

Medical Coverage Policies

[Printer-Friendly Page](#)

Photodynamic Therapy for Treatment of Actinic Keratoses

EFFECTIVE DATE	11/20/2007	LAST UPDATED	05/20/2008
-----------------------	------------	---------------------	------------

Description:

Actinic keratoses (AKS) are rough, scaly, or warty premalignant growths on sun-exposed skin that are very common in older individuals. The condition generally occurs in more than 80% of fair-skinned people over the age of 60. These lesions may progress over time to become invasive squamous cell carcinoma.

Photodynamic Therapy (PDT) is a non-invasive treatment for AKS, consisting of a topical solution of 20% aminolevulinic acid HCl with a photoactivating light. Treatment is a two-stage process for targeted destruction of non-hyperkeratotic AKS of the face and scalp. The treatment is a drug-device combination involving the topical application of the aminolevulinic acid (called Levulan Kerastick) directly to lesions, followed by BLU-U Photodynamic therapy (PDT) 14 to 18 hours later. Exposure to the blue light generates a photodynamic reaction with the topical agent. The reaction is a cytotoxic process, preventing further reproduction and growth of the keratotic cells while destroying the existing cells of the lesion.

If light treatment is postponed on a patient who has received the solution application, the lesions become photosensitive and the patient must avoid exposure to skin and eyes, as well as avoid direct sunlight or bright indoor light for approximately 40 hours.

Photodynamic therapy is generally used as a treatment for non-hyperkeratotic AKS on the face and scalp versus other treatment techniques for its improved cosmesis.

Medical Criteria:

Not applicable, this is a reimbursement policy.

Policy:

PDT is covered for non-hyperkeratotic actinic keratoses of the face and scalp.

Coverage:

Benefits may vary between groups/contracts. Please refer to the appropriate member certificate/subscriber agreement/RIte Care contract for applicable medical services coverage/benefits.

Coding and Reimbursement:

96567

DO NOT report CPT codes 17000, 17003, or 17004 for this procedure.

HCPCS Code:

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

Photodynamic therapy may involve two office visits, one for the application of the topical ALA, and a second visit to expose the patient to blue light.

Code 96567 is considered a procedure, therefore no office visit copayment would apply.

Also Known As:

Photodynamic therapy for dermatology conditions
LevulanPDT
Levulan Kerastick
Aminolevulinic acid HCl

Related Topics:

Not applicable

Published:

Policy Update, September 2002
Policy Update, February 2008
Provider Update, July 2008

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgement in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center . If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions.

This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.

 [Back to Previous Page](#)