blue of california

Medical Policy

Suprachoroidal Delivery of Pharmacologic Agents	
Type: Investigational / Experimental	**Policy Specific Section:** Surgery
Original Policy Date: April 1, 2011	**Effective Date:** May 2, 2014

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 of California / Blue Shield of California Life & Health Insurance Company (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

Many ocular diseases are treated with either topical or systemic medications. However, drug delivery to treat diseases affecting the posterior segment of the eye is impeded by the difficulty in delivering effective drug doses to target tissues in the posterior vitreous, retina or choroid.

Conventional approaches of local drug delivery to the posterior segment of the eye include intravitreal injections, periocular injections and intravitreal implants.

Suprachoroidal injection, proposed as an alternative to conventional approaches, is an emerging technique for drug delivery to posterior segment eye diseases. The suprachoroidal space provides an access route from the anterior region of the eye to the posterior region. Pharmacologic agents are delivered through a microcannula system that combines a drug delivery channel with a fiberoptic light source for localization of the microcannula tip during surgery.

Policy

Suprachoroidal injection of a pharmacological agent is considered **investigational** for all indications.

Policy Guideline

From 2008 through 2013, there was a category III CPT code specific to suprachoroidal delivery of pharmacologic agents:

- 0186T: Suprachoroidal delivery of pharmacologic agent (does not include supply of medication)

The category III code was deleted 12/31/13 and CPT directs users to use the following unlisted code:

- 67299 - Unlisted procedure, posterior segment

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
• No records required

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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