

Coverage of any medical intervention discussed in a Medica medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and applicable state and/or federal laws.

Extracorporeal Photophoresis (Photochemotherapy)

MP9558

Covered Service: Yes

**Prior Authorization
Required:** No

**Additional
Information:** See [Therapeutic Apheresis: Plasmapheresis, Plasma Exchange MP9627](#) for additional information.

Medica Medical Policy:

- 1.0 Extracorporeal Photophoresis **does not require** prior authorization and is considered medically necessary for **ANY** of the following:
 - 1.1 Erythrodermic, cutaneous T-cell lymphoma (e.g. mycosis fungoides, Sézary syndrome)
 - 1.2 Chronic or acute graft-versus-host disease (GVHD)
 - 1.3 Heart transplantation allograft rejection
 - 1.4 Heart transplantation rejection prophylaxis
 - 1.5 Lung transplantation allograft rejection (bronchiolitis obliterans)
- 2.0 Extracorporeal Photophoresis is considered experimental and investigational and therefore not medically necessary for all other indications, including but not limited to:
 - 2.1 Non-erythrodermic, cutaneous T-cell lymphoma
 - 2.2 Transplantation (other than heart or lung), (e.g., liver; kidney)
 - 2.3 Pemphigus vulgaris
 - 2.4 Scleroderma/progressive systemic sclerosis
 - 2.5 Nephrogenic systemic fibrosis
 - 2.6 Crohn's disease
 - 2.7 Psoriasis
 - 2.8 Atopic (neuro-) dermatitis (atopic eczema), recalcitrant
 - 2.9 Dermatomyositis/polymyositis



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