

# Photosensitive Drugs (NCD 80.3)

Guideline Number: MPG246.06  
Approval Date: June 10, 2020

[↪ Terms and Conditions](#)

Table of Contents	Page
<a href="#">Policy Summary</a> .....	1
<a href="#">Applicable Codes</a> .....	1
<a href="#">References</a> .....	2
<a href="#">Guideline History/Revision Information</a> .....	2
<a href="#">Purpose</a> .....	3
<a href="#">Terms and Conditions</a> .....	3

Related Medicare Advantage Policy Guidelines
<ul style="list-style-type: none"> <li>• <a href="#">Ocular Photodynamic Therapy (OPT) (NCD 80.2.1)</a></li> <li>• <a href="#">Photodynamic Therapy (NCD 80.2)</a></li> <li>• <a href="#">Verteporfin (NCD 80.3.1)</a></li> </ul>
Related Medicare Advantage Coverage Summary
<ul style="list-style-type: none"> <li>• <a href="#">Vision Services, Therapy and Rehabilitation</a></li> </ul>

## Policy Summary

[↪ See Purpose](#)

### Overview

Photosensitive drugs are the light-sensitive agents used in photodynamic therapy. Once introduced into the body, these drugs selectively identify and adhere to diseased tissue. The drugs remain inactive until they are exposed to a specific wavelength of light, by means of a laser, that corresponds to their absorption peak. The activation of a photosensitive drug results in a photochemical reaction which treats the diseased tissue without affecting surrounding normal tissue.

### Guidelines

Verteporfin, a benzoporphyrin derivative, is an intravenous lipophilic photosensitive drug with an absorption peak of 690 nm. This drug was first approved by the Food and Drug Administration on April 12, 2000, and subsequently, approved for inclusion in the United States Pharmacopoeia on July 18, 2000, meeting Medicare’s definition of a drug when used in conjunction with ocular photodynamic therapy (OPT) (see NCD 80.2, "Photodynamic Therapy") when furnished intravenously incident to a physician's service. For patients with age-related macular degeneration (AMD), verteporfin is only covered with a diagnosis of neovascular 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 (OCT) or an FA to assess treatment response. OPT with verteporfin is covered for the above indication and will remain non-covered for all other indications related to AMD (see NCD 80.2). OPT with verteporfin for use in non-AMD conditions 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 [Photodynamic Therapy \(NCD 80.2\)](#), [Ocular Photodynamic Therapy \(OPT\) \(NCD 80.2.1\)](#), and [Verteporfin \(NCD 80.3.1\)](#) for complete coding and coverage guidelines

HCPSC Code	Description
J3396	Injection, verteporfin, 0.1 mg

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 80.3 Photosensitive Drugs](#)

Reference NCDs: [NCD 80.2 Photodynamic Therapy](#), [NCD 80.2.1 Ocular Photodynamic Therapy \(OPT\)](#), [NCD 80.3.1 Verteporfin](#)

### CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
L34741 Drugs and Biologics (Non-chemotherapy) Retired 06/10/2019	N/A	WPS	AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY	IA, IN, KS, MI, MO, NE

### 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](#)

[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	<b>Template Update</b> <ul style="list-style-type: none"> <li>Reformatted policy; transferred content to new template</li> </ul>
06/10/2020	<b>Definitions</b> <ul style="list-style-type: none"> <li>Removed definition of “Fluorescein Angiogram”</li> </ul> <b>Supporting Information</b> <ul style="list-style-type: none"> <li>Archived previous policy version MPG246.05</li> </ul>

## 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](#).