Sentara® Health Plans

Commercial

Photodynamic Therapy with Verteporfin

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Effective Date	5/2002
Next Review Date	4/15/2024
Coverage Policy	Medical 171
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Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details *.

Purpose:

This policy addresses the medical necessity of Photodynamic Therapy with Verteporfin.

Description & Definitions:

Photodynamic Therapy with Verteporfin is a minimally invasive, non-thermal laser treatment in which medication/ photosensitizing agent (dye) is administered intravenously to mark the abnormal cells in the retina and reacts with the laser.

Criteria:

Photodynamic therapy with verteporfin is considered medically necessary for **1 or more** of the following:

- Chronic central serous chorioretinopathy and **ALL** of the following:
  - Duration 3 months or longer
  - Fluorescein angiography results confirm diagnosis of chronic central serous chorioretinopathy.
  - Glucocorticoids have been discontinued
- Myopic choroidal neovascularization, and treatment with vascular endothelial growth factor inhibitor contraindicated
- Neovascular age-related macular degeneration with subfoveal choroidal neovascularization and **ALL** of the following:
  - Fluorescein angiography results show choroidal neovascularization that is predominantly well-delineated.
  - Treatment with vascular endothelial growth factor inhibitor is contraindicated or refused by patient, or patient is unresponsive to treatment
- Polypoid choroidal vasculopathy with active juxtafoveal or subfoveal lesions and **1 or more** of the following:
  - Fluorescein angiography results show leakage at retinal pigment epithelium.
  - Pigment epithelium detachment
  - Subretinal fluid or intraretinal fluid
  - Subretinal hemorrhage or subretinal pigment epithelium hemorrhage
  - Vision loss attributable to polypoid choroidal vasculopathy

Photodynamic Therapy with Verteporfin is considered **not medically necessary** for use other than those indicated in clinical criteria.

Coding:

Medically necessary with criteria:

Coding	Description
67221	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy (includes intravenous infusion) f 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)
J3396	J3396 - Injection, verteporfin, 0.1 mg

Considered Not Medically Necessary:

Coding	Description
	None

U.S. Food and Drug Administration (FDA) - approved only products only.

Document History:

Revised Dates:

- 2023: April
- 2019: December
- 2015: April, September
- 2013: June
- 2012: January, June
- 2011: May, June, December
- 2010: July, September
- 2009: June
- 2008: June
- 2007: December
- 2004: November, December

Reviewed Dates:

- 2022: April
- 2021: April
- 2020: April
- 2018: September, November
- 2017: November
- 2016: June
- 2015: June
- 2014: June
- 2010: June, August
- 2006: March
- 2005: October, November
- 2004: October
- 2003: May, November

Effective Date:

- May 2002

References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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NCD Verteporfin (80.3.1). (2013, Jul 16). Retrieved Mar 6, 2023, from Centers for Medicare & Medicaid Services NCD: https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=350&ncdver=2&keyword=Verteporfin&keywordType=starts&areaId=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1

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Verteporfin. (2023). Retrieved Mar 3, 2023, from HAYES: https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522Verteporfin%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%257B%2522page%2522:0,%2522size%2522:50%257D,%2522type%2522:%2522all%2522,%2522sources%2522:%255B

Verteporfin: Drug information. (2023). Retrieved Mar 10, 2023, from UpToDate: https://www.uptodate.com/contents/verteporfin-drug-information?search=Verteporfin&source=panel_search_result&selectedTitle=1~1&usage_type=panel&kp_tab=drug_general&display_rank=1

Special Notes: *

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are

covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

Keywords:

SHP Photodynamic Therapy with Verteporfin, SHP Medical 171, Chronic central serous chorioretinopathy, Myopic choroidal neovascularization, Neovascular age-related macular degeneration, subfoveal choroidal neovascularization, Polypoid choroidal vasculopathy, AMD, CNV, Coherent Opal Photoactivator laser, Zeiss VISULAS 690s laser, Quantel Activis Laser, Ceralas I Laser System