NCD. Since coverage decisions for additional indications are made at the local level and may vary by contractor, providers should contact their local MAC to inquire about the possibility of coverage for therapeutic apheresis in a specific situation.

Other Payers

The coverage policies of other payers may vary (sometimes significantly) from those of Medicare. For example, three of the largest commercial payers in the U.S. — UnitedHealthcare,³ Aetna⁴ and Cigna⁵ — have policies for apheresis that were updated in 2023 and list more than twice as many covered indications than the Medicare NCD. In addition, payers other than traditional Medicare may approve coverage in advance through a prior authorization or precertification process, which could help to reduce uncertainty around coverage decisions. It is always a good idea to check with individual payers to determine applicable coverage policies and requirements related to prior approval.

Additional Resources

The NCD for therapeutic apheresis (NCD #110.14) and all other Medicare NCDs can be found at: cms.gov/medicare-coverage-database/reports/national-coverage-ncd-report.aspx?chapter=all&sortBy=title.

Note: Medicare has a separate NCD for extracorporeal photopheresis (NCD #110.4).

This fact sheet focuses specifically on coverage, which is only one component of reimbursement. ASFA provides a detailed guide that address all aspects of reimbursement for therapeutic apheresis, including coding and payment. The ASFA Reimbursement Guide is available at: apheresis.org/page/ApheresisReimbursement.

AABB is providing this fact sheet as a supplement to its Billing Guide for Blood Products and Related Services, which has been newly updated for 2023. The AABB Billing Guide contains a wealth of information on reimbursement for blood products, transfusion procedures, and patient-specific laboratory services performed on blood units. To download the latest version of the Billing Guide, go to: aabb.org/BillingGuide.



2023 ASFA
apheresis
guidelines:

166
indications

Medicare
apheresis NCD:

13
indications

References

1. Centers for Medicare and Medicaid Services. NCD for apheresis (therapeutic pheresis) (110.14). Baltimore, MD: CMS. [Available at: <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=82&ncdver=1&chapter=all&sortBy=title&bc=18> (accessed October 5, 2023).]
2. Connelly-Smith L, Alquist CR, Aqui NA, et al. Guidelines on the use of therapeutic apheresis in clinical practice — evidence-based approach from the Writing Committee of the American Society for Apheresis: the ninth special issue. *J Clin Apher.* 2023; 38(2): 77-278. [Available at: <https://onlinelibrary.wiley.com/doi/10.1002/jca.22043> (accessed October 5, 2023).]
3. UnitedHealthcare commercial and individual exchange medical policy: Apheresis. Policy Number: 2023T0136FF. Effective Date: October 1, 2023. Minnetonka, MN: UnitedHealthcare. [Available at: <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/comm-medical-drug/apheresis.pdf> (accessed October 5, 2023).]
4. Aetna clinical policy bulletin: Plasmapheresis/plasma exchange/therapeutic apheresis. Number: 0285. Last review: 05/05/2023. Hartford, CT: Aetna. [Available at: https://www.aetna.com/cpb/medical/data/200_299/0285.html (accessed October 5, 2023).]
5. Cigna medical coverage policy: Plasmapheresis. Coverage policy number: 0153. Effective date: 6/15/2023. Bloomfield, CT: Cigna. [Available at: https://static.cigna.com/assets/chcp/pdf/coveragePolicies/medical/mm_0153_coveragepositioncriteria_plasmapheresis.pdf (accessed October 5, 2023).]