

Extracorporeal Photopheresis (Photochemotherapy)

Also known as	<ul style="list-style-type: none">Extracorporeal photochemotherapy (ECP)Photochemotherapy						
Description	Photochemotherapy, or extracorporeal photopheresis, separates the white blood cells from the other components of the blood stream. The white cells are then treated outside the body with a photoreactive chemical. The mixture is then exposed to ultraviolet-A light, which activates the drug. Following treatment, the light sensitized cells are reinfused into the bloodstream.						
See also	<p>Similar, related, or easily confused documents.</p> <ul style="list-style-type: none">OncoSorb Therapy (UltraPheresis) for Non-Hematologic Cancer - Procedure involves removing blood from the patient, separating undesirable components and then re-infusing the remaining components back into the patient.Therapeutic Apheresis (TA) - Plasmapheresis, Plasma Exchange - Procedure consists of removal of blood, separation of blood cells from the liquid portion of the blood (plasma). The blood cells are returned to the body’s circulation after mixing with fresh plasma or a suitable plasma substitute.						
Table of Contents	<p>The following topics are included in this document:</p> <ul style="list-style-type: none">CommercialGovernment ProgramsIndividual and Family Business (IFB)						
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>8.10.24</td><td>Refreshed due to age.</td></tr><tr><td>8.10.24</td><td>Moved PUVA note from <i>Description</i> to each product.</td></tr></table>	Date	Description	8.10.24	Refreshed due to age.	8.10.24	Moved PUVA note from <i>Description</i> to each product.
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Commercial

Introduction	<p>This section applies to all Commercial members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).</p>				
Dean (DHP, Prevea360)	<p>Medical Policy, <i>Extracorporeal Photophoresis (Photochemotherapy) (MP9558)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Covered indications are listed under <i>Coverage Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If eligible, quote surgical benefits. Include physician, hospital, and anesthesia benefits.• Clinic POS: Also quote office visit benefits when done in the clinic.• For investigative indications, not covered.• Photochemotherapy (PUVA Therapy): This is a different procedure. See Photochemotherapy (PUVA Therapy).				
Mayo Medical Plan (MMP)	<p>Medica’s Coverage Policy, <i>Extracorporeal Photophoresis (Photochemotherapy)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If eligible, quote surgical benefits. Include physician, hospital, and anesthesia benefits.• Clinic POS: Also quote office visit benefits when done in the clinic.• For investigative indications, not covered.• Photochemotherapy (PUVA Therapy): This is a different procedure. See Photochemotherapy (PUVA Therapy).				
Medica (including MHPS)	<p>Medica’s Coverage Policy, <i>Extracorporeal Photophoresis (Photochemotherapy)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If eligible, quote surgical benefits. Include physician, hospital, and anesthesia benefits.• Clinic POS: Also quote office visit benefits when done in the clinic.• For investigative indications, not covered.• Photochemotherapy (PUVA Therapy): This is a different procedure. See Photochemotherapy (PUVA Therapy).				
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p>Medicaid only groups:</p> <ul style="list-style-type: none">• See Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">• Quote outpatient surgical or inpatient hospital benefits.• Photochemotherapy (PUVA Therapy): This is a different procedure. See Photochemotherapy (PUVA Therapy).• Follows Medicare guidelines.• Medicare is the primary payer.• If no Medicare eligibility, Medicaid applies. See Medicaid below.
AccessAbility Enhanced (I-SNBC), DUAL (MSHO)	<p>Medica’s Coverage Policy, <i>Extracorporeal Photophoresis (Photochemotherapy)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If eligible, quote outpatient surgery or inpatient hospital benefits.• For investigative indications, not covered.• Photochemotherapy (PUVA Therapy): This is a different procedure. See Photochemotherapy (PUVA Therapy).• Medica is the only payer.
Cost (Prime)	<p>Check for an LCD or NCD. If one does not exist, Medica’s Coverage Policy, <i>Extracorporeal Photophoresis (Photochemotherapy)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If eligible, quote outpatient surgery or inpatient hospital benefits.• For investigative indications, not covered.• Photochemotherapy (PUVA Therapy): This is a different procedure. See Photochemotherapy (PUVA Therapy).• Follows Medicare guidelines.
Med Advantage	<p>Medica’s Coverage Policy, <i>Extracorporeal Photophoresis (Photochemotherapy)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If eligible, quote outpatient surgery or inpatient hospital benefits.• For investigative indications, not covered.• Photochemotherapy (PUVA Therapy): This is a different procedure. See Photochemotherapy (PUVA Therapy).• Follows Medicare guidelines.• Medica is the only payer.
Med Supp (Select, Signature)	<p>Quote outpatient surgical or inpatient hospital benefits.</p> <ul style="list-style-type: none">• Photochemotherapy (PUVA Therapy): This is a different procedure. See Photochemotherapy (PUVA Therapy).• Follows Medicare guidelines.• Medicare supplement.• Medicare is the primary payer.
Medicaid	<p>Medica’s Coverage Policy, <i>Extracorporeal Photophoresis (Photochemotherapy)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If eligible, quote surgical benefits. Include physician, hospital, and anesthesia benefits.• For investigative indications, not covered.• Photochemotherapy (PUVA Therapy): This is a different procedure. See Photochemotherapy (PUVA Therapy).

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Government Programs, Continued

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Individual and Family Business (IFB)

Introduction	<p>This section applies to all Individual and Family Business (IFB) members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP), Medica (formerly WellFirst), and Prevea360) or Medica.</p>				
Dean (DHP, Medica formerly WellFirst, Prevea360)	<p>Medical Policy, <i>Extracorporeal Photophoresis (Photochemotherapy) (MP9558)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">Covered indications are listed under <i>Coverage Criteria</i>.<ul style="list-style-type: none">Important: Check policy for limits or exclusions.If eligible, quote surgical benefits. Include physician, hospital, and anesthesia benefits.Clinic POS: Also quote office visit benefits when done in the clinic.For investigative indications, not covered.Photochemotherapy (PUVA Therapy): This is a different procedure. See Photochemotherapy (PUVA Therapy).				
Medica	<p>Medica’s Coverage Policy, <i>Extracorporeal Photophoresis (Photochemotherapy)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">Important: Check policy for limits or exclusions.If eligible, quote surgical benefits. Include physician, hospital, and anesthesia benefits.Clinic POS: Also quote office visit benefits when done in the clinic.For investigative indications, not covered.Photochemotherapy (PUVA Therapy): This is a different procedure. See Photochemotherapy (PUVA Therapy).				
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