

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



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MLN Matters® Number: MM8292 Revised

Related Change Request (CR) #: CR 8292

Related CR Release Date: June 14, 2013

Effective Date: April 3, 2013

Related CR Transmittal #: R2728CP and R155NCD

Implementation Date: July 16, 2013

Ocular Photodynamic Therapy (OPT) with Verteporfin for Macular Degeneration

Note: This article was revised on June 18, 2013, to add a reference to transmittal R155NCD and to provide a Web link to that transmittal. All other information remains the same.

Provider Types Affected

This MLN Matters® Article is intended for physicians, providers, and suppliers submitting claims to Medicare contractors (Fiscal Intermediaries (FIs), carriers and A/B Medicare Administrative Contractors (MACs)) for services to Medicare beneficiaries.

What You Need to Know

This article is based on Change Request (CR) 8292, which instructs Medicare contractors that the Centers for Medicare & Medicaid Services (CMS) will expand coverage of Ocular Photodynamic Therapy (OPT) (CPT 67221/67225) with verteporfin (HCPCS J3396) for “wet” Age-related Macular Edema (AMD). CMS is revising the requirements for testing to permit either Optical Coherence Tomography (OCT) or Fluorescein Angiogram (FA) to assess treatment response. All other coverage criteria would continue to apply.

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Make sure that your billing staffs are aware of these changes. Contractors will not retroactively adjust claims from April 3, 2013, through the implementation of this CR. However, contractors may adjust claims that are brought to their attention.

Background

CMS received a formal written request from the American Academy of Ophthalmology (AAO) to review and update National Coverage Determination (NCD) 80.3.1 (Ocular Photodynamic Therapy (OPT) with verteporfin) since this coverage decision was from 2004, prior to the emergence of targeted anti-VEGF intravitreal treatments. These newer therapies have largely supplanted OPT as initial management of AMD and OPT is largely relegated to patients in whom the newer therapies have failed. When the policy was written, an initial FA was ordered to determine if the lesions were considered classic Choroidal Neovascular (CNV) lesions. Then the patients were followed monthly with additional FAs to determine the need for retreatment. The NCD requirement for follow-up FA with OPT with verteporfin is no longer supportable for these "end-stage" patients. (Note: The request specifies Section 80.3.1 of the NCD manual, but the requirement for follow-up FA also appears in Sections 80.2, 80.2.1, and 80.3 of the NCD Manual).

CMS will expand coverage of OPT with verteporfin for "wet" AMD. CMS is revising the requirements for testing to permit either OCT or FA to assess treatment response. All other coverage criteria would continue to apply. All other coverage criteria would continue to apply.

Effective for claims with dates of service on or after April 3, 2013, Medicare shall accept, process, and pay for subsequent follow-up visits with either an FA (procedure code 92235) or OCT (procedure codes 92133 or 92134), prior to treatment.

Additional Information

The official instruction, CR8292, was issued to your FI, carrier and A/B MAC via two transmittals. The first updates the "Medicare Claims Processing Manual" and it is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2728CP.pdf> on the CMS website. The second transmittal updates the NCD Manual and it is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R155NCD.pdf> on the CMS website.

If you have any questions, please contact your carrier or A/B MAC at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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