Medical Coverage Policy | Dermatologic Applications of Photodynamic Therapy

EFFECTIVE DATE: 11|20|2007
POLICY LAST UPDATED: 03|08|2016

OVERVIEW
Photodynamic therapy (PDT) refers to light activation of a photosensitizer to generate highly reactive intermediaries, which ultimately cause tissue injury and necrosis. Photosensitizing agents, administered orally or intravenously, have been used in nondermatologic applications and are being proposed for use with dermatologic conditions such as actinic keratoses and nonmelanoma skin cancers.

MEDICAL CRITERIA
Not applicable

PRIOR AUTHORIZATION
Not applicable

POLICY STATEMENT
BlueCHiP for Medicare
Photodynamic therapy is medically necessary as a treatment for the destruction of actinic keratoses without restrictions based on lesion or patient characteristics.

Commercial Products
Photodynamic therapy is medically necessary as a treatment of nonhyperkeratotic actinic keratoses of the face and scalp, superficial basal cell skin cancer only when surgery and radiation are contraindicated, and for the treatment of Bowen disease (squamous cell carcinoma in situ) only when surgery and radiation are contraindicated.

Photodynamic therapy is not medically necessary for other dermatologic applications, including but not limited to, acne vulgaris, nonsuperficial basal cell carcinomas, hidradenitis suppurativa and mycoses, or as a technique of skin rejuvenation, hair removal, or other cosmetic indications as there is insufficient peer-reviewed scientific literature that demonstrates the procedure/service is effective.

COVERAGE
Benefits may vary between groups/contracts. Please refer to the appropriate Member Certificate/Subscriber Agreement for applicable medically/not medically necessary coverage/benefits.

BACKGROUND
Photodynamic therapy refers to light activation of a photosensitizing agent light to produce photochemical effects in the target area. The evidence to date suggests that the net health outcome is better with surgery than with PDT for treating basal cell carcinoma (BCC). For superficial BCC, the evidence is sufficient to conclude that PDT has a similar efficacy to cryotherapy and better cosmetic outcomes. In addition, there is evidence from randomized controlled trials that PDT is an effective treatment for selected patients with actinic keratoses of the face and scalp compared to placebo or cryotherapy. There is insufficient evidence that PDT improves the net health outcome for nodular BCC and other dermatological conditions compared to accepted treatments. Thus, PDT may be considered medically necessary for treating selected patients with actinic keratoses, superficial BCC, and Bowen disease, but is considered not medically necessary for all other dermatologic indications.

Surgery or radiation is the preferred treatment for superficial basal cell cancer and Bowen disease. If PDT is selected for these indications because of contraindications to surgery or radiation, patients and physicians need to be aware that it may have a lower cure rate in comparison with surgery or radiation. Photodynamic therapy typically involves two office visits: one to apply the topical aminolevulinic acid (ALA), and a second visit to expose the patient to blue light. The second physician office visit, performed solely to administer blue light, should not warrant a separate Evaluation and Management CPT code. Photodynamic protocols typically involve two treatments spaced a week apart; more than one treatment series may be required.

CODING

BlueCHiP for Medicare

The following codes are considered medically necessary when filed with the diagnosis code listed below:

96567

J7308 Aminolevulinic hydrochloric acid for topical administration, 20%, single unit dosage form (354 mg)

J7309 Methyl aminolevulinate (MAL) for topical administration, 16.8%, 1 gram

ICD-10 L57.0
ICD-9 702.0

Commercial Products

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ICD-10 Ranges L57.0, C44.0-C44.9, D04.0-D04.9

ICD-9 Ranges 702.0, 173.0-173.9, 232.0-232.9

RELATED POLICIES

Not applicable

PUBLISHED

Provider Update, May 2016
Provider Update, May 2015
Provider Update, July 2008
Policy Update, February 2008
Policy Update, September 2002

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