

Evidence Based Guideline

Thermotherapy, Transpupillary

File Name: thermotherapy_transpupillary
Origination: 5/2002
Last CAP Review: 1/2007
Next CAP Review: n/a
Last Review: 1/2007

Active guideline, no longer scheduled for routine literature review

Description of Procedure or Service

Transpupillary thermotherapy (TTT) is a technique in which heat is delivered to the choroid and retinal pigment epithelium through the pupil using a modified diode laser. This laser technique contrasts with the laser used in standard photocoagulation therapy in that transpupillary thermotherapy uses a lower power laser for more prolonged periods of time and is designed to gently heat the choroidal lesion, thus limiting damage to the overlying retinal pigment epithelium.

There is ongoing research interest in the use of TTT to treat subfoveal choroidal neovascularization (CNV). The goal is to stop the growth and leakage of the new blood vessels and thereby preserve vision. TTT has also been used in the treatment of ocular tumors such as choroidal melanoma and retinoblastoma. The goal of treatment is to destroy the tumor and prevent any further disease or damage it could cause.

*****Note: This Evidence Based Guideline is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.**

Evidence Based Guideline for Transpupillary Thermotherapy

Transpupillary thermotherapy may be appropriate for either of the following indications:

- Small (2 to 3 mm) choroidal melanomas located posterior to the globe; or
- Retinoblastoma involving less than half (50%) of the retina, and without associated vitreal or subretinal seeds at the time of thermotherapy.

Medical Evidence regarding Transpupillary Thermotherapy indicates it is not recommended in the following situations

Transpupillary thermotherapy is not recommended as a treatment of choroidal neovascularization. There are minimal published data regarding the safety and efficacy of transpupillary thermotherapy for CNV. Optimal treatment protocols have yet to be established.

Benefits Application

This evidence based guideline relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this guideline.

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Billing/Coding/Physician Documentation Information

This guideline may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable codes: 67299

Scientific Background and Reference Sources

From Policy Entitled: Thermotherapy, Transpupillary for Treatment of Choroidal Neovascularization

BCBSA Medical Policy Reference Manual, 11/20/2001; 9.03.10

Specialty Matched Consultant Advisory Panel review 3/2003

BCBSA Medical Policy Reference Manual [Electronic Version]. 9.03.10, 4/29/03.

National Institute for Clinical Excellence (NICE). Guidance on the use of transpupillary thermotherapy for age-related macular degeneration. Interventional Procedure Guidance 58. London, UK: NICE; May 2004. Available at: <http://www.nice.org.uk/pdf/ip/IPG058guidance.pdf>

Specialty Matched Consultant Advisory Panel - 1/2005.

Policy changed to EBG and retitled: Thermotherapy, Transpupillary

BCBSA Medical Policy Reference Manual [Electronic Version]. 9.03.10, 3/15/05.

BCBSA Medical Policy Reference Manual [Electronic Version]. 9.03.10, 6/27/05.

BCBSA Medical Policy Reference Manual [Electronic Version]. 9.03.10, 12/14/05.

BCBSA Technology Evaluation Center. (2006, January). Current and Evolving Strategies in the Treatment of Age Related Macular Degeneration. Retrieved 1/7/2007 from <http://www.bcbs.com/betterknowledge/tec/tec-assesments-by-topic.html?topics=ophthalmology-eye-disease>

Specialty Matched Consultant Advisory Panel - 1/25/07

Policy Implementation/Update Information

From Policy Entitled: Thermotherapy, Transpupillary for Treatment of Choroidal Neovascularization

5/2002 Original policy issued.

5/2003 Specialty Matched Consultant Advisory Panel review 3/24/2003. No changes to criteria. 67220 and 0017T removed from Billing/Coding section. With the addition of Category III CPT code 0016T, codes 67220 and 0017T are no longer appropriate. Also removed codes G0185 and G0187 from Billing/Coding Section. These codes were deleted for 2003. Typos corrected.

1/20/05 Specialty Matched Consultant Advisory Panel review 1/5/05. No changes to criteria. Benefits Application and Billing/Coding sections updated for consistency. Rationale added to

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"Policy Guidelines" section. Reference sources added. File name and other policy terms corrected to include "treatment of" where it was previously omitted.

Policy changed to EBG and retitled: Thermotherapy, Transpupillary

- 2/26/07 Specialty Matched Consultant Advisory Panel review. Medical Policy changed to Evidence Based Guideline and retitled "Thermotherapy, Transpupillary". Description section revised to include TTT for ocular tumors. Under Evidence Based Guideline section, the following may be appropriate: "Small (2 to 3 mm) choroidal melanomas located posterior to the globe" or "Retinoblastoma involving less than half (50%) of the retina, and without associated vitreal or subretinal seeds at the time of thermotherapy". Added medical terms and reference sources. (pmo)
- 6/22/10 Policy Guideline Number(s) removed (amw)
- 4/12/11 Coding updated. Code 0016T was discontinued at the end of 2010. Unlisted code 67299 should now be used for this procedure. (lpr)

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.