Geisinger

Geisinger Health Plan Policies and Procedure Manual

Policy: MP179

Section: Medical Benefit Policy

Subject: Photodynamic Therapy for Oncology Applications

Applicable Lines of Business

Commercial	**X**	**CHIP**	**X**
Medicare	**X**	**ACA**	**X**
Medicaid	**X**		

I. Policy: Photodynamic Therapy for Oncology Applications

II. Purpose/Objective:

To provide a policy of coverage regarding Photodynamic Therapy for Oncology Applications

III. Responsibility:

A. Medical Directors
B. Medical Management

IV. Required Definitions

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
c. in accordance with current standards of good medical treatment practiced by the general medical community.
d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment

Medically Necessary — A service, item, procedure, or level of care that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.

- Will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age

DESCRIPTION:
Photodynamic therapy (also known as phototherapy, photoradiation therapy, photosensitizing therapy, and/or photochemotherapy) consists of the use of a photosensitizing agent and the subsequent exposure of tumor cells to a laser light source in order to induce cellular damage. Tumor selectivity in the treatment is thought to occur through a combination of selective retention of photosensitizing agent in the cancer cells and selective delivery of light, therefore, causing minimal damage to the surrounding tissue.

NOTE: This policy only addresses the oncologic applications of photodynamic therapy and does not address its use as a treatment of actinic keratosis (See MP259) or age-related macular degeneration. (See MP003)

INDICATIONS:
The Plan considers photodynamic therapy (PDT) with light-activated porfimer sodium (Photofrin®) medically necessary for the treatment of the following specific types of cancer meeting the listed criteria:

- Esophageal cancer for EITHER of the following:
    - Completely or partially obstructing esophageal cancer that cannot be treated satisfactorily with neodymium:yttrium-aluminum-garnet (Nd:YAG) laser therapy
    - Barrett's esophagus carcinoma in situ and high-grade disease in individuals who are not esophagectomy candidates (e.g., obstructive disease with limited pulmonary function and/or cardiovascular disease with poor cardiac function that precludes surgical resection)
- Lung cancer for EITHER of the following:
    - Early-stage non-small cell lung or endobronchial cancer (NSCLC) in individuals who are not candidates for surgery or radiotherapy (e.g., obstructive disease with limited pulmonary function and/or cardiovascular disease with poor cardiac function that precludes surgical resection)
    - Advanced-stage obstructing endobronchial non-small cell lung cancer (NSCLC), for the reduction of obstruction and palliation of symptoms
- Unresectable cholangiocarcinoma used in combination with stenting
- Low risk superficial or nodular (less than 2 mm in depth) basal cell carcinoma when surgery and radiation are contraindicated.
- Bowen's disease (squamous cell carcinoma in situ) when surgery and radiation are contraindicated.

EXCLUSIONS:
The Plan does **NOT** provide coverage for photodynamic therapy (PDT) with light-activated porfimer sodium (Photofrin®) as a treatment for other head and neck malignancies because it is considered **experimental, investigational or unproven.** The Geisinger Technology Assessment Committee evaluated this technology and concluded that there is insufficient evidence in the peer-reviewed published medical literature to establish the effectiveness of this test on health outcomes when compared to established tests or technologies.

The Plan does NOT provide coverage for photodynamic therapy (PDT) as a treatment for malignancies not listed under Indications because it is considered experimental, investigational or unproven. The Geisinger Technology Assessment Committee evaluated this technology and concluded that there is insufficient evidence in the peer-reviewed published medical literature to establish the effectiveness of this test on health outcomes when compared to established tests or technologies. **Please see: MP259 Phototherapy for the Treatment of Dermatological Conditions**

Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in MP 15 - Experimental Investigational or Unproven Services or Treatment.

Medicaid Business Segment:
Any requests for services, that do not meet criteria set in the PARP, may be evaluated on a case by case basis.

CODING ASSOCIATED WITH: Photodynamic Therapy of the Head and Neck

The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at www.cms.gov ***or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.***

96570 Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); first 30 minutes
96571 Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); each additional 15 minutes
J9600 Injection, porfimer sodium, 75 mg

LINE OF BUSINESS:
Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supercede this policy. For PA Medicaid Business segment, this policy applies as written.

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This policy will be revised as necessary and reviewed no less than annually.

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CMS UM Oversight Committee Approval: 12/23