MEDICAL POLICY

MEDICAL POLICY DETAILS	
Medical Policy Title	**PHOTODYNAMIC THERAPY FOR SUBFOVEAL CHOROIDAL NEOVASCULARIZATION**
Policy Number	**8.01.11**
Category	**Technology Assessment**
Effective Date	**07/20/00**
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Product Disclaimer	• *If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.* • *If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit.* • *If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.*

POLICY STATEMENT

I. Based upon our criteria and assessment of peer-reviewed literature, photodynamic therapy with verteporfin has been medically proven effective and therefore **medically appropriate** for patients with a diagnosis of subfoveal choroidal neovascularization (CNV) associated with the following conditions:
   A. Age-related macular degeneration;
   B. Pathologic myopia;
   C. Chronic central serous chorioretinopathy;
   D. Choroidal hemangioma; or
   E. Ocular histoplasmosis syndrome.

II. Based upon our criteria and assessment of peer-reviewed literature, photodynamic therapy with Verteporfin as yet, has not demonstrated a benefit to patient outcomes and is considered **investigational** as a treatment for patients with CNV for any other ophthalmologic condition not listed above.

Refer to Corporate Medical Policy # 8.01.06 regarding Photodynamic Therapy for Malignant Conditions.

Refer to Corporate Medical Policy #11.01.03 Experimental and Investigational Services.

Refer to FLRx drug policy regarding Neovascular (Wet) Age Related Macular Degeneration (Magugen®: pegaptanib, Lucentis®: ranibizumab, Avastin®: benacizumab).

POLICY GUIDELINES

I. Photodynamic therapy with verteporfin must be administered by an ophthalmologist who has completed a fellowship in vitreoretinal diseases and surgery**.**

II. The specialist should evaluate the patient every three (3) months. Repeat PDT therapy may be necessary to achieve optimal visual acuity if the abnormal blood vessels re-leak. On the average, 3-4 treatments are necessary during the first year of therapy with approximately 2 treatments during the second year.

III. Verteporfin photodynamic therapy combined with ranibizumab/Lucentis or bevacizumab/Avastin will be considered in patients with predominantly classic lesions. Refer to FLRx drug policy regarding *Neovascular (Wet) Age Related Macular Degeneration (Magugen®: pegaptanib, Lucentis®: ranibizumab, Avastin®: benacizumab).*

IV. The Federal Employee Health Benefit Program (FEHBP/FEP) requires that procedures, devices or laboratory tests approved by the U.S. Food and Drug Administration (FDA) may not be considered investigational and thus these procedures, devices or laboratory tests may be assessed only on the basis of their medical necessity.

DESCRIPTION

Age-related macular degeneration (AMD) is a major cause of severe vision loss in people older than age 65 years. There are 2 forms of AMD: wet and dry. The dry form is the most common form and is characterized by yellow deposits in the retina, called "drusen". The dry form can progress to the wet form, which is more aggressive and severe. Wet or exudative AMD is caused by the growth of abnormal leaky blood vessels (choroidal neovascularization or CNV) that eventually damage the macula. The macula is the area of the eye responsible for central vision, which is essential for most visual activities, including reading, driving, and recognizing faces. CNV associated with wet AMD may include classic or occult neovascular leakage patterns. Classic CNV is distinct or well demarcated during fluorescein angiography whereas occult CNV is obscured or poorly demarcated on fluorescein angiography.

Choroidal neovascularization due to pathologic myopia is caused by abnormal blood vessels that grow under the center of the retina as a result of the abnormal elongation of the back of the eye associated with severe near-sightedness or myopia. Pathologic myopia generally occurs among people over 30 years of age and can result in a progressive loss of vision.

Ocular histoplasmosis syndrome (OHS) is thought to be caused by *Histoplasm capsulatum* (a fungus found in the dust and soil of river valley regions) which is inhaled into the lungs and then spreads to the choroid layer of the eye forming scar tissue. In later years, OHS develops when the scar tissue forms fragile, abnormal blood vessels known as choroidal neovascularization. OHS is also known as Presumed OHS due to the fact that the fungus is rarely isolated or cultured from the eye.

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. Although central serous chorioretinopathy often resolves spontaneously in 3 to 4 months, chronic or recurrent central serous chorioretinopathy can result in progressive decline of visual acuity. Central serous chorioretinopathy has been treated with medication and laser photocoagulation, but these treatments have limited efficacy.

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.

Photodynamic therapy is a treatment modality designed to selectively occlude neovascular tissue. Therapy consists of intravenous injection of a photosensitizing agent followed by irradiation of the neovascular tissue with non-thermal light. It is thought that when the light activates the photosensitizer, it generates singlet oxygen, which leads to the selective destruction of new blood vessels.

Visudyne (verteporfin) is the only FDA approved intravenous photosensitizing agent for the treatment of patients with choroidal neovascularization. Visudyne photodynamic therapy is a two-step process: it is injected intravenously and rapidly accumulates in the abnormal vessels in the eye. Activation of Visudyne by the non-thermal laser (usually within 5 minutes of the injection) results in a reduction in the growth and leakage of these abnormal blood vessels and a corresponding reduction or stabilization of vision loss, with minimal effects on the surrounding normal tissue.

RATIONALE

Visudyne (verteporfin) is the only FDA approved intravenous photosensitizing agent for the treatment of patients with CNV. The FDA approved indications include classic CNV secondary to wet AMD, pathologic myopia and ocular histoplasmosis syndrome.

Several clinical trials are currently underway investigating other photosensitizing agents in the treatment of subfoveal CNV. Publications of the TAP clinical trial have reported that photodynamic therapy can safely reduce the risk of vision loss in patients with age-related macular degeneration characterized by choroidal neovascularization up to 2 years following the initial treatment. In an extension trial of the TAP trial, patients' visual acuity was found to remain stable between the 24th and 36th month of follow-up, while the number of treatments required continued to decrease (1.4 treatments in the third year compared to 3.4 and 2.1 treatments received in the first and second years, respectively).

The VIP trial primarily focused on the safety and efficacy of PDT in patients with predominantly occult lesions. While there was no significant difference in vision loss between the treatment and placebo group in the first 12 months, by 24 months a significantly lower percentage of those patients in the treatment group had lost vision. A second arm of the VIP trial investigated patients with CNV due to pathologic myopia. Beneficial outcomes regarding visual acuity were noted at 12 months (86% of verteporfin-treated patients lost less than 3 lines of vision, compared to 67% of patients receiving sham treatment).

The FDA's 2001 decision to expand Visudyne therapy for ocular histoplasmosis was based on findings of a case study of 26 patients. Patients treated with verteporfin demonstrated a reduction in the number of episodes of severe visual acuity loss compared to historical control data.

A recent analysis of the TAP and VIP studies found correlation between lesion size of minimally classic CNV and efficacy of verteporfin treatment. Patients with minimally classic CNV with lesions four (4) disc sizes or smaller treated with verteporfin have a better visual acuity outcome after treatment than patients with larger areas of CNV. Preliminary results of the VIM study also support the use of verteporfin treatment in patients with minimally classic CNV with small disc areas.

Quality evidence on use of PDT for central serous chorioretinopathy is limited. The available evidence indicates substantial numbers of adverse events with standard PDT. Reduced-dose PDT may result in improved anatomical outcomes for acute central serous chorioretinopathy, but clinically significant improvements in visual acuity have not been shown for this self-limiting disease. For chronic central serous chorioretinopathy, recent comparative studies of reduced fluence and reduced-dose PDT suggest a possible beneficial effect of this treatment.

PDT has been reported to induce complete and irreversible occlusion of the microvasculature, although this may require more than one treatment. Several case series demonstrated encouraging visual and anatomical outcomes in 150 patients with circumscribed choroidal hemangioma who were treated with various PDT regimens.

Based on numerous case reports and case series, PDT is being used in an attempt to decrease CNV of many different etiologies. For example, PDT has been reported to slow down, but not prevent or reverse, the progression of disease of CNV associated with polypoidal choroidal vasculopathy, angioid streaks, and inflammatory chorioretinal disease. There is insufficient evidence to support the use of PDT as monotherapy or in combination therapy for these other ophthalmologic disorders. As a result, PDT is considered investigational for ophthalmologic disorders other than AMD, chronic central serous chorioretinopathy, choroidal hemangioma, pathologic myopia, or presumed ocular histoplasmosis.

CODES

- *Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.*
- *CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.*
- *Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.*

CPT Codes

Code	Description
67221	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy (includes intravenous infusion)

Code	Description
67225	photodynamic therapy, second eye, at single session (List separately in addition to code for primary eye treatment)

HCPCS Codes

Code	Description
J3396	Injection, verteporfin, 0.1 mg
~~**115.92**~~	~~Occult histoplasmosis~~

ICD10 Codes

Code	Description
H35.051-H35.059	Retinal neovascularization, eye (code range)
H35.32	Exudative age-related macular degeneration
H44.20-H44.23	Degenerative myopia, eye (code range)

REFERENCES

Adjunctive Difclofenac with Verteporfin (ADD-V) Study Group, et al. Effect of adjunctive diclofenac with verteporfin therapy to treat choroidal neovascularization due to age-related macular degeneration: phase II study. Retina 2007 Jul-Aug;27(6):693-700.

Ahmadieh H, et al. Single sessions photodynamic therapy combined with intravitreal bevacizumab and triamcinolone for neovascular age-related macular degeneration. BMC Ophthalmol 2007 Jun 7;7(10):1-6.

*American Academy of Ophthalmology. Photodynamic therapy with verteporfin for age-related macular degeneration. Ophthalmol Dec 2000;107(12):2314-17.

American Academy of Ophthalmology. Preferred practice pattern. Age-related macular degeneration. 2011 [http://one.aao.org/CE/PracticeGuidelines/default.aspx?dc=783ead7d-3e06-433b-8f17-2971eb3816f8&p=0] accessed 2/25/13.

American Academy of Ophthalmology. Photodynamic therapy with verteporfin for age-related macular degeneration. 2006.[http://one.aao.org/CE/PracticeGuidelines/default.aspx?dc=783ead7d-3e06-433b-8f17-2971eb3816f8&p=2] accessed 2/25/13.

Antoszyk AN, et al. Ranibizumab combined with verteporfin photodynamic therapy in neovascular age-related macular degeneration (FOCUS): year 2 results. Am J Ophthalmol 2008 May;145(5):862-74.

Arias L, et al. Photodynamic therapy with intravitreal triamcinolone on predominantly classic choroidal neovascularization: one-year results of a randomized study. Ophthalmol 2006 Dec;113(12):2243-50.

Augustin AJ, et al. Verteporfin and intravitreal triamcinolone acetonide combination therapy for occult choroidal neovascularization in age-related macular degeneration. Am J Ophthalmol 2006 Apr;141(4):638-45.

*Axer-Siegel R, et al. Photodynamic therapy for occult choroidal neovascularization with pigment epithelium detachment in age-related macular degeneration. Arch Ophthalmol 2004 Apr;122(4):453-9.

*Azab M, et al. Verteporfin therapy of subfoveal choroidal neovascularization in age-related macular degeneration: meta-analysis of 2-year safety results in three randomized clinical trials: Treatment of age-related macular degeneration with photodynamic therapy and verteporfin in photodynamic therapy study. Report no. 4. Retina 2004 Feb;24(1):1-12.

Azab M, et al. Verteporfin therapy of subfoveal minimally classic choroidal neovascularization in age-related macular degeneration: 2-year results of a randomized clinical trial. Arch Ophthal 2005 Apr;123(4):448-57.

Bashshur ZF, et al. Intravitreal bevacizumab vs verteporfin photodynamic therapy for neovascular age-related macular degeneration. Arch Ophthalmol 2007 Oct;125(10):1357-61.

*Blinder KJ, et al. Verteporfin therapy of subfoveal choroidal neovascularization in pathologic myopia: 2-year results of a randomized clinical trial—VIP report no. 3. Ophthalmol 2003 Apr;110(4):667-73.

*Blinder KJ, et al. Effect of lesion size, visual acuity, and lesion composition on visual acuity with and without verteporfin therapy for choroidal neovascularization secondary to age-related macular degeneration: TAP and VIP report no.1. Am J Ophthalmol 2003 Sep;136(3):407-18.

BlueCross BlueShield Association. Photodynamic therapy for subfoveal choroidal neovascularization. Medical Policy Reference Manual Policy #9.03.08. 2017 March 9.

*BlueCross BlueShield Association Technology Evaluation Center (TEC). Photodynamic therapy for subfoveal neovascularization. 2000 Dec;15(18).

BlueCross BlueShield Association Technology Evaluation Center (TEC). Special report: Current and evolving strategies in the treatment of age-related macular degeneration. 2005 Dec;20 (11).

*Blumenkranz MS, et al. Verteporfin therapy for subfoveal choroidal neovascularization in age-related macular degeneration: three-year results of an open-label extension of 2 randomized clinical trials—TAP Report no. 5. Arch Ophthalmol 2002 Oct;120(10):1307-14.

Boixadera A, et al. Prospective clinical trial evaluating the efficacy of photodynamic therapy for symptomatic circumscribed choroidal hemangioma. Ophthalmol 2009 Jan;116(1):100-5.

*Bressler NM, et al. Verteporfin therapy in age-related macular degeneration (VAM): an open label multicenter photodynamic therapy study of 4,435 patients. Retina 2004 Aug;24(6):512-20.

Bresslar SB, et al. Natural history of minimally classic subfoveal choroidal neovascular lesions in the treatment of age-related macular degeneration with photodynamic therapy (TAP) investigation. Arch Ophthalmol 2004 Mar;122(3):325-9.

*Bressler NM, et al. Photodynamic therapy of subfoveal choroidal neovascularization in age-related macular degeneration with verteporfin: two-year results of 2 randomized clinical trials-TAP report 2. Arch Ophthalmol 2001 Feb;119(2):198-207.

Bressler NM, et al. Verteporfin therapy for subfoveal choroidal neovascularization in age-related macular degeneration: four-year results of an open-label extension of 2 randomized clinical trials: TAP Report No. 7. Arch Ophthalmol 2005 Sep;123(9):1283-5.

Brown DM, et al. Ranibizumab versus verteporfin for neovascular age-related macular degeneration. NEJM 2006 Oct 5;355(14):1432-44.

Brown DM, et al. Ranibizumab versus verteporfin photodynamic therapy for neovascular age-related macular degeneration: Two-year results of the ANCHOR study. Ophthalmol 2009 Jan;116(1):57-65.

Browning AC, et al. Verteporfin photodynamic therapy of choroidal neovascularization in angioid streaks one-year results of a prospective case series. Ophthalmol 2005 Jul;112(7):1-5.

Browning AC, et al. Verteporfin photodynamic therapy of choroidal neovascularization in angioid streaks: one year results of a prospective case series. Ophthalmol 2005 Jul;112(7):1227-31.

*Busquets MA, et al. Ocular photodynamic therapy with verteporfin for choroidal neovascularization secondary to ocular histoplasmosis syndrome. Retina 2003 Jun;23(3):299-306.

Chan WM, et al. Combined photodynamic therapy and intravitreal triacinolone injection for the treatment of subfoveal choroidal neovascularization in age related macular degeneration: a comparative study. Br J Ophthalmol 2006 Mar;90(3):337-41.

Chan WM, et al. Half-dose verteporfin photodynamic therapy for acute central serous chorioretinopathy: one-year results of a randomized controlled trial. Ophthalmol 2008 Oct;115(10):1756-5.

Chaudhary V, et al. Triamcinolone acetonide as adjunctive treatment to verteporfin in neovascular age-related macular degeneration: a prospective randomized trial. Ophthalmol 2007 Dec;114(12):2183-9.

Dhalla MS, et al. Combined photodynamic therapy with verteporfin and intravitreal bevacizumab for choroidal neovascularization in age-related macular degeneration. Retina 2006 Nov-Dec;26(9):988-93.

*Do DV, et al. Large submacular hemorrhages after verteporfin therapy. Am J Ophthalmol 2004 Mar; 137(3):558-60.

*Ergun E, et al. Photodynamic therapy with verteporfin in subfoveal choroidal neovascularization secondary to central serous chorioretinopathy. Arch Ophthalmol 2004 Jan;122(1):37-41.

Glacet-Bernard A, et al. Photodynamic therapy vs limited macular translocation in the management of subfoveal choroidal neovascularization in pathologic myopia: a two-year study. Am J Ophthalmol 2007 Jan;143(1):68-76.

Jurklies B, et al. Photodynamic therapy using verteporfin for choroidal neovascularization associated with angioid streaks-long-term effects. Ophthalmic Res 2006;38(4):209-17.

Kaiser PK, et al. Verteporfin therapy of subfoveal choroidal neovascularization in age-related macular degeneration: 5 year results of two randomized trials with an open-label extension: TAP report no. 8. Graefes Arch Clin Exp Ophthalmol

2006 Sep;244(9):1132-42.

*Karacorlu M, et al. Photodynamic therapy with verteporfin for choroidal neovascularization in patients with angioid streaks. Am J Ophthalmol 2002 Sep;134(3):360-6.

Lam DS, et al. Photodynamic therapy with verteporfin for juxtafoveal choroidal neovascularization secondary to pathologic myopia- 1-year results of a prospective series. Eye 2005 Aug;19(8):834-40.

Lazic R, et al. Verteporfin therapy and intravitreal bevacizumab combined and alone in choroidal neovascularization due to age-related macular degeneration. Ophthalmol 2007 Jun;114(6):1179-85.

Manku KK, et al. Factors influencing poor visual outcome in patients treated with photodynamic therapy for choroidal neovascularization secondary to age-related macular degeneration. Clin Experiment Ophthalmol 2007 May-Jun;35(4):330-4.

Mennel S, et al. Ocular photodynamic therapy-standard applications and new applications (part1). Review of the literature and personal experience. Ophthalmologica 2007;221(4):216-26.

Michels S, et al. Comparison of early retreatment with standard regimen in verteporfin therapy of neovascular age-related macular degeneration. Ophthalmol 2005 Dec;112(12):2070-5.

Neovascular age-related macular degeneration, periocular corticosteroids, and photodynamic therapy (NAPP) trial research group, et al. Periocular triamcinolone and photodynamic therapy for subfoveal choroidal neovascularization in age-related macular degeneration. Ophthalmol 2007 Sep;114(9):1713-21.

Pece A, et al. Photodynamic therapy with verteporfin for juxtafoveal choroidal neovascularization in pathologic myopia: a long-term follow-up study. Am J Ophthalmol 2007 Mar;143(3):449-54.

Potter MJ, et al. recurrence of choroidal neovascularization after photodynamic therapy in patients with age-related macular degeneration. Br J Ophthalmol 2007 Jun;91(6):753-6.

*Rechtman E, et al. Intravitreal triamcinolone with photodynamic therapy for subfoveal choroidal neovascularization in age related macular degeneration. Br J Ophthalmol 2004 Mar;88(3):344-7.

*Rogers AH, et al. Photodynamic therapy of idiopathic and inflammatory choroidal neovascularization in young adults. Ophthalmol 2003 Jul;110(7):1315-50.

*Rosenfeld PJ, et al. Photodynamic therapy with verteporfin in ocular histoplasmosis: uncontrolled, open-label 2-year study. Ophthalmol 2004 Sep;111(9):1725-33.

Rosenfeld PJ, et al. Verteporfin therapy of subfoveal occult choroidal neovascularization in AMD using delayed light application: one-year results of the VALIO Study. Am J Ophthalmol 2007 Dec;144(6):970-2.

Ruiz-Moreno JM, et al. Photodynamic therapy and high-dose intravitreal triacinolone to treat exudative age-related macular degeneration: 1-year outcomes. Retina 2006 Jul-Aug;26(6):602-12.

*Saperstein DA, et al. Photodynamic therapy of subfoveal choroidal neovascularization with verteporfin in the ocular histoplasmosis syndrome: one-year results of an uncontrolled, prospective case series. Ophthalmol 2002 Aug;109(8):1499-505.

Saperstein DA, et al. Verteporfin therapy for CNV secondary to OHS. Ophthalmol 2006 Dec;113(12): 2371.e1-3.

*Schmidt-Erfurth U, et al. Photodynamic therapy with verteporfin for choroidal neovascularization caused by age-related macular degeneration: results of re-treatments in a phase 1 and 2 study. Arch Ophthalmol 1999;117:1177-87.

Schmidt-Erfurth U, et al. Randomized multicenter trial of more intense and standard early verteporfin treatment of neovascular age-related macular degeneration. Ophthalmol 2008 Jan;115(1):134-40.

Schmidt-Erfurth U, et al. Same-day administration of verteporfin and ranibizumab 0.5 mg in patients with choroidal neovascularization due to age-related macular degeneration. Br J Ophthalmol 2008 Dec;92912):1628-35.

Schnurrbusch UE, et al. Complications after photodynamic therapy. Arch Ophthalmol 2005 Oct;123(10):1347-50.

*Shaikh S, et al. Photodynamic therapy using verteporfin for choroidal neovascularization in angioid streaks. Am J Ophthalmol 2003 Jan;135(1):1-6.

Sharp DM, et al. Photodynamic therapy with verteporfin for choroidal neovascularization due to age-related macular degeneration and other causes: a New Zealand outcomes study. Clin Experiment Ophthalmol 2007 Jan-Feb;32(1):24-31.

Slakter JS, et al. Anecortave acetate (15 milligrams) versus photodynamic therapy for the treatment of subfoveal neovascularization in age-related macular degeneration. Ophthalmol 2006 Jan;113(1):3-13.

*Spaide RF, et al. Combined photodynamic therapy with verteporfin and intravitreal tiamcinolone acetonide for choroidal neovascularization. Ophthalmol 2003 Aug;110(8):1517-25.

*Taban M, et al. Chronic central serous chorioretinopathy: photodynamic therapy. Am J Ophthalmol 2004 Jun;137(6):1073-80.

*Verteporfin in Photodynamic Therapy Study Group. Photodynamic therapy of subfoveal choroidal neovascularization in pathologic myopia with verteporfin. 1-year results of a randomized clinical trial - VIP report no.1. Ophthalmol 2001 May;108(5):841-52.

*Verteporfin in Photodynamic Therapy Study Group. Verteporfin therapy of subfoveal choroidal neovascularization in age-related macular degeneration: two-year results of a randomized clinical trial including lesions with occult with no classic choroidal neovascularization- verteporfin in photodynamic therapy - report 2. Am J Ophthalmol 2001 May;131(5):541-60.

Verteporfin Roundtable Participants. Guidelines for using verteporfin (Visudyne) in photodynamic therapy for choroidal neovascularization due to age-related macular degeneration and other causes: update. Retina 2005 Feb-Mar;25 (2):119-34.

Virgili G, et al. Photodynamic therapy for nonsubfoveal choroidal neovascularization in 100 eyes with pathologic myopia. Am J Ophthalmol 2007 Jan;143(1):77-82.

Weigert G, et al. Intravitreal bevacizumab (Avastin) therapy versus photodynamic therapy plus intravitreal triamcinolone for neovascular age-related macular degeneration: 6-month results of a prospective, randomized, controlled clinical study. Br J Ophthalmol 2008 Mar;92(3):356-60.

Wormald R, et al. Photodynamic therapy for neovascular macular degeneration. Cochrane database of systematic reviews. 2007 Jul 18;(3):CD002030.

*Key Article

KEY WORDS

Age-related macular degeneration, AMD, Visudyne, Verteporfin

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently a National Coverage Determination (NCD) for ocular photodynamic therapy and a Local Coverage Determination (LCD), Drugs and Biologics. Please refer to the following NCD and LCD websites for Medicare members:

NCD: http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=349&ncdver=1&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=New+York+-+Upstate&CptHcpcsCode=36514&bc=gAAAABAAAAAA&

LCD: https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33394&ContrId=298&ver=35&ContrVer=1&CntrctrSelected=298*1&Cntrctr=298&name=National+Government+Services%2c+Inc.+(13201%2c+A+and+B+and+HHH+MAC%2c+J+-+K)&s=All&DocType=Active&bc=AggAAAQAAAAA&