

Photosensitive Drugs (NCD 80.3)

Policy Number	80.3	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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Table of Contents

Application	1
Summary	2
Overview	2
Reimbursement Guidelines	2
CPT/HCPCS Codes	2
Modifiers	3
References Included (but not limited to):	3
CMS NCD(s)	3
CMS LCD(s)	3
CMS Article(s)	3
CMS Benefit Policy Manual	3
CMS Claims Processing Manual	3
CMS Transmittals	3
UnitedHealthcare Medicare Advantage Coverage Summaries	3
UnitedHealthcare Reimbursement Policies	3
MLN Matters	3
History	3

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

Photosensitive Drugs (NCD 80.3)

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

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.

Reimbursement 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 a 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.

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 (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)

Photosensitive Drugs (NCD 80.3)

J3396	Injection, verteporfin, 0.1 mg (Please reference NCDs 80.3/80.3.1)
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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

References Included (but not limited to):

CMS NCD(s)

NCD 80.3 Photosensitive Drugs

Reference NCDs: NCD 80.2 Photodynamic Therapy (OPT), NCD 80.2.1 Ocular Photodynamic Therapy (OPT), 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 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
06/12/2013	Administrative updates; revisit in July