Photodynamic Therapy for Ocular Conditions
MPM 16.15

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.3

Other related Medical Policies:
- MPM 16.9 Photodynamic Therapy for Skin Conditions and Cancer

Coverage Determination/ Clinical Indications
Prior Authorization is not required. However, all claims are subject to retrospective review.

Presbyterian uses CMS guidelines (NCD 80.2.1) and MCG (formerly Milliman) Criteria # A-0202. Due to contractual restrictions providers may not access the MCG website but may obtain a copy of the criteria from the Prior Authorization staff.

Approval Signatures:
Clinical Quality Committee: ___Thomas Rothfeld MD___
Medical Director: ___Norman White MD___

Date: September 27, 2017
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Publication History:
09-23-09: New Medical Policy
11-30-11: Annual Review.
01-29-14: Presbyterian Policy Retired
01-29-14: Presbyterian now uses CMS guideline (NCD 80.2.1) and MCG Criteria A-0202.
05-25-16: Annual Review. Accessed NCD 80.2.1. No changes in criteria since.
09-27-17: Annual Review. Accessed NCD 80.2.1. No changes in criteria since.

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 on the Internet at: http://www.phs.org/phs/healthplans/providers/healthservices/Medical/index.htm