

BLUE CROSS OF NORTHEASTERN PA "BCNEPA" MEDICAL POLICY BULLETIN	MANUAL: MEDICAL POLICY
	REFERENCE NO.: MPO-490-0131
EFFECTIVE DATE June 1, 2014	SUBJECT: Photodynamic Therapy

Blue Cross of Northeastern Pennsylvania ("BCNEPA") Medical Policy

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical policy and claims payment policy are applied. Policies are provided for informational purposes only and are developed to assist in administering plan benefits and do not constitute medical advice. Treating providers are solely responsible for medical advice and treatment. Policies are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and information are constantly changing and BCNEPA may review and revise its medical policies periodically. Also, due to the rapid pace of changing technology and the advent of new medical procedures, BCNEPA may not have a policy to address every procedure. In those cases, BCNEPA may review other sources of information including, but not limited to, current medical literature and other medical resources, such as Technology Evaluation Center Assessments (TEC) published by the Blue Cross Blue Shield Association. BCNEPA may also consult with health care providers possessing particular expertise in the services at issue.

I. DESCRIPTION:

Photodynamic therapy (PDT) is a form of treatment which uses a combination of a photoactive drug and light from a laser source to treat diseased tissue and cells.

II. BENEFIT POLICY STATEMENT:

BCNEPA makes decisions on coverage based on Policy Bulletins, benefit plan documents, and the member's medical history and condition. Benefits may vary based on product line, group or contract, therefore, Member benefits must be verified. In the event of a conflict between the Member's benefit plan document and topics addressed in Medical Policy Bulletins (i.e., specific contract exclusions), the Member's benefit plan document always supersedes the information in the Medical Policy Bulletins. BCNEPA determines medical necessity only if the benefit exists and no contract exclusions are applicable.

Benefits are determined by the terms of the Member's specific benefit plan document [i.e., the Fully Insured policy, the Administrative Services Only (ASO) agreement applicable to the Self-Funded Plan Participant, or the Individual Policy] that is in effect at the time services are rendered.

III. MEDICAL POLICY STATEMENT:

Coverage is subject to the terms, conditions, and limitations of the member's contract.

Dermatologic Applications of Photodynamic Therapy

- A. BCNEPA will provide coverage for photodynamic therapy for dermatologic applications when medically necessary.

1. Photodynamic therapy may be considered medically necessary as a treatment of:
 - a) Non-hyperkeratotic actinic keratoses of the face and scalp.
 - b) Superficial basal cell skin cancer only when surgery and radiation are contraindicated.
 - c) Bowen's disease (squamous cell carcinoma in situ) only when surgery and radiation are contraindicated.
2. Photodynamic therapy is considered investigational for other dermatologic applications, including, but not limited to, acne vulgaris, non-superficial basal cell carcinomas, hidradenitis suppurativa, or mycoses.
3. Photodynamic therapy as a technique of skin rejuvenation, hair removal, or other cosmetic indications is considered not medically necessary.

Oncologic Applications of Photodynamic Therapy, Including Barrett's Esophagus

- B. BCNEPA will provide coverage for oncologic applications of photodynamic therapy (PDT) when medically necessary.
 1. One or more courses of photodynamic therapy may be considered medically necessary for the following oncologic applications:
 - a) Palliative treatment of obstructing esophageal cancer
 - b) Palliative treatment of obstructing endobronchial lesions
 - c) Treatment of early-stage non-small cell lung cancer in patients who are ineligible for surgery and radiation therapy
 - d) Treatment of high-grade dysplasia in Barrett's esophagus
- C. BCNEPA will not provide coverage for oncologic applications of photodynamic therapy for the following indications as they are considered investigational and, therefore, not covered because the safety and effectiveness of these services cannot be established by review of the available published peer-reviewed literature:
 1. Other malignancies and Barrett's esophagus without associated high-grade dysplasia.
 2. All other indications not identified above as medically necessary.

IV. DEFINITIONS:

Age-Related Macular Degeneration (AMD): a major cause of blindness in the elderly. AMD can be categorized as "dry" referring to an atrophic non-exudative subtype, or "wet" characterized by exudative choroidal neovascularization.

Visudyne (verteporfin): according to FDA labeling, this drug is indicated for the treatment of age-related macular degeneration in patients with predominantly classic subfoveal choroidal neovascularization.

Palliative: relieving or soothing the symptoms of a disease or disorder without affecting a cure.

Pathologic Myopia: is an abnormal elongation of the eye associated with severe nearsightedness. It generally occurs among people over 30 years of age and can result in a progressive, severe loss of vision, frequently related to the development of CNV (choroidal neovascularization).

Photofrin (porfimer solution): this drug is used for palliative treatment for patients with completely obstructive esophageal cancer or for those with partially obstructive esophageal cancer who cannot be satisfactorily treated with Nd: YAG laser therapy.

-PLEASE SEE CODING ON NEXT PAGE-

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BCNEPA CODING

Covered procedure codes are dependent upon meeting criteria of the policy and appropriate diagnosis code.

Benefits are determined by the Member's fully insured policy or the administrative services only agreement applicable to the Self-Funded plan Participant that is in effect at the time services are rendered.

PROCEDURE CODES

96567 96570 96571 J7308 J7309 J9600

ICD-9 DIAGNOSIS CODES

115.92	150.8	162.9	232.2	232.9
150.0	150.9	197.0	232.3	360.21
150.1	162.2	197.8	232.4	362.50
150.2	162.3	230.1	232.5	362.52
150.3	162.4	231.2	232.6	702.0
150.4	162.5	232.0	232.7	
150.5	162.8	232.1	232.8	

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ICD-10 DIAGNOSIS CODES INFORMATIONAL ONLY

B39.9	C34.2	C78.02	D04.21	D04.8
C15.3	C34.30	C78.80	D04.22	D04.9
C15.4	C34.31	C78.89	D04.30	H32
C15.5	C34.32	D00.1	D04.39	H35.30
C15.8	C34.80	D02.20	D04.4	H35.32
C15.9	C34.81	D02.21	D04.5	H44.20
C34.00	C34.82	D02.22	D04.60	H44.21
C34.01	C34.90	D04.0	D04.61	H44.22
C34.02	C34.91	D04.10	D04.62	H44.23
C34.10	C34.92	D04.11	D04.70	L57.0
C34.11	C78.00	D04.12	D04.71	
C34.12	C78.01	D04.20	D04.72	

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