



TO: Physicians, Independent Clinics, and Federally Qualified Health Centers (FQHCs) – **For Action**
Health Maintenance Organizations - **For Information Only**

SUBJECT: **Medicaid Coverage of Verteporfin and Ocular Photodynamic Therapy**

EFFECTIVE: Claims with service dates on or after February 1, 2004

PURPOSE: To notify physicians of the decision by the Division of Medical Assistance and Health Services (DMAHS) to provide Medicaid coverage for verteporfin (Visudyne) and ocular photodynamic therapy.

BACKGROUND: Verteporfin was approved by the federal Food and Drug Administration (FDA) for the treatment of age-related macular degeneration (AMD) in patients with predominantly classic subfoveal choroidal neo vascularization (CNV) by a procedure known as ocular photodynamic therapy (O.P.T.).

Verteporfin therapy (i.e. ocular photodynamic therapy) is a two-stage process requiring administration of both verteporfin for injection and non-thermal red light. Verteporfin is a parenteral product that must be obtained by an ophthalmologist and is not available from providers of pharmaceutical services.

ACTION: Effective for claims with service dates on or after February 1, 2004, Medicaid coverage of verteporfin therapy, rendered by ophthalmologists who are retinal specialists, shall be limited to patients meeting the following criteria:

- best corrected visual acuity equal to or better than 20/200; and
- classic CNV occupying 50 percent or greater of the entire ocular lesion; and
- A reported ICD-9 CM diagnosis of 11502, 11592, 36221 or 36252 (exudative senile macular degeneration).

Claims for verteporfin therapy must be reported on the CMS 1500 claim form using the following billing procedures:

<u>HCPCS Code</u>	<u>Description</u>	<u>Maximum Fee Allowance</u>	
		<u>Specialist \$</u>	<u>Non-Specialist</u>

J3395	Injection, verteporfin, 15 mg	*AWP	
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* As of May 15, 2003, the current Maximum Fee Allowance based on the Average Wholesale Price (AWP) is **\$1,687.50** for each vial (15mg) of verteporfin.

67221	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy (includes intravenous infusion)	283.00	241.00
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67225	Destruction of localized lesion of choroid (eg, choroidal neovascularization); photodynamic therapy, second eye, at single session (List separately in addition to code for primary eye treatment)	23.00	20.00
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(Note: Use 67225 in conjunction with code 67221)

NOTE: Report HCPCS procedure code 67225 on the CMS 1500 claim form for procedures performed on a second eye when both eyes are treated on the same date of service. Evaluation and management (E&M) services, fluorescent angiography (FA) and other ocular diagnostic services may also be billed separately when determined medically necessary and provided on the same date of service.

Modifier 50 (bilateral service) should not be reported with either of these codes, since each eye is reported with a distinct code.

Modifiers LT or RT should be used on all claims for codes 67221 and 67225, whether initial or subsequent treatment.

If you have any policy questions concerning this Newsletter, please contact the Vision Care Consultant, DMAHS, at (609) 588-2777.

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