

## MEDICAL POLICY

<b>POLICY TITLE</b>	<b>PHOTOCOAGULATION THERAPY FOR TREATMENT OF AMD</b>
<b>POLICY NUMBER</b>	<b>MP 4.008</b>

<b>CLINICAL BENEFIT</b>	<input type="checkbox"/> MINIMIZE SAFETY RISK OR CONCERN. <input checked="" type="checkbox"/> MINIMIZE HARMFUL OR INEFFECTIVE INTERVENTIONS. <input type="checkbox"/> ASSURE APPROPRIATE LEVEL OF CARE. <input type="checkbox"/> ASSURE APPROPRIATE DURATION OF SERVICE FOR INTERVENTIONS. <input type="checkbox"/> ASSURE THAT RECOMMENDED MEDICAL PREREQUISITES HAVE BEEN MET. <input type="checkbox"/> ASSURE APPROPRIATE SITE OF TREATMENT OR SERVICE.
<b>Effective Date:</b>	<b>RETIRED 6/1/2026</b>

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### I. POLICY

Photocoagulation therapy for prevention or treatment of age-related macular degeneration is considered **investigational**. There is insufficient evidence to support a general conclusion concerning the health outcomes or benefits associated with this procedure for these indications.

**Cross-References:**

- MP 2.028 Eye Care
- MP 2.103 Off-Label Use of Medications and Other Interventions
- MP 2.149 Aqueous Shunts and Stents for Glaucoma
- MP 2.159 Intravitreal and Punctum Corticosteroid Implants

### II. PRODUCT VARIATIONS

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This policy is only applicable to certain programs and products administered by Capital Blue Cross and subject to benefit variations as discussed in Section VI. Please see additional information below.

**FEP PPO:** Refer to FEP Medical Policy Manual. The FEP Medical Policy manual can be found at:

<https://www.fepblue.org/benefit-plans/medical-policies-and-utilization-management-guidelines/medical-policies>

### III. DESCRIPTION/BACKGROUND

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#### Age-Related Macular Degeneration (AMD)

AMD is a degenerative disease of the retina that results in loss of central vision. Its earliest stages are marked by minimal visual impairment and by subretinal accumulations of cellular debris called soft drusen. The presence of these pale yellow or pale gray domed elevations results in a thickening of the space between the retinal pigment epithelium and its blood supply, the choriocapillaris, which leads to choroidal neovascularization (CNV) in affected eyes.

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Two distinctive forms of AMD, known as dry and wet degeneration, may be observed. The dry form (also known as atrophic or areolar) is more common and is often a precursor of the wet form (also known as exudative neovascular or disciform). The wet form is more devastating and characterized by serous or hemorrhagic detachment of the retinal pigment epithelium and development of CNV, which greatly increases the risk of developing severe irreversible loss of vision. CNV is categorized as classic or occult. Classic CNV appears as an initial lacy pattern of hyperfluorescence followed by more irregular patterns as the dye leaks into the subretinal space. Occult CNV lacks the characteristic angiographic pattern. Classic CNV carries a worse prognosis for vision than occult CNV, suggesting that the proliferative response that obscures new vessels may also favorably alter the clinical course of AMD.

### Treatment

Available therapeutic options for CNV include anti-VEGF inhibitors, verteporfin photodynamic therapy (VPDT), antioxidants, thermal laser photocoagulation, and corticosteroids. The safety and efficacy of each treatment depends on the form and location of the neovascularization.

VPDT is a treatment modality designed to selectively occlude ocular choroidal neovascular tissue. The therapy is a 2-step process, consisting of an injection of the photosensitizer verteporfin, followed 15 minutes later by laser treatment to the targeted sites of retinal neovascularization. The laser treatment selectively damages the vascular endothelium and occludes the neovascularized tissue. Patients may be retreated if leakage from CNV persists.

Photocoagulation of macular drusen is a specialized ophthalmic procedure that uses low-energy argon or infrared laser therapy to eliminate drusen in an attempt to prevent CNV. While available data indicate that photocoagulation of macular drusen results in some short-term vision improvement, long term efficacy has not been demonstrated.

Thermal laser photocoagulation is no longer recommended for subfoveal CNV treatment. For those with CNV lesions, the current trend is to use anti-VEGF agents in preference to laser photocoagulation surgery.

## IV. RATIONALE

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### SUMMARY OF EVIDENCE

#### Age-Related Macular Degeneration

For individuals who are considering photocoagulation therapy for destruction of drusen, evidence from multiple trials indicates that drusen ablation does not prevent visual loss, CNV, or AMD. Furthermore, the evidence from trials indicates that drusen ablation may be accompanied by harm. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who are considering photocoagulation therapy for destruction of CNV lesions, the evidence is limited. Thermal laser photocoagulation surgery is rarely used in clinical practice and is not recommended for subfoveal CNV. The evidence is insufficient to determine the effects of the technology on health outcomes.

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### V. DEFINITIONS

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**CHOROID** is the thin, highly vascular membrane covering the posterior five sixths of the eye between the retina and the sclera.

**CHOROIDAL NEOVASCULARIZATION** refers to the abnormal formation of new blood vessels usually on or under the retina, usually seen in diabetic retinopathy, blockages of central retinal vision and macular degeneration.

**DRUSEN** are yellow or white deposits under the retina made up of lipids and proteins.

**EXUDATION** refers to the pathological oozing of fluids, usually the result of inflammation.

**MACULAR DEGENERATION** refers to loss of pigmentation in the macular region of the retina, usually affecting persons over age fifty (50); a common disease of unknown etiology that produces central visual field loss and is the leading cause of permanent blindness in the United States.

### VI. DISCLAIMER

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*Capital Blue Cross' medical policies are used to determine coverage for specific medical technologies, procedures, equipment, and services. These medical policies do not constitute medical advice and are subject to change as required by law or applicable clinical evidence from independent treatment guidelines. Treating providers are solely responsible for medical advice and treatment of members. These policies are not a guarantee of coverage or payment. Payment of claims is subject to a determination regarding the member's benefit program and eligibility on the date of service, and a determination that the services are medically necessary and appropriate. Final processing of a claim is based upon the terms of contract that applies to the members' benefit program, including benefit limitations and exclusions. If a provider or a member has a question concerning this medical policy, please contact Capital Blue Cross' Provider Services or Member Services.*

### VII. CODING INFORMATION

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**Note:** This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

**Investigational; therefore, not covered:**

Procedure Codes				
G0186	67220	67299*		

\*INV if code is used for photocoagulation in the treatment of macular drusen

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**X. POLICY HISTORY**

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<b>MP 4.008</b>	<b>04/14/2020 Minor Review.</b> Change to match policy to BCBSA for full adoption. References updated. FEP variation updated.
	<b>06/08/2021 Consensus Review.</b> No change to policy statement. Reference and coding reviewed.
	<b>06/16/2022 Minor Review.</b> Added NMN statement regarding photocoagulation. Updated FEP, background, and references. Added G0186 and 67220 to coding table as NMN.
	<b>06/23/2023 Consensus Review.</b> No change to policy statement. Background and rationale updated. References updated. Coding reviewed.
	<b>06/07/2024 Consensus Review.</b> No change to policy statement. New references.
	<b>03/28/2025 Major review.</b> Title change; formerly Photodynamic or Photocoagulation Therapy for Choroidal Neovascularization. VPDT is no longer associated with this policy. Statement is solely for photocoagulation therapy for AMD. Updated cross-references, background, rationale, coding table and references. Removed J3396, 67221, and 67225. Added 67299.
	<b>07/14/2025 Administrative Update.</b> Removed Benefit Variations Section and updated Disclaimer.
	<b>01/02/2026 Retirement review.</b>

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