



Medical Policy

Subject: Treatment for Age Related Macular Degeneration

Policy #: DRUG.00028

Current Effective Date:

03/09/2007

Status: Revised

Last Review Date:

09/14/2006

Description/Scope

Age related macular degeneration (AMD) is an eye disease characterized by progressive degeneration of the macula, the central part of the retina at the back of the eye. This condition is commonly referred to as "wet" AMD. This policy addresses (1) the use of pegaptanib (Macugen®) by intravitreal injection, (2) the use of bevacizumab (Avastin®, Genentech, Inc., San Francisco, CA) by intravitreal injection, (3) the use of ranibizumab (Lucentis™, Genentech, Inc., San Francisco, CA), and (4) conjunctival incision with posterior juxtascleral placement of anecortave acetate (Retaane®) depot suspension as treatments of subfoveal choroidal neovascularization secondary age related macular degeneration.

Policy Statement

I. Pegaptanib (Macugen®)

Medically Necessary:

A series of intraocular injections with pegaptanib is considered **medically necessary** as a treatment of established neovascular "wet" age related macular degeneration. The FDA approved injection dosage and treatment schedule is 0.3mg every 6 weeks by intravitreal injection into the eye to be treated.

Note: pegaptanib is contraindicated in patients with ocular or periocular infections or known hypersensitivity to pegaptanib or any of the inactive ingredients in pegaptanib.

Investigational/Not Medically Necessary:

The use of pegaptanib (Macugen®) in any condition other than neovascular AMD is considered **investigational/not medically necessary**.

The use of pegaptanib (Macugen®) for diabetic eye disease is considered **investigational/not medically necessary**.

The use of pegaptanib (Macugen®) as a treatment for other forms of AMD to prevent progression to neovascular (wet) AMD is considered **investigational/not medically necessary**.

II. Bevacizumab (Avastin®)

Medically Necessary:

A series of intravitreal injections with bevacizumab is considered **medically necessary** as a treatment of established neovascular "wet" age related macular degeneration when either of the following selection

criteria is met:

1. Patient has failed FDA-approved therapies; or
2. Patient is likely to have a therapeutic response with the use of intravitreal bevacizumab, which is comparable to results from other approved treatments.

Physicians should provide appropriate informed consent with respect to the off-label use of bevacizumab.

Note: bevacizumab is contraindicated in patients with ocular or periocular infections or known hypersensitivity to bevacizumab or any of the inactive ingredients in bevacizumab.

Investigational/Not Medically Necessary:

The use of intravitreal bevacizumab (Avastin®) in any condition other than neovascular AMD is considered **investigational/not medically necessary**.

III. Ranibizumab (Lucentis™)

Medically Necessary:

A series of intravitreal injections with ranibizumab is considered **medically necessary** as a treatment of established neovascular “wet” age related macular degeneration.

Note: ranibizumab is contraindicated in patients with ocular or periocular infections or known hypersensitivity to ranibizumab or any of the inactive ingredients in ranibizumab.

Investigational/Not Medically Necessary:

The use of intravitreal ranibizumab in any condition other than neovascular AMD is considered **investigational/not medically necessary**.

IV. Conjunctival Incision with Posterior Juxtasclear Placement of Anecortave Acetate (Retaane®) Depot Suspension

Investigational/Not Medically Necessary:

Conjunctival incision with posterior juxtasclear placement of anecortave acetate (Retaane®) depot suspension is considered **investigational/not medically necessary** as a treatment of AMD and all other diagnoses.

Rationale

I. Pegaptanib (Macugen®)

Two concurrent, prospective randomized, double blind controlled clinical trials using sham control have been reported regarding pegaptanib in the treatment of the wet form of AMD. These studies were used as the basis of approval from the FDA in 2004 as well as for this policy determination. The FDA approved injection dosage and treatment schedule of .3mg every 6 weeks by intravitreous injection into the eye to be treated, and this policy conforms to these indications for this drug.

The patient populations of these studies included all forms of wet AMD, predominantly classic, minimally classic and occult were included in these studies. The injections were repeated every 6 weeks. In both

studies, the primary endpoint was the proportion of patients losing less than 15 letters of visual acuity (considered a moderate visual loss) from baseline. While on average, both treated and control group patients continued to experience vision loss, the rate of vision decline in the treated group was slower than that in the control group. This difference was statistically significant. At the end of 1 year, most of the patients in these two studies were re-randomized. Treatment in the second year was less effective than during the first year.

There are currently no data available regarding the concomitant use of both photodynamic therapy using verteporfin and intraocular injections of an additional agent. The safety and efficacy of pegaptanib therapy administered to both eyes concurrently has not been studied. There are no data available regarding this treatment when used for more than 2 years. Additionally, there are no data to support the use of either of these methods as a preventative strategy for other forms of macular degeneration or other ophthalmologic processes such as diabetic retinopathy.

II. Bevacizumab (Avastin®)

Clinical trials have recently appeared in the medical literature suggesting that another vascular endothelial growth factor (VEGF) antagonist, bevacizumab (Avastin®), may be effective in the treatment of wet AMD (Avery, 2006; Spaide, 2006). In a retrospective study, Spaide studied 266 patients who received intravitreal injections of bevacizumab. The patients were followed for three months. The authors reported mean visual acuity improved from 20/184 at baseline to 20/109 and 38% had improvement in visual acuity. A smaller retrospective study by Avery followed 79 patients for 8 weeks with a mean visual acuity improvement from 20/200 to 20/125 ($P < 0.001$). According to a letter from the American Academy of Ophthalmology, “Although the scientific studies related to the use of intravitreal injections of bevacizumab for the treatment of neovascular AMD are supportive, but not conclusive of its safety and efficacy, a large number of retinal specialists believe that it is a reasonable and medically necessary treatment for some patients with neovascular AMD.” Although prospective randomized trials regarding Avastin have not yet been conducted, the AAO position and additional data suggest broad and general acceptance of this therapy among retinal specialists.

III. Ranibizumab (Lucentis™)

On June 30, 2006, the FDA approved ranibizumab (Lucentis™) for the treatment of patients with neovascular (wet) age related macular degeneration. This approval was based on the results of three randomized, double-masked, sham or active-controlled clinical trials in patients with neovascular AMD (combined $n = 1323$). In the first study, patients with minimally classic or occult CNV lesions received monthly intravitreal injections of Lucentis™ (0.3 mg or 0.5 mg) or monthly sham injections over a 24-month period. In a second study, patients with predominantly classic CNV lesions received one of the following: 1) monthly intravitreal injections of Lucentis™ (0.3 mg) and sham photodynamic therapy (PDT); 2) monthly intravitreal injections of Lucentis™ (0.5 mg) and sham PDT; or 3) sham intravitreal injections and active verteporfin PDT over a 12-month period. The primary efficacy endpoint was the proportion of patients who maintained vision, defined as losing fewer than 15 letters of visual acuity at 12 months compared with baseline. Almost all Lucentis™-treated patients (approximately 95%) maintained their visual acuity. 34%-40% of Lucentis™-treated patients experienced a clinically significant improvement in vision, defined as gaining 15 or more letters at 12 months. The size of the lesion did not significantly affect the results. In the third study ($n = 184$), patients with neovascular AMD (with or without a classic CNV component) received Lucentis™ 0.3 mg ($n = 60$) or 0.5 mg ($n = 61$) intravitreal injections or sham ($n = 63$) injections once a month for three consecutive doses, followed by a dose administered once every 3 months. The primary efficacy endpoint was mean change in visual acuity at 12 months compared with baseline. After an initial increase in visual acuity (following monthly dosing), on average, patients dosed once every three months with Lucentis™ lost visual acuity, returning to baseline at Month 12. Ninety percent of Lucentis™-treated patients maintained their visual acuity at Month 12.

IV. Conjunctival Incision with Posterior Juxtасcleral Placement of Anecortave Acetate (Retaane®) Depot Suspension

The Anecortave Acetate Clinical Study, a blinded, randomized controlled trial, enrolled 128 patients with subfoveal choroidal neovascularization (CNV) at 18 clinical sites, followed up patients for two years, and was completed in June 2003. The study eye was randomized to 30 mg, 15 mg, 3 mg, or placebo from a central coordinating center. Anecortave acetate or placebo was administered at baseline; retreatment at the 6-month visit occurred at the discretion of an unmasked ophthalmologist based on perceived benefit. Compared to placebo, 15 mg (the most efficacious dose) was accompanied by a 25.5% absolute risk benefit for losing fewer than 15 letters of visual acuity. No serious clinically relevant treatment-related safety issues were reported from either the study medication (anecortave acetate) or the procedure for administration. Adverse ocular events seen in excess in patients treated with anecortave vs. placebo were 15.3% excess of vision abnormalities and 7.1% excess of ocular foreign body sensation. Cataracts were found in 27% and 30% and decreased visual acuity was noted in 25% and 30% in the treatment and placebo groups, respectively. These occurrences included study eyes, untreated eyes, or both eyes and are commonly experienced in patients with AMD. Other adverse events that were reported as mild and transient included ptosis, ocular pain, visual abnormalities (e.g., hazy vision, black spots, light flashes), subconjunctival hemorrhage, and ocular pruritis.

A phase III randomized control trial compared the one-year safety and efficacy of anecortave acetate 15 mg with photodynamic therapy (PDT) with verteporfin (Visudyne®) in 530 patients with predominantly classic CNV. Anecortave acetate 15 mg was comparable to PDT for maintaining vision, with no statistical difference in the responder rates between the two groups. Percent responders, defined as patients losing < 3 lines of vision at month 12, in the anecortave acetate 15 mg and PDT groups were 45% and 49%, respectively. The month 12 outcome for anecortave acetate was improved in patients for whom reflux was controlled and who were treated within the 6-month window. The most frequent reported adverse event in both treatment groups was decreased visual acuity, defined as a loss of vision of ≥ 4 lines from the previous visit, occurring at an incidence of 31.9% and 30.3%, respectively.

In summary, conjunctival incision with posterior juxtascleral placement of anecortave acetate depot suspension appears to be technically feasible and clinically safe. The adverse events reported were mostly mild and transient and were commonly experienced with ocular procedures. Outside of the controlled setting of a clinical trial, adverse events will be of greater potential concern. Anecortave acetate has not yet received FDA approval, and further studies on long-term health outcomes are needed.

Background/Overview

Description of Disease

Age related macular degeneration (AMD) is the leading cause of severe vision loss in people over 55 years of age in the developed world. The neovascular “wet” form of this disease represents 10% of the overall disease prevalence but is responsible for roughly 90% of the vision loss due to AMD. It is more common in Caucasians and its incidence increases with age as it is estimated that 10 to 15% of those in their 80s have AMD.

In neovascular AMD, abnormal blood vessels develop behind the retina. These new blood vessels tend to be very fragile and often leak blood and fluid. The blood and fluid raise the macula from its normal position at the back of the eye. Damage to the macula occurs rapidly. With *wet AMD*, loss of central vision can occur quickly. *Wet AMD* is considered to be *advanced AMD* and is more severe than the dry form.

Angiogenesis is the growth of new blood vessels. In neovascular AMD, the growth is uncontrolled. Vascular endothelial growth factor (VEGF), a cytokine, appears to have a key role in angiogenesis and vascular permeability. Overexpression of VEGF is thought to contribute to the development of AMD, diabetic retinopathy, and other retinal disorders associated with neovascularization. Research has focused on development of compounds designed to bind to and inhibit VEGF. VEGF inhibition thereby inhibits angiogenesis and decreases vascular permeability and can be an effective treatment of AMD.

I. Pegaptanib (Macugen®)

Description of Technology

Pegaptanib (Macugen®), a selective vascular endothelial growth factor (VEGF) antagonist, is an oligonucleotide, twenty-nucleotides in length, to which two polyethylene glycol (PEG) units are attached. This oligonucleotide (aptamer) has a complex 3-dimensional structure that binds to upregulated VEGF, preventing it from binding to its receptors. It is administered by a series of intravitreal injections (into the interior space of the eye) and given every 6 weeks.

Proposed Benefits

The proposed benefits of pegaptanib (Macugen®) is slowed progression of neovascular “wet” age related macular degeneration.

Possible Risks

Intraocular injections pose a risk for infection, retinal detachment and traumatic lens injury. This treatment requires a series of such injections. These injections require the treating physician to adhere appropriate aseptic technique, educate patients regarding worrisome symptoms and monitor patients after each injection as increases in intraocular pressure have been seen within 30 minutes of these injections. Rare cases of anaphylaxis/anaphylactoid reactions, including angioedema, have been reported in the post-marketing experience following the Macugen intravitreal administration procedure. Medical history for hypersensitivity reaction should be evaluated prior to performing the intravitreal procedure.

II. Bevacizumab (Avastin®)

Description of Technology

Bevacizumab, which is FDA approved for the treatment of metastatic colon cancer, is a monoclonal antibody that binds to VEGF. Intravitreal usage of bevacizumab is an off-FDA labeled use, which has been widely reported by practicing ophthalmologists to be beneficial in select patients with neovascular AMD. Based on response, repeat intravitreal injections may be required.

Proposed Benefits

The proposed benefit of bevacizumab (Avastin®) is slowed progression of neovascular “wet” age related macular degeneration.

Possible Risks

Intraocular injections pose a risk of infection, retinal detachment and traumatic lens injury. This treatment requires a series of such injections. These injections require the treating physician to adhere to appropriate aseptic technique, educate patients regarding worrisome symptoms and monitor patients after each injection as increases in intraocular pressure have been seen within 30 minutes of these injections. In a case series of 79 patients, Avery (2006) reported bevacizumab by intravitreal injection was well tolerated and no patient was noted to develop uveitis, endophthalmitis, ocular toxicity, or thromboembolic events.

III. Ranibizumab (Lucentis™)

Description of Technology

Derived from the same parent molecule as the full-length humanized anti-VEGF antibody bevacizumab, ranibizumab is an anti-VEGF antibody fragment that competitively binds VEGF and inhibits its activity. Ranibizumab was specifically developed for intraocular use. As a smaller molecule, ranibizumab may possibly have better penetration through all the layers of the retina compared with a full-sized antibody.

Lucentis™ is recommended to be administered by intravitreal injection once a month. Although less effective, treatment may be reduced to one injection every three months after the first four injections if monthly injections are not feasible. Compared to continued monthly dosing, dosing every 3 months will lead to an approximate 5-letter (1-line) loss of visual acuity benefit, on average, over the following 9 months.

Proposed Benefits

The proposed benefit of ranibizumab (Lucentis™) is slowed progression of neovascular “wet” age related macular degeneration.

Possible Risks

Intravitreal injections have been associated with endophthalmitis, retinal detachments and iatrogenic traumatic cataracts. Patients should be closely monitored post injection as increases in intraocular pressure have been noted within 60 minutes of intravitreal injection with Lucentis™. In the clinical trials, a low rate (<4%) of arterial thromboembolic events was observed. The most common adverse reactions are conjunctival hemorrhage, eye pain, vitreous floaters, increased intraocular pressure, and intraocular inflammation. Lucentis is contraindicated in patients with ocular or periocular infections or known hypersensitivity to Lucentis™ or any of the excipients in Lucentis™.

IV. Conjunctival Incision with Posterior Juxtapalpebral Placement of Anecortave Acetate (Retaane®) Depot Suspension

Description of Technology

Many new pharmacologic agents promoting angiostasis for the treatment of age-related macular degeneration are in development including anecortave acetate (Retaane®) for depot suspension. Anecortave acetate is a synthetic cortisone that has been chemically modified into an angiostatic cortisene that inhibits the proteolysis required for vascular endothelial cell migration, thereby inhibiting ocular neovascularization. Anecortave acetate is a slow-release depot suspension that may be delivered at 6-month intervals and allows for sustained delivery to the affected area near the macula when administered by the novel procedure of posterior juxtapalpebral placement. Retaane® (Alcon Research, Ltd.) received an approvable letter from the U.S. Food and Drug Administration (FDA) in May 2005 for treatment of age-related macular degeneration but has not yet received final FDA approval.

In the conjunctival incision with posterior juxtapalpebral placement of the depot suspension procedure, after topical anesthesia, a 1.0–1.5-mm to 2–3-mm incision into the superotemporal quadrant of the orbit is made 8 mm posterior to the limbus between the superior and lateral rectus muscle insertions. The incision is made down through the conjunctiva and Tenon’s capsule to reveal bare white sclera but the sclera is not incised. A specially designed, blunt-tipped, curved, 56° cannula is then carefully inserted into the juxtapalpebral (episcleral) plane between the outer surface of the sclera and Tenon’s capsule and fed forward until the cannula tip is near the macula. Gentle pressure is applied around the inserted cannula during administration of the depot suspension and removal of the cannula to prevent reflux and a semi-pressure patch is applied.

Proposed Benefits

The proposed benefit of anecortave acetate (Retaane®) is slowed progression of subfoveal choroidal

neovascularization due to wet AMD. Advantages to the posterior juxtасcleral placement of a pharmacologic agent may include reduced risk for retinal detachment, endophthalmitis, and other safety issues associated with repeated intravitreal injections (a common route of administration for pharmaceutical agents in the treatment of ocular disorders).

Possible Risks

Adverse events related to the posterior juxtасcleral placement injection procedure include ptosis, ocular pain, subconjunctival hemorrhage, ocular pruritis, ocular hyperemia, and ocular foreign body sensation.

Definitions

Age related macular degeneration (AMD): a disease that blurs the sharp, central vision needed for "straight-ahead" activities such as reading, sewing, and driving. AMD affects the macula, the part of the eye that allows you to see fine detail. AMD causes no pain. In some cases, AMD advances so slowly that people notice little change in their vision. In others, the disease progresses faster and may lead to a loss of vision in both eyes. AMD occurs in wet and dry form.

Neovascular (Wet) AMD: a subset of AMD representing approximately 10% of all cases but accounting for 90% of the severe vision loss. Occurs when abnormal blood vessels behind the retina start to grow under the macula. These new blood vessels tend to be very fragile and often leak blood and fluid. The blood and fluid raise the macula from its normal place at the back of the eye. Damage to the macula occurs rapidly. With *wet AMD*, loss of central vision can occur quickly. *Wet AMD* is considered to be *advanced AMD* and is more severe than the dry form.

Photodynamic therapy: the provision of energy using a laser device. When applied to the retina treating AMD this is performed after the delivery of a photo-activating dye, verteporfin (Visudyne®). This is generally done every three months.

Coding

The following codes for treatments and procedures applicable to this policy are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

I. Intravitreal Injections

When services are Medically Necessary:

CPT

67028 Intravitreal injection of a pharmacologic agent

HCPCS

C9233 Injection, ranibizumab, 0.5 mg (Lucentis™)
J2503 Injection, pegaptanib sodium, 0.3 mg (Macugen®)
J9035 Injection, bevacizumab, 10 mg (Avastin®)

ICD-9 Diagnosis

362.16 Retinal neovascularization
362.50 Macular degeneration (senile), unspecified
362.52 Exudative senile macular degeneration

When services are Investigational/Not Medically Necessary:

For the procedure code listed above for the following diagnosis codes

ICD-9 Diagnosis

362.51	Nonexudative senile macular degeneration
362.53	Cystoid macular degeneration

When services are also Investigational/Not Medically Necessary:

HCPCS

C9233	Injection, ranibizumab, 0.5 mg (Lucentis™)
J2503	Injection, pegaptanib sodium, 0.3 mg (Macugen®)

ICD-9 Diagnosis

All other diagnoses not listed above

II. Conjunctival incision with placement of pharmacologic agent

When Services are Investigational/Not Medically Necessary:

For the procedure codes listed below, for all diagnoses; or when the code describes a procedure indicated in the Policy section as Investigational/Not Medically Necessary.

CPT

0124T	Conjunctival incision with posterior juxtасcleral placement of a pharmacologic agent (does not include supply of medication)
-------	--

HCPCS

No code	No specific code for anecortave acetate (Retaane)
---------	---

ICD-9 Diagnosis

All diagnoses

References

Peer Reviewed Publications:

1. Avery RL, Pieramici DJ, Rabena MD, et al. Intravitreal bevacizumab (Avastin) for neovascular age-related macular degeneration. *Ophthalmology*. 2006; 113(3):363-372.
2. Bressler NM, Altaweel M; Macugen Diabetic Retinopathy Study Group. Changes in Retinal eovascularization after Pegaptanib (Macugen) Therapy in Diabetic Individuals. *Ophthalmology*. 2005 Dec 9.
3. Gragoudas, ES et al, Pegaptanib for Neovascular Age-Related Macular Degeneration. *N Engl J Med*. 2004; 351:2805-16.
4. Schmidt-Erfurth U, Michels S, Michels R et al. Anecortave acetate for the treatment of subfoveal choroidal neovascularization secondary to age-related macular degeneration. *Eur J Ophthalmol*. 2005; 15(4):482-5.
5. Augustin AJ, D'Amico DJ, Mieler WF et al. Safety of posterior juxtасcleral depot administration of the angiostatic cortisene anecortave acetate for treatment of subfoveal choroidal neovascularization in patients with age-related macular degeneration. *Graefes Arch Clin Exp Ophthalmol*. 2005; 243(1):9-12.
6. D'Amico DJ, Goldberg MF, Hudson H et al. Anecortave acetate as monotherapy for treatment of subfoveal neovascularization in age-related macular degeneration: twelve-month clinical outcomes. *Ophthalmology*. 2003; 110(12):2372-85.

7. D'Amico DJ, Goldberg MF, Hudson H et al. Anecortave acetate as monotherapy for the treatment of subfoveal lesions in patients with exudative age-related macular degeneration (AMD): interim (month 6) analysis of clinical safety and efficacy. *Retina*. 2003; 23(1):14-23.
8. Slakter JS, Bochow TW, D'Amico DJ, Marks B et al. Anecortave acetate (15 milligrams) versus photodynamic therapy for treatment of subfoveal neovascularization in age-related macular degeneration. *Ophthalmology*. 2006; 113(1):3-13.
9. Spaide RF, Laud K, Fine HF, Klancnik JM Jr, et al. Intravitreal bevacizumab treatment of choroidal neovascularization secondary to age-related macular degeneration. *Retina*. 2006; 26(4):383-90.

Government Agency, Medical Society, and Other Authoritative Publications:

1. Avastin® [Product Information]. San Francisco, CA. Genentech, Inc. June 2006. Available at: www.fda.gov Accessed on August 17, 2006.
2. Blue Cross Blue Shield Association. Special Report: Current and Evolving Strategies in the Treatment of Age-Related Macular Degeneration. *Tec Assessment*, 2005; 20(11).
3. Lucentis™ [Product Information]. San Francisco, CA. Genentech, Inc., June 2006. Available at: www.fda.gov. Accessed on August 17, 2006.
4. Macugen® [Product Information]. Mellville, NY. OSI Eyetechnology, Inc., March 2006. Available at: www.fda.gov. Accessed on August 17, 2006.

Web Sites for Additional Information

1. National Eye Institute. U.S. National Institutes of Health. Age-Related Macular Degeneration: What you should know. Available at: http://www.nei.nih.gov/health/maculardegen/armd_facts.asp. Accessed on January 12, 2006.
2. National Library of Medicine. Medical Encyclopedia- macular degeneration. Available at: <http://www.nlm.nih.gov/medlineplus/ency/article/001000.htm>. Accessed on January 3, 2006.

Index

Age Related Macular Degeneration
 AMD
 Anecortave Acetate
 Conjunctival Incision with Posterior Juxtapalpebral Placement
 Laser Therapy-Eye
 Macugen®
 Macular Degeneration
 Photodynamic Therapy-Eye
 Posterior Juxtapalpebral Placement
 Retaane®

Policy History

Status	Date	Action
Reviewed	01/01/2007	Updated coding section with 01/01/2007 CPT/HCPCS changes; removed HCPCS S0116, S0198 deleted 06/30/2006. Published on web 03/09/2007.
Revised	09/14/2006	Medical Policy & Technology Assessment Committee (MPTAC) revision. Macugen criteria updated. Lucentis added to policy.
Revised	06/08/2006	MPTAC revision. Information on bevacizumab (Avastin®) added to policy statement and rationale. Added new anaphylaxis warning for Macugen.
Revised	03/23/2006	MPTAC revision. Policy title changed. Additional information added to

		Rationale regarding off label use. Added conjunctival incision with posterior juxtasccleral placement of anecortave acetate (Retaane®) depot suspension as a new treatment.
Reviewed	01/01/2006	Updated coding section with 01/01/2006 CPT/HCPCS changes
New	04/28/2005	MPTAC initial policy development.

Federal and State law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage. The member's contract benefits in effect on the date that services are rendered must be used. Medical Policy, which addresses medical efficacy, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from the health plan.

©CPT Only - American Medical Association