PHOTODYNAMIC THERAPY (OPT) (NCD 80.2)

Guideline Number: MPG245.03  Approval Date: June 14, 2017

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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.

**CPT® is a registered trademark of the American Medical Association.

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.

Related Medicare Advantage Coverage Summary

- Vision Services, Therapy and Rehabilitation

Related Medicare Advantage Policy Guidelines

- Ocular Photodynamic Therapy (OPT) (NCD 80.2.1)
- Photosensitive Drugs (NCD 80.3)
- Verteporfin (NCD 80.3.1)
UnitedHealthcare follows Medicare guidelines such as LCDs, NCDs, 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.

POLICY SUMMARY

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 a FA to access 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 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.

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<tr>
<th>CPT Code</th>
<th>Description</th>
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<tr>
<td>67221</td>
<td>Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy (includes intravenous infusion)</td>
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<td>67225</td>
<td>Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye, at single session (List separately in addition to code for primary eye treatment)</td>
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<td>92235</td>
<td>Fluorescein angiography (includes multiframe imaging) with interpretation and report [Please reference Medicare Advantage Policy Guidelines titled Ocular Photodynamic Therapy (OPT) (NCD 80.2.1), Photosensitive Drugs (NCD 80.3), and Verteporfin (NCD 80.3.1)]</td>
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<td>J3396</td>
<td>Injection, verteporfin, 0.1 mg [Please reference Medicare Advantage Policy Guidelines titled Photosensitive Drugs (NCD 80.3) and Verteporfin (NCD 80.3.1)]</td>
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<td>RT</td>
<td>Right side (used to identify procedures perform on the right side of the body)</td>
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<td>LT</td>
<td>Left side (used to identify procedures performed on the left side of the body)</td>
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Photodynamic Therapy (OPT) (NCD 80.2)

UnitedHealthcare Medicare Advantage Policy Guideline

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Approved 06/14/2017

Modifier | Description
---|---
50 | Bilateral Procedure

ICD-10 Procedure Code | Description
---|---
085E3ZZ | Destruction of right retina, percutaneous approach
085F3ZZ | Destruction of left retina, percutaneous approach

**DEFINITIONS**

**Age-Related Macular Degeneration (AMD):** A medical condition which usually affects older adults and results in a loss of vision in the center of the visual field (the macula) because of damage to the retina. It occurs in "dry" and "wet" forms. It is a major cause of blindness and visual impairment in older adults (>50 years). Macular degeneration can make it difficult or impossible to read or recognize faces, although enough peripheral vision remains to allow other activities of daily life.

**Classic Subfoveal Choroidal Neovascular (CNV) Lesions:** In classic CNV there is a very rapid leakage of blood and fluid under the retina, causing the surface of the retina to become elevated and uneven. The leakage may even break through some of the layers of the retinal tissue, damaging the retina and leaving blind spots in vision.

**Occult Subfoveal Choroidal Neovascular (CNV) Lesions:** The blood vessels with this type are "hidden" beneath the fovea and are not readily defined. This type involves a slower blood leak under the retina. Because it is more gradual and there is less fluid, the retina does not become as elevated and uneven as it does with classic CNV. The vision loss with this type is slower. The vast majority of wet cases are mainly occult or a mix of occult and classic.

**REFERENCES**

**CMS National Coverage Determinations (NCDs)**

NCD 80.2 Photodynamic Therapy (OPT)

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

**CMS Local Coverage Determinations (LCDs)**

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<th>LCD</th>
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<td>L3394 (Drugs And Biologicals, Coverage Of, For Label And Off-Label Uses) NGS</td>
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<td>L34741 (Drugs And Biologicals (Non-Chemotherapy)) WPS</td>
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<td>L33705 (Ocular Photodynamic Therapy (Opt) With Verteporfin) First Coast</td>
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<td>L33997 (Fluorescein Angiography) First Coast</td>
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<td>L34426 (Ophthalmic Angiography (Fluorescein And Indocyanine Green)) Palmetto</td>
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## CMS Articles

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<td>A54754 (Fluorescein angiography revision to the LCD) First Coast</td>
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<td>A55348 (2017 ICD-10-CM Coding Changes Part A) First Coast</td>
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## CMS Benefit Policy Manual

Chapter 15; § 50-50.4 Drugs and Biologicals

## CMS Claims Processing Manual

Chapter 17; § 10 Payment Rules for Drugs and Biologicals

## CMS Transmittals

Transmittal 155, Change Request 8292, Dated 06/14/2013 (Ocular Photodynamic Therapy (OPT) with Verteporfin for Macular Degeneration)

Transmittal 2728, Change Request 8292, Dated 06/14/2013 (Ocular Photodynamic Therapy (OPT) with Verteporfin for Macular Degeneration)

## MLN Matters

Article MM3191, Ocular Photodynamic Therapy (OPT) with Verteporfin for Age-Related Macular Degeneration (AMD)

Article MM8292, Ocular Photodynamic Therapy (OPT) with Verteporfin for Macular Degeneration

## 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.

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<td>Updated policy template:</td>
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<td></td>
<td>o Removed and replaced Instructions for Use; added Terms and Conditions and Purpose language</td>
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<td>o Updated Guideline History/Revision Information; added disclaimer language to indicate 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</td>
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<td>06/14/2017</td>
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