

Photodynamic Therapy (NCD 80.2)

Guideline Number: MPG245.06
Approval Date: June 10, 2020

[➔ Terms and Conditions](#)

Table of Contents	Page
Policy Summary	1
Applicable Codes	1
References	2
Guideline History/Revision Information	2
Purpose	3
Terms and Conditions	3

Related Medicare Advantage Policy Guidelines
<ul style="list-style-type: none"> Ocular Photodynamic Therapy (OPT) (NCD 80.2.1) Photosensitive Drugs (NCD 80.3) Verteporfin (NCD 80.3.1)
Related Medicare Advantage Coverage Summary
<ul style="list-style-type: none"> Vision Services, Therapy and Rehabilitation

Policy Summary

[➔ See Purpose](#)

Overview

Photodynamic therapy is a medical procedure which involves the infusion of a photosensitive (light-activated) drug with a very specific absorption peak. This drug is chemically designed to have a unique affinity for the diseased tissue intended for treatment. Once introduced to the body, the drug accumulates and is retained in diseased tissue to a greater degree than in normal tissue. Infusion is followed by the targeted irradiation of this tissue with a non-thermal laser, calibrated to emit light at a wavelength that corresponds to the drug's absorption peak. The drug then becomes active and locally treats the diseased tissue.

Guidelines

Ocular Photodynamic Therapy (OPT) is used in the treatment of ophthalmologic diseases. OPT is only covered when used in conjunction with verteporfin.

Classic Subfoveal Choroidal Neovascular (CNV) Lesions-OPT is covered with a diagnosis of neovascular age-related macular degeneration (AMD) with predominately classic subfoveal choroidal neovascular (CNV) lesions (where the area of classic CNV occupies ≥50% of the area of the entire lesion) at the initial visit as determined by a fluorescein angiogram (FA). Subsequent follow-up visits will require either an optical coherence tomography or an FA to assess treatment response. There are no requirements regarding visual acuity, lesion size, and number of re-treatments.

Occult Subfoveal CNV Lesions-OPT is non-covered for patients with a diagnosis of AMD with occult and no classic CNV lesions.

Other Conditions-Use of OPT with verteporfin for other types of AMD (e.g., patients with minimally classic CNV lesions, atrophic, or dry AMD) is non-covered. OPT with verteporfin for other ocular indications such as pathologic myopia or presumed ocular histoplasmosis syndrome, is eligible for coverage through individual contractor discretion.

Applicable Codes

The following list(s) of procedure and/or diagnosis 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.

Note: See the Medicare Advantage Policy Guidelines titled [Ocular Photodynamic Therapy \(OPT\) \(NCD 80.2.1\)](#), [Photosensitive Drugs \(NCD 80.3\)](#) and [Verteporfin \(NCD 80.3.1\)](#) for complete coding and coverage guidelines.

CPT Code	Description
67221	Destruction of localized lesion of choroid (e.g., choroidal neovascularization); photodynamic therapy (includes intravenous infusion)
67225	Destruction of localized lesion of choroid (e.g., choroidal neovascularization); photodynamic therapy, second eye, at single session (List separately in addition to code for primary eye treatment)

CPT® is a registered trademark of the American Medical Association

Modifier	Description
RT	Right side (used to identify procedures perform on the right side of the body)
LT	Left side (used to identify procedures performed on the left side of the body)
50	Bilateral Procedure

References

CMS National Coverage Determinations (NCDs)

[NCD 80.2 Photodynamic Therapy](#)

Reference NCDs: [NCD 80.2.1 Ocular Photodynamic Therapy \(OPT\)](#), [NCD 80.3 Photosensitive Drugs](#), [NCD 80.3.1 Verteporfin](#)

CMS Benefit Policy Manual

[Chapter 15; § 30.4 Optometrist's Services](#)

CMS Claims Processing Manual

[Chapter 32; § 300-300.3 Billing Requirements for Ocular Photodynamic Therapy \(OPT\) with Verteporfin](#)

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	<p>Template Update</p> <ul style="list-style-type: none"> Reformatted policy; transferred content to new template
06/10/2010	<p>Applicable Codes</p> <ul style="list-style-type: none"> Added reference link to the UnitedHealthcare Medicare Advantage Guideline titled <i>Ocular Photodynamic Therapy (OPT) (NCD 80.2.1)</i> Removed CPT code 92235 <p>Definitions</p> <ul style="list-style-type: none"> Removed definition of: <ul style="list-style-type: none"> Age-Related Macular Degeneration (AMD) Classic Subfoveal Choroidal Neovascular (CNV) Lesions Occult Subfoveal Choroidal Neovascular (CNV) Lesions <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information Archived previous policy version MPG245.05

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

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 member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

Medicare Advantage Policy Guidelines are the property of UnitedHealthcare. Unauthorized copying, use, and distribution of this information are strictly prohibited.

*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).