MEDICAID CODING GUIDELINE
EFFECTIVE: 4-1-02

PLASMAPHERESIS

CPT CODE:

36514 Therapeutic apheresis; plasma pheresis

COVERED DIAGNOSIS:

204.00-204.91	Lymphoid leukemia
205.00-205.91	Myeloid leukemia
206.00-206.91	Monocytic leukemia
207.00-207.91	Other specified leukemia
208.00-208.91	Leukemia of unspecified cell type
273.1	Monoclonal paraproteinemia
273.2	Other paraproteinemias
273.3	Macroglobulinemia
283.11	Hemolytic-uremic syndrome
356.4	Idiopathic progressive polyneuropathy
357.0	Acute infective polyneuritis
357.8	Other polyneuropathy
358.0	Myasthenia gravis
446.21	Goodpasture's Syndrome
446.6	Thrombotic microangiopathy (TTP)
576.8	Other specified disorders of biliary tract
710.0	Systemic lupus erythematosus
710.1	Systemic sclerosis
710.4	Polymyositis
714.2	Other rheumatoid arthritis with visceral or systemic involvement

Per Kathy @ Medicare/Fall/2001
Revised: 1-15-03

SP/2-4-02