

REIMBURSEMENT FOR RETINAL PHOTOBIOMODULATION THERAPY

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QUESTION: What is photobiomodulation (PBM) of the retina?

ANSWER: PBM is the use of low levels of light to stimulate cellular activity to provide beneficial effects. The Valeda® Light Delivery System is a medical device that uses PBM to improve vision. The Valeda® from LumiThera® delivers low-intensity, non-coherent, multi-wavelengths of light at 590, 660, and 850 nanometers to the retinal tissue stimulating mitochondrial metabolic activity, increasing available energy for the cells, reducing oxidative stress and inflammation, to improve vision in eyes with early- and intermediate-stage nonexudative (dry) age-related macular degeneration (AMD). It was authorized by the FDA in November 2024.

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QUESTION: What are the indications for PBM in the retina?

ANSWER: The Valeda® Light Delivery System is intended to provide improved visual acuity in patients with best corrected visual acuity of 20/32 through 20/70 and who have dry age-related macular degeneration (AMD) characterized by:

- The presence of at least 3 medium drusen ($> 63 \mu\text{m}$ and $\leq 125 \mu\text{m}$ in diameter), or large drusen ($> 125 \mu\text{m}$ in diameter), or non-central geographic atrophy, AND
- The absence of neovascular maculopathy or center-involving geographic atrophy.

After about two years, the Valeda® Light Delivery System treatment provides improved mean visual acuity of approximately one line of visual acuity (ETDRS) compared to those not receiving the treatment.

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QUESTION: What diagnosis code(s) is used on a claim?

ANSWER: Use an ICD-10-CM code in the H35.31- series to report nonexudative age-related macular degeneration. Use the sixth digit to identify the eye(s) and the seventh digit to identify the stage of the disease. The number 1 in the seventh digit means early stage and the number 2 means intermediate stage dry AMD.

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QUESTION: Will Medicare cover PBM?

ANSWER: Maybe. PBM is the first treatment shown to improve vision loss associated with early- and intermediate-stage dry AMD. LIGHTSITE III provides compelling evidence to support coverage of PBM in an office setting for qualifying patients.

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QUESTION: What CPT code is used to report PBM?

ANSWER: Use Category III CPT code 0936T (*Photobiomodulation therapy of retina, single session*). A session occurs on a single day.

CPT instructs, *For bilateral procedure, report 0936T with modifier 50.*

This code was inaugurated January 1, 2025.

August 14, 2025

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QUESTION: What is the Medicare payment for PBM?

ANSWER: Since 0936T is a Category III code, each Medicare Administrative Contractor (MAC) determines the payment rate for 0936T; CMS did not establish a rate in the CY 2025 Medicare Physician Fee Schedule.

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QUESTION: What chart documentation supports 0936T?

ANSWER: PBM is documented in the medical record with a report that includes these essential elements: date of service, patient name, diagnosis, proceduralist's name, title of procedure, indication for the procedure, description of the procedure, discharge instructions, and signature. Signatures authenticate medical records and are subject to strict [Medicare regulations](#).

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QUESTION: How often is PBM therapy administered?

ANSWER: In the [LIGHTSITE III](#) clinical trial, subjects received PBM treatment with the Valeda in nine (9) sessions over three (3) to five (5) weeks every four (4) months, over twenty-four (24) months.

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QUESTION: Can a medical assistant (MA) treat a patient using PBM upon the order of a physician?

ANSWER: The answer to this question depends on where you practice. The work that an MA is trained and capable of performing is limited. Even though MAs work directly with doctors, they can't give medical advice to patients – they only support medical staff. Even certified ophthalmic technicians are limited in their capabilities. State laws govern what MAs are permitted to do, but state laws differ and some states are stricter than others with regard to physicians directing MAs to treat patients. California is an example of a state with [strict limits on medical assistants](#).

Significantly, MAs do not function at the level of a nurse or qualified health care professional (e.g., PA, NP). MAs are unlicensed while nurses and QHPs are licensed and have more education, skill and capabilities.

Payors are oriented to reimburse services personally performed by a physician or QHP while services performed by a MA under supervision of a physician are not equivalent.

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QUESTION: If coverage of PBM is unlikely or uncertain, how should we proceed?

ANSWER: When Medicare or other third-party payor will likely deny the claim, ask the patient to assume financial responsibility for the charge using a financial waiver: An Advance Beneficiary Notice of Noncoverage (ABN) is required for services where Part B Medicare coverage is ambiguous or doubtful. For Medicare Advantage (Part C), determination of benefits is required to identify beneficiary financial responsibility prior to performing noncovered services; MA Plans have their own waiver forms and processes. For commercial insurance beneficiaries, a Notice of Exclusion from Health Plan Benefits (NEHB) is an alternative to an ABN.

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