

Local Coverage Article: Therapeutic Apheresis for Familial Hypercholesterolemia (A54543)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
Noridian Healthcare Solutions, LLC	A and B MAC	01111 - MAC A	J - E	California - Entire State
Noridian Healthcare Solutions, LLC	A and B MAC	01112 - MAC B	J - E	California - Northern
Noridian Healthcare Solutions, LLC	A and B MAC	01182 - MAC B	J - E	California - Southern American Samoa
Noridian Healthcare Solutions, LLC	A and B MAC	01211 - MAC A	J - E	Guam Hawaii Northern Mariana Islands American Samoa
Noridian Healthcare Solutions, LLC	A and B MAC	01212 - MAC B	J - E	Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01311 - MAC A	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01312 - MAC B	J - E	Nevada American Samoa California - Entire State
Noridian Healthcare Solutions, LLC	A and B MAC	01911 - MAC A	J - E	Guam Hawaii Nevada Northern Mariana Islands

[Back to Top](#)

Article Information

General Information

Article ID A54543	Original Article Effective Date 10/01/2015
Article Title Therapeutic Apheresis for Familial Hypercholesterolemia	Revision Effective Date 04/12/2018
AMA CPT / ADA CDT / AHA NUBC Copyright Statement CPT only copyright 2002-2018 American Medical Association. All Rights Reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.	Revision Ending Date N/A
	Retirement Date N/A

The Code on Dental Procedures and Nomenclature (Code) is published in Current Dental Terminology (CDT). Copyright © American Dental Association. All rights reserved. CDT and CDT-2016 are trademarks of the American Dental Association.

UB-04 Manual. OFFICIAL UB-04 DATA SPECIFICATIONS MANUAL, 2014, is copyrighted by American Hospital Association ("AHA"), Chicago, Illinois. No portion of OFFICIAL UB-04 MANUAL may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without prior express, written consent of AHA." Health Forum reserves the right to change the copyright notice from time to time upon written notice to Company.

Article Guidance

Article Text:

National Coverage Determination (NCD) for Apheresis Therapeutic Pheresis (110.14) allows Medicare Administrative Contractor coverage discretion in the use of therapeutic apheresis in the treatment of refractory familial hypercholesterolemia.

Note: CMS Medicare Learning Network (MLN) (MM) 4250 does not apply to or restrict this use.

Noridian covers plasma apheresis for the treatment of familial hypercholesterolemia that is resistant to appropriate lifestyle changes combined with maximal use of statin agents with or without the use of ezetimibe in:

1. Functional homozygotes with an LDL cholesterol greater than 500mg/dl;
2. Functional heterozygotes with no known cardiovascular disease but a LDL cholesterol greater than 300mg/dl;
3. Functional heterozygotes with known cardiovascular disease and a LDL cholesterol greater than 200mg/dl;
4. Familial hypercholesterolemia in pregnancy when the physician feels usual therapy is inadequate to assure uteroplacental perfusion.

All such claims are subject to either pre- or post-pay review by Noridian or any of the authorized Medicare auditors. The need for this procedure must be clearly documented in the medical records for each visit including which pharmacologic agents are/have been used and what lifestyle changes have been made and, if a beneficiary was intolerant of statins, the actual findings and symptoms reported. Be sure that the clinical notes are properly signed by the treating provider and dated for the date of service.

[Back to Top](#)

Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply equally to all claims.

N/A

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the article, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the article should be assumed to

apply equally to all Revenue Codes.

N/A

CPT/HCPCS Codes
Group 1 Paragraph: N/A

Group 1 Codes:

Group 1 CPT/HCPCS Code	Group 1 CPT/HCPCS Code Description
36516	THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL IMMUNOADSORPTION, SELECTIVE ADSORPTION OR SELECTIVE FILTRATION AND PLASMA REINFUSION

ICD-10 Codes that are Covered
Group 1 Paragraph: N/A

Group 1 Codes:

ICD-10 Codes that are covered Information Table

Code	Description
E78.00	Pure hypercholesterolemia, unspecified
E78.01	Familial hypercholesterolemia

ICD-10 Codes that are Not Covered N/A

[Back to Top](#)

[Revision History Information](#)

Revision History Date	Revision History Number	Revision History Explanation
04/12/2018	R3	This article effective 4/12/2018, combines JEA A54542 in JEB A54543 so that both JEA and JEB Contract numbers will have the same final Medicare Coverage Database Article number A54543.
10/01/2016	R2	The article is revised to add new and deleted codes effective 10/1/2016. Added E78.00 and E78.01 and deleted E78.0. Noridian has updated the article on Apheresis for Hyperlipidemia to reflect the correct CPT® code for the procedure. The correct CPT® code is 36516 when apheresis is utilized for the treatment of refractory hyperlipidemia. All other aspects of the article remain the same.
10/01/2015	R1	Noridian will accept the incorrect CPT® code (36514) that was originally listed until October 1, 2015.

[Back to Top](#) **Related Local Coverage Document(s)** N/A

Related National Coverage Document(s) N/A

Statutory Requirements URL(s) N/A

Rules and Regulations URL(s) N/A

CMS Manual Explanations URL(s) N/A

Other URL(s) N/A

Public Version(s) Updated on 04/02/2018 with effective dates 04/12/2018 - N/A [Updated on 09/30/2016 with effective dates 10/01/2016 - N/A](#) Some older versions have been archived. Please visit [MCD Archive Site](#) to retrieve them. [Back to Top](#)

[Keywords](#)

- apheresis
- therapeutic
- hypercholesterolemia
- Apheresis Therapeutic Pheresis
- 110.14
-

Read the [Article Disclaimer](#) [Back to Top](#)