

**Subject:** Photodynamic Therapy for Ocular Conditions

**Medical Policy #:** 16.15

**Status:** Reviewed

**Original Effective Date:** 09/23/2009

**Last Review Date:** 01-25-2023

## Disclaimer

Refer to the member's specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

## Description

Photodynamic therapy (PDT) uses light-activated drugs, such as verteporfin, to treat a wide range of medical conditions in which there is fast-growing abnormal tissue. Verteporfin therapy was developed as an alternative to thermal laser photocoagulation for the treatment of subfoveal choroidal neovascularization. Verteporfin is given intravenously and is rapidly absorbed by the abnormal choroidal neovessels of the retina. A short time after verteporfin has been injected, a cold laser is shined onto the affected area of the eye, activating the drug and producing a photochemical reaction that destroys the abnormal neovessels. The goal of verteporfin therapy is to reduce or delay the loss of vision caused by leakage of the abnormal blood vessels.

### Other related Medical Policies:

- **MPM 16.9** Photodynamic Therapy for Skin Conditions and Cancer

## Coverage Determination

**Prior Authorization is not required. However, all claims are subject to retrospective review.**

For optical coherence tomography (OCT), Presbyterian follows the following National Coverage Determination (NCDs) for **Medicare, Medicaid** and **Commercial** members:

- Photodynamic Therapy ([NCD 80.2](#));
- Ocular Photodynamic Therapy ([NCD 80.2.1](#));
- Photosensitive Drugs ([NCD 80.3](#));
- Verteporfin ([NCD 80.3.1](#))
- For frequency and utilization guidelines for scanning computerized ophthalmic diagnostic imaging, (CPT 92132, 92133, and 92134), please see LCD ([L35038](#)) and related LCA ([A57600](#)).

## Coding

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

CPT Codes	Description
67221	Destruction of localized lesion of choroid; photodynamic therapy
67225	Destruction of localized lesion of choroid; photodynamic therapy, second eye, at single session
J3396	Injection, verteporfin, 0.1 mg
92133	Scanning computerized ophthalmic diagnostic imaging, <b>posterior</b> segment, with interpretation and report, unilateral or bilateral; <b>optic nerve</b>
92134	Scanning computerized ophthalmic diagnostic imaging, <b>posterior</b> segment, with interpretation and report, unilateral or bilateral; <b>retina</b>
92235	Fluorescein angiography (FA) with interpretation and report, unilateral or bilateral

ICD-10	Diagnosis
<p>Please follow the link below for the NCD spreadsheets for both <b>non-covered</b> and <b>covered</b> diagnosis:  <a href="https://www.cms.gov/Medicare/Coverage/DeterminationProcess/downloads/CR10318.zip">https://www.cms.gov/Medicare/Coverage/DeterminationProcess/downloads/CR10318.zip</a></p>	

## Reviewed by / Approval Signatures

**Clinical Quality & Utilization Mgmt. Committee:** [Gray Clarke MD](#)  
**Senior Medical Director:** [David Yu MD](#)  
**Date Approved:** 01/25/2023

## References

1. CMS, National Coverage Determination for Ocular Photodynamic Therapy (OPT) (80.2.1), Effective Date of Version 2: 04/03/2013. [Cited 11/28/2022]
2. MCG Health 26<sup>th</sup> Edition Ambulatory, Photodynamic Therapy with Verteporfin, ACG: A-0202 (AC), Last update: 8/31/2022. [Cited 11/28/2022]
3. CMS Manual System, Pub 100-20 One-Time Notification, [Change Request 10318](#), Date Jan 18, 2018 (for ICD-10-CM listing).[Cited 11-28-2022].
4. CMS, National Coverage Determination for Photosensitive Drugs (80.3), Effective Date: 04/03/2013. [Cited 11/28/2022]
5. CMS, National Coverage Determination (NCD) for Verteporfin (80.3.1), Effective Date: 04/03/2013. [Cited 11/28/2022]
6. CMS, National Coverage Determination for Photodynamic Therapy (OPT) (80.2), Effective date 04/03/2013. [Cited 11/28/2022]
7. CMS, [Pub. 100-04, Claims Processing Manual, Chapter 32, Section 300 – 300.4](#) (Rev. 10985, 09-08-21), [Cited 11/28/2022]
8. CMS, (LCD): Scanning Computerized Ophthalmic Diagnostic Imaging (L35038) (for utilization parameters CPT 92132, 92133, 92134), Revision history date: 10/31/2019, R11. Related article (A57600), 08/06/2021, R3. [Cited 11/28/2022]

## Publication History

- 05-25-16: Annual Review. Accessed NCD 80.2.1. No changes in criteria since. 2014. Accessed MCG A-0202. Last update 1/28/16. No change in criteria.
- 09-27-17: Annual Review. Accessed NCD 80.2.1. No changes in criteria since. 2014. Accessed MCG A-0202. Last update 1/28/16. No change in criteria.
- 11-20-19 Annual Review. Accessed NCD 80.2.1 no change in criteria since 09/04/2014. Added CPTs and ICD-10-CM recommended by NCD 80.2, 80.2.1, 80.3, and 80.3.1 appropriate to policy. Accessed MCG A-02-22. No substance change in criteria
- 01-27-21 Annual review. Medical Directors reviewed on 12/29/2020 and 01/18/20 and Medical Policy Committee reviewed on 02/03/2021. Criteria changed: Previously, only Medicare and Medicaid followed CMS NCD's (80.2.1, 80.3, 80.3.1) and Commercial was following MCG A-0202. After comparing NCD's vs MCG, it has been decided to move all LOBs to follow NCD 80.2, 80.2.1, NCD 80.3, NCD 80.3.1. CPT codes in policy will continue without PA. Will follow CMS decision in (CR-10318) that J3396 will only pay when 67221 and 67225 are billed on the same claim. Noted per LCD (L35038) and article (A57600), the utilization parameters for scanning computerized ophthalmic diagnostic imaging is defined as; for CPT code 92133 is not to be reported more than two times per year; and 92134 is not to be reported more than one time every two months. \*\*The committee reviewed CPT 92133, 92134 and 92235 regarding the sub-capitation and prefunded capitation arrangement.
- 01-26-22 Annual review. Reviewed by the PHP Medical Policy Committee on 12/10/2021. No change, we will continue to follow: Photodynamic Therapy (NCD 80.2); Ocular Photodynamic Therapy (NCD 80.2.1); Photosensitive Drugs (NCD 80.3); Verteporfin (NCD 80.3.1) for Medicare, Medicaid and Commercial. Continue no PA requirement. The list of diagnosis was removed and replaced with NCD spreadsheet weblink for both non-covered and covered diagnosis.  
**Update on Configuration:** On last review codes 92133 and 92134 were configured and since then LCD (L35038) Scanning Computerized Ophthalmic Diagnostic Imaging, related article LCA (A57600) have added a new restriction as follow, "*Patients with retinal conditions undergoing active intravitreal drug treatment may be allowed 1 scan per month per eye. These conditions include age-related macular degeneration (wet), choroidal neovascularization, macular edema, diabetic retinopathy (proliferative and nonproliferative), branch retinal vein occlusion, central retinal vein occlusion, and cystoid macular edema.*" Previous configuration for 92133 and 92134 will be reconfigured. At this time both Novitas LCD (L35038/A5760) and

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001].

WPS, LCD L34760/A56916 share the same utilization rules. As of 12/29/2021 the Medical Policy Committee has agreed on the following:

- For CPT 92132, 92133 and 92134 -we are applying configuration using the least restrictive utilization, to allow no more than 1 scan per month (every 28 days), based upon CMS - Scanning Computerized Ophthalmic Diagnostic Imaging LCA ([A57600](#)) and LCD ([L35038](#)).
- Applies to all LOBs
- Effective DOS 01/07/2021

01-25-23 Annual review. Reviewed by Medical Policy Committee on 11-30-2022. Continue to follow the four NCDs specific to OCT, (Photodynamic Therapy (NCD 80.2); Ocular Photodynamic Therapy (NCD 80.2.1); Photosensitive Drugs (NCD 80.3); and Verteporfin (NCD 80.3.1)) for Medicare, Medicaid and Commercial. Updated the policy with language we follow LCD (L35038) and LCA (A57600) for frequency and utilization on the usage of scanning computerized ophthalmic diagnostic imaging (CPT codes 92132, 92133, and 92134); and will continue with the previously configured least restrictive utilization for these codes. Continue no PA requirement for 67221, 67225, J3396, 92133, 92134, 92235 and 92132. No update found to TN/CR within these NCDs.

*This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.*

*For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: [Click here for Medical Policies](#)*

**Web links:**

*At any time during your visit to this policy and find the source material web links has been updated, retired or superseded, PHP is not responsible for the continued viability of websites listed in this policy.*

*When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.*