Photodynamic Therapy for Choroidal Neovascularization

Policy # 00097
Original Effective Date: 06/05/2002
Current Effective Date: 11/01/2024

Applies to all products administered or underwritten by Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc. (collectively referred to as the "Company"), unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

When Services Are Eligible for Coverage

Coverage for eligible medical treatments or procedures, drugs, devices or biological products may be provided only if:

- *Benefits are available in the member's contract/certificate, and*
- *Medical necessity criteria and guidelines are met.*

Based on review of available data, the Company considers verteporfin photodynamic therapy (VPDT) as monotherapy as a treatment of choroidal neovascularization (CNV) associated with age-related macular degeneration (AMD), pathologic myopia, presumed ocular histoplasmosis, chronic central serous chorioretinopathy (CSC) or choroidal hemangioma to be **eligible for coverage.****

When Services Are Considered Investigational

Coverage is not available for investigational medical treatments or procedures, drugs, devices or biological products.

Based on review of available data, the Company considers verteporfin photodynamic therapy (VPDT) as monotherapy for all other ophthalmologic disorders to be **investigational.***

Based on review of available data, the Company considers verteporfin photodynamic therapy (VPDT) when used in combination with one or more of the antivascular endothelial growth factor (anti-VEGF) therapies, i.e., pegaptanib (Macugen®)‡, ranibizumab (Lucentis®)‡, bevacizumab (Avastin®)‡, aflibercept (Eylea™)‡, aflibercept HD (Eylea® HD)‡ as a treatment of choroidal neovascularization (CNV) associated with age-related macular degeneration (AMD), pathologic myopia, presumed ocular histoplasmosis, chronic central serous chorioretinopathy (CSC), choroidal hemangioma, or for other ophthalmologic disorders to be **investigational.***

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Policy Guidelines

U.S. Food and Drug Administration (FDA) labeling for verteporfin indicates that the physician should reevaluate the individual every 3 months and, if choroidal neovascularization leakage is detected on fluorescein angiography, therapy should be repeated. However, total number of treatments is not addressed by FDA. Evidence defining when treatment should stop is not available, but experts have suggested stopping "when the situation is judged to be 'futile'." FDA labeling states that the "safety and efficacy of Visudyne beyond 2 years have not been demonstrated."

Acute central serous chorioretinopathy refers to self-limiting disease that resolves spontaneously over a few months without any treatment. Chronic central serous chorioretinopathy has been defined as a serous macular elevation, visible biomicroscopically or detected by optical coherence tomography, that is associated with retinal pigment epithelial atrophic areas and subtle leaks or ill-defined staining by fluorescein angiography; it does not resolve spontaneously within a few months.

Background/Overview

Vision Loss

Severe vision loss can occur with ocular neovascularization, the growth of abnormal blood vessels in the retina or choroid. Neovascularization occurs in a number of ocular diseases, including age-related macular degeneration.

Age-Related Macular Degeneration

Age-related macular degeneration is a degenerative disease of the retina that results in loss of central vision. Two distinctive forms, known as dry and wet degeneration, may be observed. The dry form (also known atrophic or areolar) is more common and is often a precursor of the wet form (also known as exudative neovascular or disciform). The wet form is more devastating and characterized by serous or hemorrhagic detachment of the retinal pigment epithelium and development of choroidal neovascularization, which greatly increases the risk of developing severe irreversible loss of vision. Choroidal neovascularization is categorized as classic or occult. Classic choroidal neovascularization appears as an initial lacy pattern of hyperfluorescence followed by more irregular patterns as the dye leaks into the subretinal space. Occult choroidal neovascularization lacks the characteristic angiographic pattern. Classic choroidal neovascularization carries a worse prognosis for vision than occult choroidal neovascularization, suggesting that the proliferative response that

obscures new vessels may also favorably alter the clinical course of age-related macular degeneration.

Pathologic Myopia
Pathologic myopia refers to an abnormal elongation of the eye associated with severe near-sightedness. It generally occurs among people older than 30 years of age and can result in a progressive, severe loss of vision, frequently related to the development of choroidal neovascularization. Verteporfin photodynamic therapy has also been investigated in patients with choroidal neovascularization related to pathologic myopia. Antivascular endothelial growth factor therapy is now considered a first-line intervention in patients with myopic choroidal neovascularization.

Presumed Ocular Histoplasmosis
Presumed ocular histoplasmosis may be the second most common cause of blindness in patients younger than 50 years of age in certain endemic areas (Ohio and Mississippi River Valleys in the United States). This condition is characterized by a positive skin test for histoplasmosis, miliary opacities of the lungs, tiny choroidal scars, peripapillary disruption of the choriocapillaris, and exudation or hemorrhage from choroidal lesions in or near the macula. The condition is asymptomatic and benign, unless the choroidal neovascularization lesions, which may develop many years after chorioretinal scarring has taken place, affect the macula.

Central Serous Chorioretinopathy
Central serous chorioretinopathy refers to an idiopathic disease in which there is a serous detachment of the macula due to leakage of fluid from the choriocapillaris through the retinal pigment epithelium. This condition is avascular; however, neovascularization can occur as a secondary complication. In most cases, central serous chorioretinopathy resolves spontaneously in 3 to 4 months. However, in a few cases, chronic progression or recurrence can lead to the progressive decline of visual acuity. Central serous chorioretinopathy has been treated with medication and laser photocoagulation, but these treatments have limited efficacy. Multiple definitions have been used in the literature to classify central serous chorioretinopathy as acute or chronic based cutoff time points (eg, persistent fluid for <3, 4 or 6 months) or less frequently based on the timing of treatment. For example, acute central serous chorioretinopathy defined as the first attempted treatment to improve visual acuity, and chronic central serous chorioretinopathy is defined as being refractory to treatment. Further, multiple verteporfin photodynamic therapy strategies that use either reduced-

dose or half-fluency have been evaluated for the treatment of central serous chorioretinopathy because full-dose verteporfin photodynamic therapy used in age-related macular degeneration has shown a potentially higher risk of developing choroidal ischemia and retinal atrophic changes.

Polypoidal Choroidal Vasculopathy
Polypoidal choroidal vasculopathy arises primarily from abnormal choroidal circulation, resulting in characteristic lesions comprising well-defined vascular networks of vessels ending in polyp-like structures. A less common subtype is polypoidal choroidal neovascularization, and it may be considered a subtype of age-related macular degeneration. Eyes that develop a cluster of grape-like polypoidal dilations are at high risk for severe vision loss.

Choroidal Hemangioma
Choroidal hemangioma is an uncommon, benign vascular tumor, manifesting as an orange-red mass in the posterior pole of the eye. Visual loss may be progressive and irreversible because of chronic foveal detachment.

Angioid Streaks
Angioid streaks result from crack-like breaks in the Bruch membrane (the innermost layer of the choroid) and occur in individuals spontaneously or due to blunt trauma or associated with some systemic diseases such as pseudoxanthoma elasticum, Paget disease of bone, or sickle hemoglobinopathy. Vision loss in eyes with angioid streaks occurs most frequently as a result of choroidal neovascularization.

Treatment
Available therapeutic options for choroidal neovascularization include antivascular endothelial growth factor inhibitors, verteporfin photodynamic therapy, antioxidants, thermal laser photocoagulation, and corticosteroids. The safety and efficacy of each treatment depends on the form and location of the neovascularization.

Verteporfin photodynamic therapy is a treatment modality designed to selectively occlude ocular choroidal neovascular tissue. The therapy is a 2-step process, consisting of an injection of the photosensitizer verteporfin, followed 15 minutes later by laser treatment to the targeted sites of retinal neovascularization. The laser treatment selectively damages the vascular endothelium and

occludes the neovacularized tissue. Patients may be retreated if leakage from choroidal neovascularization persists.

Monotherapy with vascular endothelial growth factor inhibitors is now standard treatment of choroidal neovascularization due to age-related macular degeneration and pathologic myopia. Combining verteporfin photodynamic therapy with antivascular endothelial growth factor inhibitors, concurrently or sequentially, has a biologic basis and has been investigated in multiple trials particularly in the treatment of choroidal neovascularization due to age-related macular degeneration and pathologic myopia.

The use of verteporfin photodynamic therapy in choroidal neovascularization has decreased substantially with the availability of antivascular endothelial growth factor therapy. Subsequent to U.S. Food and Drug Administration (FDA) approval of verteporfin photodynamic therapy in 2000, the FDA approved pegaptanib in 2004 and ranibizumab in 2006 for treatment of age-related macular degeneration related choroidal neovascularization. The approval of pegaptanib was based on a sham-controlled, randomized trial while ranibizumab was approved based on a head-to-head comparison with verteporfin photodynamic therapy in the Anti-VEGF Antibody for the Treatment of Predominantly Classic Choroidal Neovascularization in Age-Related Macular Degeneration (ANCHOR) trial. Intravitreal injections of antivascular endothelial growth factor drugs such as ranibizumab and bevacizumab have shown superior efficacy compared with verteporfin photodynamic therapy in multiple head-to-head trials. Currently, verteporfin photodynamic therapy is used for patients in whom vascular endothelial growth factor inhibitors are contraindicated or for those who fail to benefit from vascular endothelial growth factor inhibitors.

FDA or Other Governmental Regulatory Approval

U.S. Food and Drug Administration (FDA)

In 2000, verteporfin (Visudyne®‡; Novartis), an intravenous photodynamic therapy agent, was approved by the FDA for the treatment of age-related macular degeneration in individuals with predominantly classic subfoveal choroidal neovascularization. Subsequently, in 2001, the indication was expanded to include presumed ocular histoplasmosis and pathologic myopia.

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Rationale/Source

This medical policy was developed through consideration of peer-reviewed medical literature generally recognized by the relevant medical community, U.S. Food and Drug Administration approval status, nationally accepted standards of medical practice and accepted standards of medical practice in this community, technology evaluation centers, reference to federal regulations, other plan medical policies, and accredited national guidelines.

Description

Verteporfin photodynamic therapy is a treatment modality designed to selectively occlude ocular choroidal neovascular tissue. The therapy is a 2-step process, consisting of an injection of the photosensitizer verteporfin, followed 15 minutes later by laser treatment to the targeted sites of retinal neovascularization. The laser treatment selectively damages the vascular endothelium, thereby occluding choroidal neovascularization tissue. Individuals may be retreated if leakage from choroidal neovascularization persists.

Summary of Evidence

Age-Related Macular Degeneration

For individuals who have classic choroidal neovascularization due to age-related macular degeneration who receive verteporfin photodynamic therapy, the evidence includes randomized controlled trials (RCTs) and systematic reviews of controlled trials. Relevant outcomes are symptoms, change in disease status, functional outcomes, and quality of life. Multiple RCTs have supported the superiority of verteporfin photodynamic therapy in reducing vision loss and decreasing retinal thickness compared with placebo or sham procedure. The evidence is sufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have choroidal neovascularization due to age-related macular degeneration who receive verteporfin photodynamic therapy plus antivascular endothelial growth factor therapy, the evidence includes 2 confirmatory RCTs (and their multiple analyses), multiple smaller RCTs, and a meta-analysis of existing trials. Relevant outcomes are symptoms, change in disease status, functional outcomes, and quality of life. This evidence does not demonstrate improvements in visual acuity using combination therapy compared with antivascular endothelial growth factor monotherapy. Combination therapy may reduce the number of intravitreal injections needed, but this

result has not been consistently reported across studies. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have choroidal neovascularization due to age-related macular degeneration who receive verteporfin photodynamic therapy plus corticosteroids and/or antivascular endothelial growth factor therapy, the evidence includes 3 small RCTs. Relevant outcomes are symptoms, change in disease status, functional outcomes, and quality of life. The evidence does not demonstrate improvements in visual acuity with combination therapy. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Pathologic Myopia
For individuals who have choroidal neovascularization due to pathologic myopia who receive verteporfin photodynamic therapy, the evidence includes a subgroup analysis from a large RCT. Relevant outcomes are symptoms, change in disease status, functional outcomes, and quality of life. The subgroup analysis showed verteporfin photodynamic therapy was more effective than placebo in preventing vision loss at 1 year but not in the second year. The evidence is sufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have choroidal neovascularization due to pathologic myopia who receive verteporfin photodynamic therapy plus antivascular endothelial growth factor therapy, the evidence includes a small RCT and a retrospective cohort study. Relevant outcomes are symptoms, change in disease status, functional outcomes, and quality of life. The single RCT was likely underpowered to detect a clinically meaningful change in visual acuity outcomes. The retrospective cohort study did not demonstrate improvements in visual acuity with combination treatment. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Presumed Ocular Histoplasmosis
For individuals who have choroidal neovascularization due to presumed ocular histoplasmosis who receive verteporfin photodynamic therapy, the evidence includes a small RCT and a prospective cohort study. Relevant outcomes are symptoms, change in disease status, functional outcomes, and quality of life. Lack of a control arm in the prospective cohort study and 50% lost to follow-up in the RCT preclude a meaningful interpretation of data of observed improvements in visual acuity outcomes. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Central Serous Chorioretinopathy
For individuals who have choroidal neovascularization due to acute central serous chorioretinopathy who receive verteporfin photodynamic therapy, the evidence includes 2 RCTs. Relevant outcomes are symptoms, change in disease status, functional outcomes, and quality of life. Although the evidence has demonstrated that full and reduced doses of verteporfin photodynamic therapy result in a small improvement in visual acuity outcomes, the improvements did not meet clinically meaningful thresholds. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have choroidal neovascularization due to chronic central serous chorioretinopathy who receive verteporfin photodynamic therapy, the evidence includes multiple retrospective studies. Relevant outcomes are symptoms, change in disease status, functional outcomes, and quality of life. Although this relatively large body of retrospective studies has shown that half-dose verteporfin photodynamic therapy yields positive functional and anatomic outcomes while, at the same time, reducing the potential adverse events associated with conventional verteporfin photodynamic therapy, data from RCTs for multiple verteporfin photodynamic therapy strategies are lacking. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Polypoidal Choroidal Vasculopathy
For individuals who have choroidal neovascularization due to polypoidal choroidal vasculopathy who receive verteporfin photodynamic therapy, the evidence includes several prospective cohort studies and a meta-analysis of 2 RCTs. Relevant outcomes are symptoms, change in disease status, functional outcomes, and quality of life. Prospective cohort studies have reported favorable anatomic and visual acuity outcomes for patients treated with verteporfin photodynamic therapy. However, RCTs comparing verteporfin photodynamic therapy with antivascular endothelial growth factor therapies have reported no statistically significant differences in visual acuity outcomes. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have choroidal neovascularization due to polypoidal choroidal vasculopathy who receive verteporfin photodynamic therapy plus antivascular endothelial growth factor therapy, the evidence includes 3 small RCTs, a meta-analysis, and 2 retrospective cohort studies. Relevant outcomes are symptoms, change in disease status, functional outcomes, and quality of life. Results

of the RCTs failed to demonstrate statistically significant differences in visual acuity outcomes. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Choroidal Hemangioma
For individuals who have choroidal neovascularization due to choroidal hemangioma who receive verteporfin photodynamic therapy, the evidence includes a systematic review of case series and a prospective cohort study. Relevant outcomes are symptoms, change in disease status, functional outcomes, and quality of life. Although the prospective cohort suggested a favorable effect of verteporfin photodynamic therapy on various visual acuity and anatomic outcomes in patients with choroidal hemangioma, data from RCTs are lacking. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Angioid Streaks
For individuals who have choroidal neovascularization due to angioid streaks who receive verteporfin photodynamic therapy, the evidence includes a systematic review of case series. Relevant outcomes are symptoms, change in disease status, functional outcomes, and quality of life. Data from multiple case series have shown conflicting results for visual acuity outcomes. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Inflammatory Chorioretinal Conditions
For individuals who have choroidal neovascularization due to inflammatory chorioretinal conditions who receive verteporfin photodynamic therapy, the evidence includes a systematic review of case reports. Relevant outcomes are symptoms, change in disease status, functional outcomes, and quality of life. Methodologic limitations limit the conclusions drawn from 15 case reports (total N=115 patients) of multiple disease indications. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

Supplemental Information

Clinical Input From Physician Specialty Societies and Academic Medical Centers
While the various physician specialty societies and academic medical centers may collaborate with and make recommendations during this process, through the provision of appropriate reviewers,

input received does not represent an endorsement or position statement by the physician specialty societies or academic medical centers, unless otherwise noted.

2012 Input
In response to requests, input was received from 2 physician specialty societies and 2 academic medical centers while this policy was under review in 2012. Input agreed that photodynamic therapy alone is medically necessary for age-related macular degeneration, pathological myopia, presumed ocular histoplasmosis, central serous chorioretinopathy, and choroidal hemangioma. Input was mixed on the use of photodynamic therapy for other ophthalmologic disorders. Input agreed that photodynamic therapy used in combination with vascular endothelial growth factor antagonists is investigational for all ophthalmologic disorders.

Practice Guidelines and Position Statements
Guidelines or position statements will be considered for inclusion in 'Supplemental Information' if they were issued by, or jointly by, a US professional society, an international society with US representation, or National Institute for Health and Care Excellence (NICE). Priority will be given to guidelines that are informed by a systematic review, include strength of evidence ratings, and include a description of management of conflict of interest.

American Academy of Ophthalmology
In 2019, the American Academy of Ophthalmology updated its 2015 preferred practice pattern guideline on age-related macular degeneration. The 2019 update states that verteporfin photodynamic therapy has approval by the U.S. Food and Drug Administration for the treatment of age-related macular degeneration-related, predominantly classic, subfoveal choroidal neovascularization.

The 2019 update stated that antivascular endothelial growth factor therapies have become first-line therapy for treating and stabilizing most cases of age-related macular degeneration and suggests that verteporfin photodynamic therapy is rarely needed. An update for this guideline is scheduled for 2024.

National Institute for Health and Care Excellence
In 2018, the National Institute for Health and Care Excellence updated its 2003 guidance on the use of photodynamic therapy for age-related macular degeneration. The Institute made the following

recommendations: it recommended against use of photodynamic therapy as monotherapy for late (wet) age-related macular degeneration and against use of photodynamic therapy as first-line adjunctive therapy to antivascular endothelial growth factor therapies for late (wet) age-related macular degeneration; it recommended for photodynamic therapy as second-line adjunctive therapy to antivascular endothelial growth factor therapies for late (wet) age-related macular degeneration in a trial setting.

U.S. Preventive Services Task Force Recommendations
Not applicable.

Medicare National Coverage
Since 2001, use of ocular photodynamic therapy has been covered by Medicare for the treatment predominantly classical subfoveal choroidal neovascularization (ie, occupies ≥50% of the area of the entire lesion) associated with age-related macular degeneration only when used in conjunction with verteporfin. However, there was no national Medicare coverage policy for other indications. In 2004, Medicare found evidence to conclude that photodynamic therapy with verteporfin may be "reasonable and necessary" for patients with age-related macular degeneration with "subfoveal occult or minimally classic choroidal neovascularization … 4 disk areas or less in size … [with] evidence of progression within the three months prior to initial treatment." Medicare also reiterated that use of ocular photodynamic therapy with verteporfin for indications such as "pathologic myopia or the presumed histoplasmosis syndrome" may be "eligible for coverage through individual contractor discretion."

Ongoing and Unpublished Clinical Trials
Some currently ongoing trials that might influence this review are listed in Table 1.

Table 1. Summary of Key Trials

NCT No.	Trial Name	Planned Enrollment	Completion Date
Ongoing			
NCT03079141	Photodynamic Therapy Versus Eplerenone: Treatment Trial for Chronic Central Serous Chorioretinopathy (SPECT)	107	Aug 2021 (last update=Oct 2019; Status=Unknown)
Unpublished			
NCT02452840	Adjunctive Photodynamic Therapy for Persistent Disease Activity in Patients With Neovascular Age-Related Macular Degeneration	100	Aug 2019

NCT: national clinical trial; PDT: photodynamic therapy.
[a] Denotes industry-sponsored or cosponsored trial.

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Policy History

Original Effective Date: 06/05/2002
Current Effective Date: 11/01/2024

Photodynamic Therapy for Choroidal Neovascularization

Policy # 00097
Original Effective Date: 06/05/2002
Current Effective Date: 11/01/2024

04/18/2002	Medical Policy Committee review
06/05/2002	Managed Care Advisory Council approval
06/24/2002	Format revision. No substance change to policy.
06/01/2004	Medical Director review
06/15/2004	Medical Policy Committee review
06/28/2004	Managed Care Advisory Council approval
05/03/2005	Medical Director review
05/17/2005	Medical Policy Committee review. Format revision. Patient selection criteria added.
05/23/2005	Managed Care Advisory Council approval
05/03/2006	Medical Director review
05/17/2006	Medical Policy Committee approval. Format revision including addition of FDA and or other governmental regulatory approval and rationale/source. Coverage eligibility unchanged.
04/04/2007	Medical Director review
04/18/2007	Medical Policy Committee approval. No change to coverage eligibility.
08/06/2008	Medical Director review
08/20/2008	Medical Policy Committee approval. Added updates to Rationale. Changed the verbiage in the Coverage section from “When Services May Be Eligible for Coverage” to “When Services Are Eligible for Coverage”. Criteria dropped in Coverage section due to redundancy. No change to coverage eligibility.
08/06/2009	Medical Policy Committee approval.
08/26/2009	Medical Policy Implementation Committee approval. No change to coverage eligibility.
08/05/2010	Medical Policy Committee review
08/18/2010	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
08/04/2011	Medical Policy Committee review
08/17/2011	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
08/02/2012	Medical Policy Committee review
08/15/2012	Medical Policy Implementation Committee approval. New drug listed under investigational section.
08/01/2013	Medical Policy Committee review

08/21/2013	Medical Policy Implementation Committee approval. PDT monotherapy considered eligible for coverage for central serous chorioretinopathy and choroidal hemangioma added as investigational.
08/07/2014	Medical Policy Committee review
08/20/2014	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
10/01/2014	Coding updated- code G0186 Destruction of localized lesion of choroid (for example, choroidal neovascularization); photocoagulation, feeder vessel technique (one or more sessions) - added to policy
08/03/2015	Coding update: ICD10 Diagnosis code section added; ICD9 Procedure code section removed.
10/08/2015	Medical Policy Committee review
10/21/2015	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
10/06/2016	Medical Policy Committee review
10/19/2016	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
01/01/2017	Coding update: Removing ICD-9 Diagnosis Codes
10/05/2017	Medical Policy Committee review
10/18/2017	Medical Policy Implementation Committee approval. Added “verteporfin” in front of “photodynamic therapy” in the policy statements and throughout the body of the policy.
10/04/2018	Medical Policy Committee review
10/17/2018	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
10/03/2019	Medical Policy Committee review
10/09/2019	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
10/01/2020	Medical Policy Committee review
10/07/2020	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.
10/07/2021	Medical Policy Committee review
10/13/2021	Medical Policy Implementation Committee approval. Coverage eligibility unchanged.

Coding

The five character codes included in the Blue Cross Blue Shield of Louisiana Medical Policy Coverage Guidelines are obtained from Current Procedural Terminology (CPT®)‡, copyright 2023 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures performed by physician.

The responsibility for the content of Blue Cross Blue Shield of Louisiana Medical Policy Coverage Guidelines is with Blue Cross and Blue Shield of Louisiana and no endorsement by the AMA is intended or should be implied. The AMA disclaims responsibility for any consequences or liability attributable or related to any use, nonuse or interpretation of information contained in Blue Cross Blue Shield of Louisiana Medical Policy Coverage Guidelines. 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. Any use of CPT outside of Blue Cross Blue Shield of Louisiana Medical Policy Coverage Guidelines should refer to the most current Current Procedural Terminology which contains the complete and most current listing of CPT codes and descriptive terms. Applicable FARS/DFARS apply.

Photodynamic Therapy for Choroidal Neovascularization

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CPT is a registered trademark of the American Medical Association.

Codes used to identify services associated with this policy may include (but may not be limited to) the following:

Code Type	Code
CPT	67028, 67221, 67225
HCPCS	C9257, J0177, J0178, J2503, J2778, J3396, J9035 Add code effective 04/01/2025: Q5147, Q5149, Q5150
ICD-10 Diagnosis	All related diagnoses

*Investigational – A medical treatment, procedure, drug, device, or biological product is Investigational if the effectiveness has not been clearly tested and it has not been incorporated into standard medical practice. Any determination we make that a medical treatment, procedure, drug, device, or biological product is Investigational will be based on a consideration of the following:

A. Whether the medical treatment, procedure, drug, device, or biological product can be lawfully marketed without approval of the U.S. Food and Drug Administration (FDA) and whether such approval has been granted at the time the medical treatment, procedure, drug, device, or biological product is sought to be furnished; or
B. Whether the medical treatment, procedure, drug, device, or biological product requires further studies or clinical trials to determine its maximum tolerated dose, toxicity, safety, effectiveness, or effectiveness as compared with the standard means of treatment or diagnosis, must improve health outcomes, according to the consensus of opinion among experts as shown by reliable evidence, including:
    1. Consultation with technology evaluation center(s);
    2. Credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community; or
    3. Reference to federal regulations.

**Medically Necessary (or "Medical Necessity") - Health care services, treatment, procedures, equipment, drugs, devices, items or supplies that a Provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

A. In accordance with nationally accepted standards of medical practice;

B. Clinically appropriate, in terms of type, frequency, extent, level of care, site and duration, and considered effective for the patient's illness, injury or disease; and
C. Not primarily for the personal comfort or convenience of the patient, physician or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

For these purposes, "nationally accepted standards of medical practice" means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations and the views of Physicians practicing in relevant clinical areas and any other relevant factors.

‡ Indicated trademarks are the registered trademarks of their respective owners.

NOTICE: If the Patient's health insurance contract contains language that differs from the BCBSLA Medical Policy definition noted above, the definition in the health insurance contract will be relied upon for specific coverage determinations.

NOTICE: Medical Policies are scientific based opinions, provided solely for coverage and informational purposes. Medical Policies should not be construed to suggest that the Company recommends, advocates, requires, encourages, or discourages any particular treatment, procedure, or service, or any particular course of treatment, procedure, or service.

NOTICE: Federal and State law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage.