

Photodynamic Therapy (OPT) (NCD 80.2)

Policy Number	80.2	Approved By	UnitedHealthcare Medicare Reimbursement Policy Committee	Current Approval Date	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 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

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.

Reimbursement 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.

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)

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92133	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; optic nerve (Please reference Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI) Reimbursement Policy)
92134	Scanning computerized ophthalmic diagnostic imaging, posterior segment, with interpretation and report, unilateral or bilateral; retina (Please reference Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI) Reimbursement Policy)
92235	Fluorescein angiography (includes multiframe imaging) with interpretation and report (Please reference NCDs 80.2/80.2.1/80.3/80.3.1)
J3396	Injection, verteporfin, 0.1 mg (Please reference NCDs 80.3/80.3.1)

Modifiers

Code	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

ICP/PCS Codes

ICP Code	Description	PCS Code	Description
14.24	Destruction of chorioretinal lesion by laser photocoagulation	085E3ZZ	Destruction of Right Retina, Percutaneous Approach
		085F3ZZ	Destruction of Left Retina, Percutaneous Approach
14.25	Destruction of chorioretinal lesion by photocoagulation of unspecified type	085E3ZZ	Destruction of Right Retina, Percutaneous Approach
		085F3ZZ	Destruction of Left Retina, Percutaneous Approach
14.29	Other destruction of chorioretinal lesion	085E3ZZ	Destruction of Right Retina, Percutaneous Approach
		085F3ZZ	Destruction of Left Retina, Percutaneous Approach
		08BE3ZZ	Excision of Right Retina, Percutaneous Approach
		08BF3ZZ	Excision of Left Retina, Percutaneous Approach

References Included (but not limited to):

CMS NCD(s)

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 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

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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)

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
07/13/2013	Administrative updates
06/24/2013	Added new updated MLN Matters Article for expanded coverage of CPT/HCPCS Codes
06/12/2013	Administrative updates