

<b>NCD</b>	80.2 Photodynamic Therapy		
<b>NCD</b>	80.2.1 Ocular Photodynamic Therapy (OPT)		
<b>NCD</b>	80.3 Photosensitive Drugs		
<b>NCD</b>	80.3.1 Verteporfin		
<b>IOM:</b>	<a href="https://www.cms.gov/manuals/downloads/ncd103c1_Part1.pdf">https://www.cms.gov/manuals/downloads/ncd103c1_Part1.pdf</a>		
<b>MCD:</b>	<a href="http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=128&amp;ncdver=3&amp;bc=AgAAQAAAAAAAAA%3d%3d&amp;">http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=128&amp;ncdver=3&amp;bc=AgAAQAAAAAAAAA%3d%3d&amp;</a>		
<b>MCD:</b>	<a href="http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=349&amp;ncdver=2&amp;bc=AgAAQAAAAAAAAA%3d%3d&amp;">http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=349&amp;ncdver=2&amp;bc=AgAAQAAAAAAAAA%3d%3d&amp;</a>		
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<b>Transmittal</b>	<a href="http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2728CP.pdf">http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2728CP.pdf</a>		
<b>ICD-9-CM</b>		<b>ICD-10 CM</b>	<b>ICD-10 DX Description</b>
<b>Covered ICDs (contractor discretion prevails re: 67221/67225)</b>			
362.52	Exudative senile macular degeneration	H35.32	Exudative age-related macular degeneration
<b>Non Covered ICDs</b>			
362.50	Macular degeneration (senile), unspecified	H35.30	Unspecified macular degeneration
362.51	Nonexudative senile macular degeneration	H35.31	Nonexudative age-related macular degeneration

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<b>Transmittal</b>	<a href="http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2728CP.pdf">http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2728CP.pdf</a>		
<b>ICD-9</b>	<b>ICD-9 Px Description</b>	<b>ICD-10 PCS</b>	<b>ICD-10 PCS Description</b>
14.24	Destruction of chorioretinal lesion by laser photocoagulation	085E3ZZ	Destruction of Right Retina, Percutaneous Approach
14.24	Destruction of chorioretinal lesion by laser photocoagulation	085F3ZZ	Destruction of Left Retina, Percutaneous Approach

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<b>Transmittal</b>	<a href="http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2728CP.pdf">http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2728CP.pdf</a>									
Part A	Rule Description Part A	Proposed HCPCS/CPT Part A	Frequency Limitations	TOB (Part A)	Revenue Code Part A	Modifier Part A	Provider Specialty	Proposed MSN Message Part A	Proposed CARC Message Part A	Proposed RARC Message Part A
	<p><b>A/MACs:</b> Effective for claims with DOS on and after 4/3/13, CMS expands coverage of OPT with verteporfin for "wet" AMD to allow OPT (CPT 67221/67225) with verteporfin (HCPCS J3396). No additional edits required for ICD-9-CM 362.52 (Exudative Senile Macular Degeneration of Retina (Wet))/ICD-10-CM H35.32 (Exudative Age-related Macular Degeneration).</p> <p><b>A/MACs:</b> Effective for claims with DOS on or after 4/3/13, <u>coverage is allowed for</u> 13X &amp; 85X claims for subsequent follow-up visits for OPT with verteporfin for wet AMD with either an FA test, procedure code 92235, or an OCT test, procedure codes 92133 or 92134, prior to tx. Add TOS F to existing logic for 80.2=67221/67225 &amp; J3396, and 80.3=J3396</p> <p>PLEASE NOTE: There are other uses of 92235, 92133, and 92134 besides those mentioned in this policy. The pre-test only needs to appear in the medical record.</p> <p>PLEASE NOTE: OPT with Verteporfin for use in non-AMD conditions is eligible for coverage through individual contractor discretion.</p>	TOS F 67221 67225 92133 92134 92235 J3396	N/A	12x, 34x, 75x, 76x 13X 85X	0360 0636	N/A	N/A	14.9 15.20 15.4	B22 ----- 50	N/A ----- N386
	<p><b>A/MACs:</b> Shall allow IP facility claims with dx 362.52 (Exudative Senile Macular Degeneration of Retina (Wet)) or ICD-10-CM H35.32 (Exudative Age-related Macular Degeneration) and procedure 14.24 (Destruction of chorioretinal lesion by laser photocoagulation)/ICD10 PCS-085E3ZZ or 085F3ZZ .</p>	See ICD Procedures tab	N/A	11X		N/A	N/A	14.9 15.20 15.4	B22 ----- 50	N/A ----- N386

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Part B	Rule Description Part B	Proposed HCPCS/CPT Part B	Frequency Limitations	POS (Part B)	n/a	Modifier Part B	Provider Specialty	Proposed MSN Message Part B	Proposed CARC Message Part B	Proposed RARC Message Part B
	<p><b>B/MACs:</b> Effective for claims with DOS on or after 4/3/13, CMS expands coverage of OPT (67221/67225) with verteporfin (J3396) for “wet” AMD (362.52/H35.32) for subsequent follow-up visits with either a fluorescein angiogram (FA), procedure code 92235, or optical coherence tomography (OCT), procedure codes 92133 or 92134, prior to tx. Refer to Pub. 100-03 NCD Manual, Chapter 1, Sections 80.3.1, 80.2, 80.2.1, and 80.3 for coverage policy. For claims processing instructions refer to Pub. 100-04, Claims Processing Manual, Chapter 32, Section 300.</p> <p><b>B/MACs:</b> Shall continue to cover OPT (CPT 67221/67225) with verteporfin (HCPCS J3396). No edits required for “wet” AMD (362.52/H35.32). Add TOS F to existing logic for 80.2=67221/67225 &amp; J3396, and 80.3=J3396</p> <p>PLEASE NOTE: There are other uses of 92235, 92133, and 92134 besides those mentioned in this policy. The pre-test only needs to appear in the medical record.</p> <p>PLEASE NOTE: OPT with Verteporfin for use in non-AMD conditions is eligible for coverage through individual contractor discretion.</p>	<p>TOS F</p> <p>67221</p> <p>67225</p> <p>92133</p> <p>92134</p> <p>92235</p> <p>J3396</p>	N/A	N/A	N/A	N/A	N/A	<p>14.9</p> <p>15.20</p> <p>15.4</p>	<p>B22</p> <p>-----</p> <p>50</p>	<p>N/A</p> <p>-----</p> <p>N386</p>
	<p><b>B/MACs:</b> Effective 7/1/01, OPT (CPT code 67221) is only covered when used in conjunction with verteporfin (see §45-30 PHOTSENSITIVE DRUGS). For patients with age-related macular degeneration (AMD), OPT is only covered with a dx of neovascularAMD (ICD-9-CM 362.52) with predominately classic subfoveal choroidal neovascular (CNV) lesions (where the area of classic CNV occupies = 50% of the area of the entire lesion) at the initial visit as determined by a fluorescein angiogram (FA, CPT code 92235). Subsequent follow-up visits will require an FA prior to treatment. There are no requirements regarding visual acuity, lesion size, and number of retreatments.</p>	<p>67221</p> <p>92235</p>	N/A	N/A	N/A	N/A	N/A	<p>14.9</p> <p>15.20</p> <p>15.4</p>	<p>B22</p> <p>-----</p> <p>50</p>	<p>N/A</p> <p>-----</p> <p>N386</p>

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<b>Part B</b>	<p><b>B/MACs:</b> Coverage is denied when billed with either ICD-9 362.50 (Macular Degeneration (Senile), Unspecified) or 362.51 (Non-exudative Senile Macular Degeneration) or their equivalent ICD-10 H35.30 (Unspecified Macular Degeneration) or H35.31 (Non-exudative Age-Related Macular Degeneration).</p> <p>OPT with Verteporfin for other ocular indications are eligible for local coverage determinations through individual contractor discretion.</p> <p><b>B/MACs:</b> Payment for OPT service (CPT code 67221/67225) must be billed on the same claim as the drug (J3396) for the same DOS (MCS audit 227A).</p> <p>Claims for OPT with Verteporfin for DOS prior to 4/3/13 are covered at the initial visit as determined by a fluorescein angiogram (FA) CPT code 92235 . Subsequent follow-up visits also require a FA prior to treatment.</p> <p>For claims with DOS on or after 4/3/13, contractors shall accept and process claims for subsequent follow-up visits with either a FA, CPT code 92235, or optical coherence tomography (OCT), CPT codes 92133 or 92134, prior to treatment.</p> <p>Regardless of the DOS of the claim, the FA or OCT is not required to be submitted on the claim for OPT and can be maintained in the patient's file.</p>	67221 67225 92133 92134 92235 J3396	N/A	N/A	N/A	N/A	N/A	14.9 15.20 15.4	B22 ----- 50	N/A ----- N386
<b>Revision History Date</b>	<b>Revision History Explanation</b>									
05/08/2014	Removed edit requirement for "wet AMD" (H35.2) with (67221/67225) with verteporfin (J3396) as requested by HP; Removed "(No additional editing required for non covered Dx H35.30 and H35.31 when editing is already in place to deny for any code other than H35.32) since "wet AMD" (H35.2) edits eliminated. "									
04/05/2014	Added MSN 15.20 and 15.4 as per Palmetto GBA request. Added statements "add TOS F to existing logic for 80.2=67221/67225 & J3396, and 80.3=J3396" and "No additional editing required for non covered Dx H35.30 and H35.31 when editing is already in place to deny for any code other than H35.32" . Clarified directions for who has responsibility for the policy implementation. TOBs from CR 7818 added.									
01/31/2014	Revised due to expanded coverage effective 4/3/2013. Merged spreadsheets for NCDs 80.2, 80.2.1, 80.3, and 80.3.1 from CR 7818 since business requirements are same. Updated message codes to comply with CORE rules and business requirements. Removed invalid information.									