

The Department of Vermont Health Access Medical Policy

Subject: Photodynamic Therapy

Last Review: May 10, 2016

Revision 3:

Revision 2:

Revision 1:

Original Effective: May 4, 2015

Description of Service or Procedure

Photodynamic therapy (PDT) is a treatment that uses special drugs, called *photosensitizing agents*, along with light to kill cancer cells. The drugs only work after they have been activated or “turned on” by certain kinds of light. PDT may also be called *photoradiation therapy*, *phototherapy*, or *photochemotherapy*.

Depending on the part of the body being treated, the photosensitizing agent is either put into the bloodstream through a vein or put on the skin. Over a certain amount of time the drug is absorbed by the cancer cells. Then light is applied to the area to be treated. The light causes the drug to react with oxygen, which forms a chemical that kills the cells. PDT might also help by destroying the blood vessels that feed the cancer cells and by alerting the immune system to attack the cancer.

The period of time between when the drug is given and when the light is applied is called the *drug-to-light interval*. It can be anywhere from a couple of hours to a couple of days, depending on the drug used.

Disclaimer

Coverage is limited to that outlined in Medicaid Rule that pertains to the beneficiary’s aid category. Prior Authorization (PA) is only valid if the member is eligible for the applicable item or service on the date of service.

Medicaid Rule

[7102.2](#) Prior Authorization Determination

[7103](#) Medical Necessity

Medicaid Rules can be found at <http://humanservices.vermont.gov/on-line-rules>



Coverage Position

Photodynamic therapy may be covered for beneficiaries:

- When the Photodynamic therapy is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice in accordance with the Vermont State Practice Act, who is knowledgeable in the use of Photodynamic therapy and who provides medical care to the beneficiary AND
- When the clinical guidelines below are met.

Coverage Criteria

Photodynamic therapy may be covered for beneficiaries for:

1. Palliative treatment of obstructing esophageal cancer
2. Palliative treatment of local recurrent esophageal cancer in patients who are not candidates for salvage esophagectomy
3. Barrett's esophagus with high-grade dysplasia in esophagus cells
4. Palliative treatment of obstructing endobronchial lesions
 - a) Completely obstructing endobronchial non-small cell lung cancer when the patient is ineligible for surgery and radiation therapy; or
 - b) Early microinvasive endobronchial non-small cell lung cancer, when the patient is ineligible for surgery and radiotherapy; or
 - c) Partially obstructing endobronchial non-small cell lung cancer.
5. Bile duct cancer
6. Skin cancer:
 - a) superficial or nodular basal cell carcinoma lesions in adults when the risk of recurrence is low; or
 - b) Refractory actinic keratosis; or
 - c) Bowen's disease and nevoid basal cell carcinoma syndrome (NBCCS)
7. Nonresectable cholangiocarcinoma as an adjunct to stenting
8. Malignant tumors- oral cavity, pharynx, the nasal cavity, and the larynx
9. Ocular photodynamic therapy may be appropriate, as monotherapy, as a treatment of choroidal neovascularization that is visually threatening or visually impairing due to **any one** of the following is covered only when used in conjunction with verteporfin
 - a) age-related macular degeneration (AMD), or
 - b) pathologic myopia, or
 - c) presumed ocular histoplasmosis, or
 - d) chronic central serous chorioretinopathy, or
 - e) choroidal hemangioma

Type of service or procedure not covered (this list may not be all inclusive)

Photodynamic therapy will not cover:

- Gastric cancer
- Squamous cell carcinoma of the head and neck
- Prostate cancer
- Colon cancer
- Breast cancer

- Non-cancer indications
- Cosmetic in nature
- Gynecologic tumors

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