Geisinger

Geisinger Health Plan Policies and Procedure Manual

Policy: MP220

Section: Medical Benefit Policy

Subject: Epiretinal Radiation Therapy

Applicable Lines of Business

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

I. Policy: Epiretinal Radiation Therapy

II. Purpose/Objective:

To provide a policy of coverage regarding Epiretinal Radiation Therapy

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:
Intraocular epiretinal radiation technology is an intraocular device that utilizes the strontium-90 isotope to deliver and direct radiation to the choroidal vascular bed of the retina. Using a standard vitrectomy procedure, the cannula tip of a handheld (pipette-like) surgical device is inserted into the vitreous cavity and positioned under visual guidance over the target lesion. The local delivery of the radiation is thought to permit selective treatment of the neovascular lesion while minimizing neurosensory degeneration due to secondary radiation exposure. According to the manufacturer, the procedure has an expected durability of 24 months or longer.

EXCLUSIONS:
The Plan does **NOT** provide coverage for Epiretinal Radiation Therapy for any indication because it is considered **experimental, investigational or unproven.** There is no evidence in the peer-reviewed published medical literature to establish the effectiveness of this treatment on health outcomes when compared to established treatments or technologies.

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.

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.

CODING ASSOCIATED WITH:
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.

0190T Intraocular Radiation Src Applicator Placement

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.

REFERENCES:
A prospective, randomized, double-masked trial on radiation therapy for neovascular age-related macular degeneration (RAD Study). Radiation Therapy for Age-related Macular Degeneration. Ophthalmology (1999) 106(12):2239-47.

Stevenson, M.R., Hart, P.M., et al. Visual functioning and quality of life in the SubFoveal Radiotherapy Study (SFRADS): SFRADS report 2. British Journal of Ophthalmology (2005) 89(8):1045-51.

ECRI Institite. Custom Hotline Response (online). Neo Vista Intraocular Epiretinal Radiation Device for Exudative Age-related Macular Degeneration. Current as of November 2007. Accessed on 09/15/2008.

NeoVista, Inc. Neovista. Developing breakthrough technology for macular degeneration [website]. Fremont, CA: Neovista; 2006. Available at: http://www.neovistainc.com/ . Accessed September 15, 2008.

Avila MP, Farah ME, Santos A, Kapran Z, Duprat JP, Woodward BW, Nau J. Twelve-month safety and visual acuity results from a feasibility study of intraocular, epiretinal radiation therapy for the treatment of subfoveal CNV secondary to AMD. Retina. 2009 Feb;29(2):157-69.

Avila MP, Farah ME, Santos A, Duprat JP, Woodward BW, Nau J. Twelve-month short-term safety and visual-acuity results from a multicentre prospective study of epiretinal strontium-90 brachytherapy with bevacizumab for the treatment

of subfoveal choroidal neovascularisation secondary to age-related macular degeneration. Br J Ophthalmol. 2009 Mar;93(3):305-9

National Institute for Health and Clinical Excellence (NICE). 2011, December. Epiretinal brachytherapy for wet age-related macular degeneration. Accessed 11/27/2013 from http://www.nice.org.uk/nicemedia/live/12773/57553/57553.pd

Dugel PU, Petrarca R, Bennett M, Barak A, Weinberger D, Nau J, Jackson TL. Macular epiretinal brachytherapy in treated age-related macular degeneration: MERITAGE study: twelve-month safety and efficacy results. Ophthalmology. 2012 Jul;119(7):1425-31.

Petrarca R, Dugel PU, Bennett M, et al. Macular epiretinal brachytherapy in treated age-related macular degeneration (MERITAGE): Month 24 Safety and Efficacy Results. Retina. 2014; 34(5):874-879.

Jackson TL, Dugel PU, Bebchuk JD, et al. Epimacular brachytherapy for neovascular age-related macular degeneration (CABERNET): Fluorescein angiography and optical coherence tomography. Ophthalmology. 2013;120(8):1597-1603

Dugel PU, Bebchuk JD, Nau J, et al. Epimacular brachytherapy for neovascular age-related macular degeneration: A randomized, controlled trial (CABERNET). Ophthalmology. 2013;120(2):317-327

Zur D, Loewenstein A, Barak A, et al. One-year results from clinical practice of epimacular strontium-90 brachytherapy for the treatment of subfoveal choroidal neovascularization secondary to AMD. Ophthalmic Surg Lasers Imaging Retina. 2015;46(3):338-343.

Jackson, TL, Desai, R, Simpson, A, et al. Epimacular Brachytherapy for Previously Treated Neovascular Age-Related Macular Degeneration (MERLOT): A Phase 3 Randomized Controlled Trial. Ophthalmology. 2016 Jun;123(6):1287-96.

Naseripour M, Sedaghat A, Abdolalizadeh P, Azizi E. Treatment outcome of acquired retinal pigment epithelial tumors with rhuthenium-106 plaque radiotherapy: Experience on two cases. J Curr Ophthalmol. 2020;32(3):297-301.

Jackson, T. L., Soare, C., Petrarca, C., Simpson, A., Neffendorf, J. E., Petrarca, R., et al. Evaluation of month-24 efficacy and safety of epimacular brachytherapy for previously treated neovascular age-related macular degeneration: The MERLOT randomized clinical trial. JAMA Ophthalmology, 2020;138 (8), 835–842.

Evans JR, Igwe C, Jackson TL, et al. Radiotherapy for neovascular age-related macular degeneration. Cochrane Database Syst Rev. Aug 26 2020; 8: CD004004

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

Devised: 10/13/08

Revised:

Reviewed: 12/10, 1/12, 1/13, 1/14, 1/15, 1/16, 1/17, 1/18, 1/19, 1/20, 1/21, 1/22, 1/23, 1/24

CMS UM Oversight Committee Approval:12/23