



Clinical Policy: Neovascular (Wet) Macular Degeneration **Health Net**[®]

Treatment

Reference Number: HNCA.CP.MP.283

Effective Date: 11/16

Last Review Date: 11/19

[Coding Implications](#)

[Revision Log](#)

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 intravitreal 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) is **medically necessary** for the treatment of neovascular AMD with predominately classic subfoveal choroidal neovascularization (CNV) (i.e., the classic lesion comprises $\geq 50\%$ 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, as this procedure utilizes high intensity thermal laser energy that may cause permanent damage to the retina.
- 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 juxtасleral placement of anecortave acetate (Retaane) depot suspension;



CLINICAL POLICY Neovascular (Wet) Macular Degeneration Treatment

F. Proton beam therapy.

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 intravitreal 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



CLINICAL POLICY

Neovascular (Wet) Macular Degeneration Treatment

patients with newly diagnosed neovascular AMD, and suggest that these other therapies are rarely needed, yet may be used in unresponsive cases.

Coding Implications

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CPT® Codes	Description
67028	Intravitreal injection of a pharmacologic agent (separate procedure)
67220	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photocoagulation (eg, laser), one or more sessions
67221	Destruction of 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
0190T	Placement of intraocular radiation source applicator

HCPCS Codes	Description
N/A	

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

ICD-10-CM Code	Description
H35.32x	Exudative age-related macular degeneration

Reviews, Revisions, and Approvals	Date	Approval Date
Policy adopted from Health Net NMP283 Neovascular (Wet) Macular Degeneration Treatment	11/16	
Reviewed – no changes	11/17	11/17
Reviewed – no changes	11/18	11/18
Revised II, thermal laser photocoagulation, to indicate limited recommendations	11/19	11/19



CLINICAL POLICY

Neovascular (Wet) Macular Degeneration Treatment

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CLINICAL POLICY

Neovascular (Wet) Macular Degeneration Treatment

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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.

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This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

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



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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.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

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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> for additional information.

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