blue of california

Medical Policy

Photodynamic Therapy for Cancer	
Type: Medical Necessity and Investigational / Experimental	**Policy Specific Section:** Surgery
Original Policy Date: October 1, 2010	**Effective Date:** October 1, 2010

Definitions of Decision Determinations

Medically Necessary: A treatment, procedure or drug is medically necessary only when it has been established as safe and effective for the particular symptoms or diagnosis, is not investigational or experimental, is not being provided primarily for the convenience of the patient or the provider, and is provided at the most appropriate level to treat the condition.

Investigational/Experimental: A treatment, procedure or drug is investigational when it has not been recognized as safe and effective for use in treating the particular condition in accordance with generally accepted professional medical standards. This includes services where approval by the federal or state governmental is required prior to use, but has not yet been granted.

Split Evaluation: Blue Shield policy review can result in a Split Evaluation, where a treatment, procedure or drug will be considered to be investigational for certain indications or conditions, but will be deemed safe and effective for other indications or conditions, and therefore potentially medically necessary in those instances.

Description

Photodynamic therapy (PDT), also called phototherapy, photoradiation therapy, photosensitizing therapy, or photochemotherapy, is an ablative treatment consisting of administration of a photosensitizing agent and subsequent exposure of tumor cells to a light source of a specific wavelength to induce cellular damage.

Photodynamic therapy has been investigated for use in a wide variety of tumors, including esophageal cancer, cholangiocarcinoma, prostate, bladder, lung, breast, brain (where it is administered intraoperatively), skin, and head and neck cancers. Barrett's esophagus has also been treated with photodynamic therapy.

This policy only addresses the non-dermatologic application of PDT.

Policy

Photodynamic therapy is considered **medically necessary** for the treatment of **any** of the following oncologic indications:

- Palliative treatment for obstructing esophageal cancer
- Palliative treatment for obstructing endobronchial lesions
- Treatment of early-stage non-small cell lung cancer in patients who are ineligible for surgery or radiation therapy
- Treatment of high-grade dysplasia in Barrett's esophagus

Photodynamic therapy is considered **investigational** for the treatment of all other malignancies including, but not limited to, Barrett's esophagus without associated high-grade dysplasia.

Policy Guideline

Photodynamic therapy with Photofrin® may be repeated up to three sessions.

Internal Information

There is an MD Determination Form for this Medical Policy. It can be found on the following Web page:
http://myworkpath.com/healthcareservices/MedicalOperations/PSR_Determination_Pages.htm

Documentation Required for Clinical Review
• History and physical including: previous treatment plan and response Post Service • Procedure report(s)

The materials provided to you are guidelines used by this plan to authorize, modify, or deny care for persons with similar illness or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under your contract. These Policies are subject to change as new information becomes available

Click here to view the appendix for this policy

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