INSTRUCTIONS FOR USE

This Policy Guideline is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates for health care services submitted on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450), or their electronic comparative. The information presented in this Policy Guideline is believed to be accurate and current as of the date of publication.

This Policy Guideline provides assistance in administering health benefits. All reviewers must first identify member eligibility, any federal or state regulatory requirements, Centers for Medicare and Medicaid Services (CMS) policy, the member specific benefit plan coverage, and individual provider contracts prior to use of this Policy Guideline. When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document may differ greatly from the standard benefit plan upon which this Policy Guideline is based. In the event of a conflict, the member specific benefit plan document supersedes this Policy Guideline. Other Policies and Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

UnitedHealthcare follows Medicare coverage guidelines and regularly updates its Medicare Advantage Policy Guidelines to comply with changes in CMS policy. UnitedHealthcare encourages physicians and other healthcare professionals to keep current with any CMS policy changes and/or billing requirements by referring to the CMS or your local carrier website regularly. Physicians and other healthcare professionals can sign up for regular distributions for policy or regulatory changes directly from CMS and/or your local carrier. This Policy Guideline is provided for informational purposes. It does not constitute medical advice.

POLICY 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administration) but the drug can alternatively be administered directly to the patient before the white blood cells are withdrawn.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.

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:

- Medicare provides coverage for: Palliative treatment of skin manifestations of cutaneous T-cell lymphoma that has not responded to other therapy.
- 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.
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 extracorporeal photopheresis, experience improved patient-centered health outcomes as indicated by:
        • Improved forced expiratory volume in one second (FEV1);
        • Improved survival after transplant; and/or,
        • Improved quality of life?

The required clinical study must adhere to the following standards of scientific integrity and relevance to the Medicare population:
  • The principal purpose of the research study is to test whether extracorporeal photopheresis potentially improves the participants’ health outcomes.
  • The research study is well supported by available scientific and medical information or it is intended to clarify or establish the health outcomes of interventions already in common clinical use.
  • The research study does not unjustifiably duplicate existing studies.
  • The research study design is appropriate to answer the research question being asked in the study.
  • The research study is sponsored by an organization or individual capable of successfully executing the proposed study.
  • The research study is in compliance with all applicable Federal regulations concerning the protection of human subjects found at 45 CFR Part 46. If a study is regulated by the Food and Drug Administration (FDA), it must also be in compliance with 21 CFR parts 50 and 56.
  • All aspects of the research study are conducted according to appropriate standards of scientific integrity (see http://www.icmje.org).
  • The research study has a written protocol that clearly addresses, or incorporates by reference, the standards listed here as Medicare requirements for coverage with evidence development.
  • The clinical research study is not designed to exclusively test toxicity or disease pathophysiology in healthy individuals. Trials of all medical technologies measuring therapeutic outcomes as one of the objectives meet this standard only if the disease or condition being studied is life threatening as defined in 21 CFR § 312.81(a) and the patient has no other viable treatment options.
  • The clinical research study is registered on the ClinicalTrials.gov website by the principal sponsor/investigator prior to the enrollment of the first study subject.
  • The research study protocol specifies the method and timing of public release of all prespecified outcomes to be measured including release of outcomes if outcomes are negative or study is terminated early. The results must be made public within 24 months of the end of data collection. If a report is planned to be published in a peer-reviewed journal, then that initial release may be an abstract that meets the requirements of the International Committee of Medical Journal Editors (http://www.icmje.org).
  • The research study protocol must explicitly discuss subpopulations affected by the treatment under investigation, particularly traditionally underrepresented groups in clinical studies, how the inclusion and exclusion criteria effect enrollment of these populations, and a plan for the retention and reporting of said populations on the trial. If the inclusion and exclusion criteria are expected to have a negative effect on the recruitment or retention of underrepresented populations, the protocol must discuss why these criteria are necessary.
  • The research study protocol explicitly discusses how the results are or are not expected to be generalizable to the Medicare population to infer whether Medicare patients may benefit from the intervention. Separate discussions in the protocol may be necessary for populations eligible for Medicare due to age, disability or Medicaid eligibility.

Consistent with section 1142 of the Act, the Agency for Healthcare Research and Quality supports clinical research studies that CMS determines meet the above-listed standards and address the above-listed research questions.

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 Non-Covered Indications**
All other indications for extracorporeal photopheresis not otherwise indicated above as covered remain non-covered.
APPLICABLE CODES

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Coding Clarification: CMS, as part of the national coverage determination (NCD) may determine coverage of an item or service only in the context of a clinical study. The clinical trial identifier number is required for all items/services provided in relation to participation in a clinical trial, clinical study, or registry that may result from coverage with evidence development (CED). Specifically, include the clinical trial identifier number if:

- The beneficiary is enrolled in an approved clinical trial; and
- The claim is for the investigational item or service, and/or,
- The costs are related to the investigational item or service, and/or
- The costs are related to routine care for the condition in the clinical trial.

See the related MLN Matters.

### CPT Code

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>36522</td>
<td>Photopheresis, extracorporeal</td>
</tr>
</tbody>
</table>

_CPT® is a registered trademark of the American Medical Association_

### CED Modifier

<table>
<thead>
<tr>
<th>CED Modifier</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CED Only</td>
<td></td>
</tr>
<tr>
<td>Q0</td>
<td>Investigational clinical service provided in a clinical research study that is in an approved clinical research study</td>
</tr>
<tr>
<td>Q1</td>
<td>Routine clinical service provided in a clinical research study that is in an approved clinical research study</td>
</tr>
</tbody>
</table>

### Condition Code

<table>
<thead>
<tr>
<th>Condition Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CED Only</td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Qualifying clinical trial</td>
</tr>
</tbody>
</table>

### ICD-10 Diagnosis Codes

NCD 110.4 ICD-10
Dx Coding.xls

<table>
<thead>
<tr>
<th>ICD-10 Procedure Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>6A650ZZ</td>
<td>Phototherapy, circulatory, single</td>
</tr>
<tr>
<td>6A651ZZ</td>
<td>Phototherapy, circulatory, multiple</td>
</tr>
</tbody>
</table>

### QUESTIONS AND ANSWERS

1. **Q:** Have you verified the CPT/HCPCS code(s) on your claim may have limited coverage under CED (Coverage with Evidence Development)?

   **A:**
   - If no, clinical trial number, modifier Q0 or Q1 and diagnosis code Z00.6 should not be submitted.
   - If yes, the three requirements listed above are required. Claims without the required information will be denied.

### REFERENCES

**CMS National Coverage Determinations (NCDs)**

NCD 110.4 Extracorporeal Photopheresis
Reference NCD: NCD 310.1 Routine Costs in Clinical Trials
CMS Articles

<table>
<thead>
<tr>
<th>Article</th>
<th>Medicare Part B</th>
</tr>
</thead>
<tbody>
<tr>
<td>A53579 (NCD Extracorporeal Photopheresis Billing/Coding Guidelines) Palmetto</td>
<td>NC, SC, VA, W.VA</td>
</tr>
<tr>
<td>Retired 07/31/2015</td>
<td></td>
</tr>
</tbody>
</table>

CMS Claims Processing Manual

Chapter 32; § 190 Billing Requirements for Extracorporeal Photopheresis

CMS Transmittals

Transmittal 1792, Change Request 9861, Dated 02/03/2017 (ICD-10 Coding Revisions to National Coverage Determination (NCDs))

Transmittal 3050, Change Request 8808, Dated 08/22/2014 (Extracorporeal Photopheresis)

MLN Matters

Article MM8808, New Manual Correction for Extracorporeal Photopheresis

UnitedHealthcare Commercial Policies

Apheresis

Others

CED: Extracorporeal Photopheresis for Bronchiolitis Obliterans Syndrome Following Lung Transplant, CMS Website

Decision Memo for Extracorporeal Photopheresis (ECP) (CAG-00324R2), CMS Website

National Institutes of Health Clinical Trials for Extracorporeal Photopheresis, clinicaltrials.gov

GUIDELINE HISTORY/REVISION INFORMATION

<table>
<thead>
<tr>
<th>Date</th>
<th>Action/Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/12/2017</td>
<td>Annual review</td>
</tr>
</tbody>
</table>