



## Photodynamic Therapy Laser

### CPT Code 67221, +67225, J3396

#### **All the following must be present before therapy begins:**

- Choroidal neovascularization membrane (CNVM) secondary to age-related macular degeneration
- CNVM under the geometric center of the foveal avascular zone
- Evidence of classic CNVM on fluorescein angiogram (FA)
- Area of classic CNVM at least 50% of the area of the total neovascular membrane
- Retreatment with PDT is reasonable and necessary if, on re-examination, the ophthalmologist finds leakage from classic CNV on the FA
- Effective for claims with dates of service on and after April 3, 2013 permit either optical coherence tomography (OCT) or FA to assess treatment response.

#### **Effective April 1 2003, PDT may be covered for:**

- Subfoveal occult with no classic CNV associated with AMD
- Subfoveal minimally classic CNV (where the area of classic CNV occupies < 50% of the area of the entire lesion) associated with AMD

These two indications are considered reasonable and necessary only when:

- The lesions are small (4 disk areas or less in size) at the time of initial treatment or within 3 months prior to initial treatment; and,
- They have shown evidence of progression with the 3 months prior to initial treatment

#### **Non-covered indications**

- Juxtafoveal or extrafoveal CNV lesions (lesions outside the fovea),
- Inability to obtain a FA
- Atrophic or “dry” AMD

**Procedure note should include**

- Diagnosis supporting medical necessity and appropriate indication for use
- Relevant diagnostic testing services within the policy guidelines (FA, OCT)
- Physician order including, medication name and dosage and signature
- Route of administration, site of injection
- Dosage in mg and volume in ml
- Medication wastage recorded
- Consent completed
- Physician signature is legible
  - Paper chart records have a signature log
  - Electronic health records (EHR), the electronic physician signature is secure

References:

CMS National Coverage Determination, Ocular Photodynamic Therapy (80.2.1)  
CMS National Coverage Determination, Verteporfin (80.3.1)  
CMS National Coverage Determination, Photodynamic Therapy (80.2)  
Academy 2020 Retina Coding: Complete Reference Guide