

# Clinical Policy: Age Related Macular Degeneration

Reference Number: OC.UM.CP.0002

Last Review Date: 11/2022

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## Description

Age-related macular degeneration (ARMD) is a leading cause of irreversible severe vision impairment in developed countries. Overall, ARMD is responsible for an estimated 46% of cases of severe visual loss (acuity 20/200 or worse) in persons over 40 years of age in the United States. This policy describes the medical necessity requirements for macular degeneration screenings and unproven treatments.

## Policy/Criteria

- I. It is the policy of health plans affiliated with Envolve Vision, Inc.<sup>®</sup> (Envolve) that screening for macular degeneration is medically necessary for the following indications:
  - A. Over 65 years of age
  - B. Hypertension or cardiovascular disease
  - C. Cigarette smokers
  - D. Family history (sibling or maternal) with ARMD
  - E. History of significant cumulative light exposure
  - F. Patients over 40 years of age with complaints of declining, absent or distorted central vision
  
- II. It is the policy of health plans affiliated with Envolve that the following therapies are considered investigational, as they are unproven for treatment of the conditions listed below:
  - A. Transpupillary thermotherapy for choroidal neovascularization / age-related macular degeneration (ARMD), or choroidal tumors;
  - B. Conjunctival incision with placement of pharmacologic agent for ARMD;
  - C. Epiretinal radiation therapy for ARMD;
  - D. Laser photocoagulation for macular drusen.

## Background

Nonexudative ARMD accounts for approximately 80% of patients with ARMD. The disorder results from a gradual breakdown of the retinal pigment epithelium (RPE), the accumulation of drusen deposits, and loss of function of the overlying photoreceptors. Most patients experience gradual, progressive loss of central visual function. The condition usually affects both eyes, though they will not be at the same stage of disease simultaneously.

Exudative ARMD accounts for approximately 20% of patients with ARMD and is a much greater threat to vision loss. The disorder is characterized by the development of neovascularization in the choroid, leading to serous or hemorrhagic leakage and subsequent elevation of the RPE and/or neurosensory retina. Patients with exudative ARMD notice a more profound and rapid decrease in central visual function. *See clinical policy OC.UM.CP.0040 Photodynamic and Intravitreal Therapies and Pharmaceuticals.*

## CLINICAL POLICY

### AGE RELATED MACULAR DEGENERATION

Age related macular degeneration is an acquired (and probably inherited to some extent) retinal disorder which is characterized by the following fundus changes:

- Drusen formation
- Lipofuscin deposits
- Pigmentary atrophy and degeneration
- Serous or hemorrhagic retinal and / or pigment epithelial detachments
- Choroidal neovascularization
- Subretinal fibrosis or disciform scar

Although ARMD is more common for people over 60, it is possible to develop symptoms in one's 40s or 50s. Macular degeneration often runs in families. Symptoms can include:

- Blurry or fuzzy vision
- Distortion of straight lines (appear wavy)
- A dark or empty area appears in the central vision area

ARMD screening includes dilated fundusoscopic examination, visual acuity testing and ophthalmoscopy performed as part of a comprehensive eye examination. Fluorescein angiography may be completed to confirm "wet" ARMD.

#### Coding Implications

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#### ICD-10-CM Diagnosis Codes that Support Coverage Criteria

+ Indicates a code requiring an additional character

ICD-10-CM Code	Description
H35.3111	Nonexudative age-related macular degeneration, right eye, early dry stage
H35.3112	Nonexudative age-related macular degeneration, right eye, intermediate dry stage
H35.3113	Nonexudative age-related macular degeneration, right eye, advanced atrophic without subfoveal involvement
H35.3114	Nonexudative age-related macular degeneration, right eye, advanced atrophic with subfoveal involvement
H35.3121	Nonexudative age-related macular degeneration, left eye, early dry stage
H35.3122	Nonexudative age-related macular degeneration, left eye, intermediate dry stage

# CLINICAL POLICY

## AGE RELATED MACULAR DEGENERATION

ICD-10-CM Code	Description
H35.3123	Nonexudative age-related macular degeneration, left eye, advanced atrophic without subfoveal involvement
H35.3124	Nonexudative age-related macular degeneration, left eye, advanced atrophic with subfoveal involvement
H35.3131	Nonexudative age-related macular degeneration, bilateral, early dry stage
H35.3132	Nonexudative age-related macular degeneration, bilateral, intermediate dry stage
H35.3133	Nonexudative age-related macular degeneration, bilateral, advanced atrophic without subfoveal involvement
H35.3134	Nonexudative age-related macular degeneration, bilateral, advanced atrophic with subfoveal involvement
H35.3211	Exudative age-related macular degeneration, right eye with active choroidal neovascularization
H35.3212	Exudative age-related macular degeneration, right eye with inactive choroidal neovascularization
H35.3213	Exudative age-related macular degeneration, right eye, with inactive scar
H35.3221	Exudative age-related macular degeneration, left eye, with active choroidal neovascularization
H35.3222	Exudative age-related macular degeneration, left eye, with inactive choroidal neovascularization
H35.3223	Exudative age-related macular degeneration, left eye, with inactive scar
H35.3231	Exudative age-related macular degeneration, bilateral, with active choroidal neovascularization
H35.3232	Exudative age-related macular degeneration, bilateral, with inactive choroidal neovascularization
H35.3233	Exudative age-related macular degeneration, bilateral, with inactive scar
Z83.518	Family history of other specified eye disorder

Reviews, Revisions, and Approvals	Date	Approval Date
Original approval date	12/2019	12/2019
Converted to new template	04/2020	06/2020
Annual Review; Updated diagnosis codes to include Z83.518, family history of other specified eye disorder; Relocated macular degeneration screening criteria; Updated indications for screening; Updated references	12/2020	12/2020
Annual Review	12/2021	12/2021
Annual Review	11/2022	11/2022

### References

1. American Academy of Ophthalmology Retina Panel. Preferred Practice Pattern® Guidelines. Age-Related Macular Degeneration. San Francisco, CA: American Academy of Ophthalmology; 2019, <https://www.aao.org/preferred-practice-pattern/age-related-macular-degeneration-ppp>

## CLINICAL POLICY

### AGE RELATED MACULAR DEGENERATION

2. Gass JDM. Stereoscopic Atlas of Macular Diseases: Diagnosis and Treatment. 4th ed. St. Louis, MO: CV Mosby; 1997.
3. Klein R, Klein BE, Linton KL. Prevalence of age-related maculopathy. The Beaver Dam Eye Study. Ophthalmology. 1992;99(6):933-943.

#### **Important Reminder**

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Envolve Vision, Inc., or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

## CLINICAL POLICY

### AGE RELATED MACULAR DEGENERATION

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**Note: For Medicaid members,** when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

**Note: For Medicare members,** to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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