

**Policy: MP221**

**Section: Medical Benefit Policy**

**Subject: Suprachoroidal Delivery of Pharmacologic Agents**

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**I. Policy:** Suprachoroidal Delivery of Pharmacologic Agents

**II. Purpose/Objective:**

To provide a policy of coverage regarding Suprachoroidal Delivery of Pharmacologic Agents

**III. Responsibility:**

A. Medical Directors

B. Medical Management Department

**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 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**

Medical Necessity shall mean a service or benefit that is compensable under the Medical Assistance Program and if it meets any one of the following standards:

- (i) the service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.

- (ii) the service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or development effects of an illness, condition, injury or disability.
- (iii) the service or benefit 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:**

Suprachoroidal delivery of pharmacologic agents is currently being investigated as a means to deliver higher levels of drug to the targeted tissue. The technique involves the use of a microcannula system that serves as a drug delivery channel with a fiberoptic light source for localization of the cannula tip.

**EXCLUSIONS:**

The Plan does **NOT** provide coverage for the use of suprachoroidal delivery of pharmacologic agents because it is considered **experimental, investigational or unproven**. There currently is insufficient evidence in the peer-reviewed published medical literature to establish the effectiveness of this technology on health outcomes when compared to established methods or technologies.

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:** Suprachoroidal Delivery of Pharmacologic Agents

*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](http://www.cms.gov) or the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements*

**CPT/HCPCS Codes:**

67299 - Unlisted procedure, posterior segment

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**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:**

Olsen T. Drug delivery to the suprachoroidal space shows promise. Retina Today;March/April 2007.

[http://www.retinatoday.com/Html%20Pages/0307/0307\\_feature\\_olsen.pdf](http://www.retinatoday.com/Html%20Pages/0307/0307_feature_olsen.pdf)

Olsen TW, Feng X, WabnerK, et al. Cannulation of the suprachoroidal space:a novel drug delivery methodology to the posterior segment. Am J Ophthalmol 2006;142:777-787.

Del Amo EM, Urtti A. Current and future ophthalmic drug delivery systems. A shift to the posterior segment. Drug Discov Today 2008; 13(3-4):135-43.

Rizzo, S, Ebert, FG, Bartolo, ED, et al. Suprachoroidal Drug Infusion for the Treatment of Severe Subfoveal Hard Exudates. Retina. 2011 Jul 30

Rai Udo J, Young SA, Thrimawithana TR, et al. The suprachoroidal pathway: A new drug delivery route to the back of the eye. Drug Discov Today. 2015;20(4):491-495.

Kim YC, Oh KH, Edelhauser HF, Prausnitz MR. Formulation to target delivery to the ciliary body and choroid via the suprachoroidal space of the eye using microneedles. Eur J Pharm Biopharm. 2015;95(Pt B):398-406

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

**Devised:** 10/03/08

**Revised:**

**Reviewed:** 10/09, 8/10, 8/11, 8/12, 8/13, 8/14; 8/15; 7/16; 7/17, 6/18