

# Ocular Photodynamic Therapy (OPT) (NCD 80.2.1)

<b>Policy Number</b>	80.2.1	<b>Approved By</b>	UnitedHealthcare Medicare Reimbursement Policy Committee	<b>Current Approval Date</b>	06/25/2014
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## IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies 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.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy. This information is intended to serve only as a general resource regarding UnitedHealthcare's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee's benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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## Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its

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electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American Medical Association (or such other date of publication of CPT). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to Government use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Current Dental Terminology (CDT), including procedure codes, nomenclature, descriptors, and other data contained therein, is copyright by the American Dental Association, 2002, 2004. All rights reserved. CDT is a registered trademark of the American Dental Association. Applicable FARS/DFARS apply.

### Summary

#### Overview

Ocular Photodynamic Therapy (OPT) is used in the treatment of ophthalmologic diseases; specifically, for age-related macular degeneration (AMD), a common eye disease among the elderly. OPT involves the infusion of an intravenous photosensitizing drug called verteporfin followed by exposure to a laser. OPT is only covered when used in conjunction with verteporfin. Effective July 1, 2001, OPT with verteporfin was approved for a diagnosis of neovascular AMD with predominately classic subfoveal choroidal neovascularization (CNV) lesions (where the area of classic CNV occupies  $\geq 50\%$  of the area of the entire lesion) at the initial visit as determined by a fluorescein angiogram (FA).

On October 17, 2001, the Centers for Medicare & Medicaid Services (CMS) announced its intent to cover OPT with verteporfin for AMD patients with occult and no classic subfoveal CNV as determined by an FA. The October 17, 2001, decision was never implemented.

On March 28, 2002, after thorough review and reconsideration of the October 17, 2001, intent to cover policy, CMS determined that the current non-coverage policy for OPT with verteporfin for AMD patients with occult and no classic subfoveal CNV as determined by an FA should remain in effect.

Effective August 20, 2002, CMS issued a non-coverage instruction for OPT with verteporfin for AMD patients with occult and no classic subfoveal CNV as determined by an FA.

#### Reimbursement Guidelines

##### Covered Indications

Effective April 1, 2004, OPT with verteporfin continues to be approved for a diagnosis of neovascular AMD with predominately classic subfoveal CNV lesions (where the area of classic CNV occupies  $\geq 50\%$  of the area of the entire lesion) at the initial visit as determined by an FA. (CNV lesions are comprised of classic and/or occult components.) *Subsequent follow-up visits require either an optical coherence tomography (OCT) (effective April 3, 2013) or a FA to assess treatment response.* There are no requirements regarding visual acuity, lesion size, and number of re-treatments when treating predominantly classic lesions.

In addition, after thorough review and reconsideration of the August 20, 2002, non-coverage policy, CMS determined that the evidence is adequate to conclude that OPT with verteporfin is reasonable and necessary for treating:

1. Subfoveal occult with no classic CNV associated with AMD; and,
2. Subfoveal minimally classic CNV (where the area of classic CNV occupies  $< 50\%$  of the area of the entire lesion) associated with AMD.

The above 2 indications are considered reasonable and necessary only when:

1. The lesions are small (4 disk areas or less in size) at the time of initial treatment or within the 3 months prior to initial treatment; and,
2. The lesions have shown evidence of progression within the 3 months prior to initial treatment. Evidence of progression must be documented by deterioration of visual acuity (at least 5 letters on a standard eye

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examination chart), lesion growth (an increase in at least 1 disk area), or the appearance of blood associated with the lesion.

### Noncovered Indications

Other uses of OPT with verteporfin to treat AMD not already addressed will continue to be non-covered. These include, but are not limited to, the following AMD indications:

- Juxtafoveal or extrafoveal CNV lesions (lesions outside the fovea),
- Inability to obtain a fluorescein angiogram,
- Atrophic or "dry" AMD.

### Other

The OPT with verteporfin for other ocular indications, such as pathologic myopia or presumed ocular histoplasmosis syndrome, continue to be eligible for local coverage determinations through individual contractor discretion.

### CPT/HCPCS Codes

Code	Description
67221	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy (includes intravenous infusion)
67225	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)
92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve <b>(Please reference Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI) Reimbursement Policy)</b>
92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina <b>(Please reference Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI) Reimbursement Policy)</b>
92235	Fluorescein angiography (includes multiframe imaging) with interpretation and report <b>(Please reference NCDs 80.2/80.2.1/80.3/80.3.1)</b>
J3396	Injection, verteporfin, 0.1 mg <b>(Please reference NCDs 80.3/80.3.1)</b>

### Modifiers

Code	Description
RT	Right side (used to identify procedures performed 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 Included (but not limited to):

#### CMS NCD(s)

NCD 80.2.1 Ocular Photodynamic Therapy (OPT)

Reference NCDs: NCD 80.2 Photodynamic Therapy (OPT), NCD 80.3 Photosensitive Drugs, NCD 80.3.1 Verteporfin

#### CMS LCD(s)

Numerous LCDs

#### CMS Article(s)

Numerous articles

#### 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

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Verteporfin for Macular Degeneration)

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

### **UnitedHealthcare Medicare Advantage Coverage Summaries**

Vision Services, Therapy and Rehabilitation

### **UnitedHealthcare Reimbursement Policies**

Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI)

### **MLN Matters**

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

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

### **History**

Date	Revisions
06/25/2014	Administrative updates
06/24/2013	Administrative updates
06/12/2013	MRPC approved