Clinical Policy: Neovascular (Wet) Macular Degeneration

Reference Number: HNCA.CP.MP.283
Effective Date: 11/16
Last Review Date: 11/20

See Important Reminder at the end of this policy for important regulatory and legal information.

Description
Neovascular age-related macular degeneration (AMD) is a more severe, advanced form of AMD that is characterized by growth of abnormal blood vessels from the choroid underneath the macula (choroidal neovascularization) that leak blood and fluid into the retina. Unlike dry AMD, which is characterized by gradual vision loss, neovascular (wet) AMD is characterized by acute distortion and loss of central vision over a period of weeks to months. Neovascular AMD may lead to the inability to read, drive, watch television and recognize faces. Anti-VEGF therapies have become first-line therapy for treating and stabilizing most cases of neovascular AMD. This policy addresses the medical necessity criteria for other therapies that may be less commonly used.

Please refer to applicable pharmacy policy regarding medical necessity for the intravitreous injection of vascular endothelial growth factor (VEGF) inhibitors.

Policy/Criteria
I. It is the policy of Health Net of California that ocular photodynamic therapy (PDT) with light-activated verteporfin (Visudyne) is medically necessary for the treatment of neovascular AMD with predominately classic subfoveal choroidal revascularization (CNV) (i.e., the classic lesion comprises ≥ 50% of the entire lesion)

II. It is the policy of Health Net of California that thermal laser photocoagulation may be considered medically necessary in select cases for the treatment of neovascular AMD for well-demarcated extrafoveal classic CNV and for small lesions outside the central macula, however, this procedures utilizes high intensity thermal laser energy that may cause permanent damage to the retina and therefore not routinely recommended.

III. It is the policy of Health Net of California that any of the following are investigational for the treatment of AMD:
A. Macular translocation surgery;
B. Transpupillary thermotherapy;
C. Submacular surgery;
D. Radiation therapy, including epiretinal brachytherapy and external beam radiation (e.g., VIDION ANV Therapy System, formerly known as the EPI-RAD90);
E. Conjunctival incision with posterior juxtascleral placement of anecortave acetate (Retaane) depot suspension;
Background
AMD is a degenerative disease of the central portion of the retina (macula) of unknown etiology that results in severe loss of central vision while the peripheral vision almost always remains intact. According to the National Eye Institute, AMD is the most common cause of legal blindness of people aged 65 years and older. AMD is classified as dry (atrophic) or wet (neovascular or exudative) type. Atrophic or dry AMD is the most common form of macular degeneration with neovascular AMD accounting for approximately 15% of all cases.

Neovascular AMD is characterized clinically and angiographically as occult, classic, or mixed occult-classic CNV; serous and/or hemorrhagic detachment of the retinal pigment epithelium (RPE); and/or various stages of an elevated, fibrovascular disciform scar. A lesion that hyperfluoresces in the early phases of the fluorescein angiogram, maintains well-demarcated borders, and leaks late (obscuring its borders) is a classic CNV, while a lesion whose borders cannot be determined by fluorescein angiogram is an occult CNV. Symptoms of neovascular AMD usually appear in one eye, although the disease is generally present in both eyes. A common symptom of neovascular AMD is that straight lines appear wavy, and central vision degrades rapidly.

Effective therapies for exudative or neovascular AMD include intravitreous injection of a VEGF inhibitor, PDT, and supplementation with zinc and antioxidant vitamins. The role for PDT has decreased with the increasing use of anti-VEGF therapy. Several other procedures have been investigated for the treatment of AMD, such as macular translocation surgery, submacular surgery and transpupillary thermotherapy, however, the evidence in the peer-reviewed medical literature to support the safety and efficacy of these procedures is limited.

According to Uptodate: Thermal laser photocoagulation for choroidal neovascularization is rarely recommended. Thermal laser photocoagulation uses a relatively high intensity of thermal laser energy to coagulate the abnormal choroidal neovascular membrane. An adverse consequence of this treatment is focal damage to the overlying retina with the formation of a permanent blind spot. Thus, if used, this treatment should be limited to very small lesions outside of the central macula.

American Academy of Ophthalmology
With the introduction of the VEGF inhibitors (i.e., pegaptanib sodium, off-label bevacizumab, ranibizumab and aflibercept), more effective treatments for neovascular AMD exist. The VEGF inhibitors have demonstrated improved visual and anatomic outcomes compared with other therapies. Anti-VEGF therapies have become first-line therapy for treating and stabilizing most cases of neovascular AMD. In addition to intravitreal injections of VEGF inhibitors, verteporfin PDT and thermal laser photocoagulation surgery remain approved options for the treatment of subfoveal lesions. Current practice patterns support the use of anti-VEGF monotherapy for patients with newly diagnosed neovascular AMD, and suggest that these other therapies are rarely needed, yet may be used in unresponsive cases.
Coding Implications
This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2015, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

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<thead>
<tr>
<th>CPT® Codes</th>
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<tr>
<td>67028</td>
<td>Intravitreal injection of a pharmacologic agent (separate procedure)</td>
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<tr>
<td>67220</td>
<td>Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), one or more sessions</td>
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<tr>
<td>67221</td>
<td>Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy (includes intravenous infusion)</td>
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<tr>
<td>67225</td>
<td>Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye, at single session</td>
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<tr>
<td>0190T</td>
<td>Placement of intraocular radiation source applicator</td>
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<th>HCPCS Codes</th>
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ICD-10-CM Diagnosis Codes that Support Coverage Criteria

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<tr>
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<tr>
<td>H35.32x</td>
<td>Exudative age-related macular degeneration</td>
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Reviews, Revisions, and Approvals

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<tr>
<th>Description</th>
<th>Date</th>
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<tr>
<td>Policy adopted from Health Net NMP283 Neovascular (Wet) Macular Degeneration Treatment</td>
<td>11/16</td>
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<tr>
<td>Reviewed – no changes</td>
<td>11/17</td>
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<td>Reviewed – no changes</td>
<td>11/18</td>
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<td>Revised II, thermal laser photocoagulation, to indicate limited recommendations</td>
<td>11/19</td>
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<td>Updated references, no other changes</td>
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**References**


**Important Reminder**
This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

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This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to
**Clinical Policy**

**Neovascular (Wet) Macular Degeneration Treatment**

Recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

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**Note: For Medicaid members,** when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

**Note: For Medicare members,** to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at [http://www.cms.gov](http://www.cms.gov) for additional information.

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