

EFFECTIVE DATE: 01 | 20 | 2007

POLICY LAST UPDATED: 11 | 29 | 2017

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 (BCC), 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 section of the Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for services not medically necessary.

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. 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 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** Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions of the skin and adjacent mucosa (e.g., lip) by activation of photosensitive drug(s), each phototherapy exposure session.
- 96573** Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day (effective date 1/1/2018)
- 96574** Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day, (effective date 1/1/2018)
- 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
- J7345** Aminolevulinic acid hcl for topical administration, 10% gel, 10 mg, (effective date 1/1/2018)

ICD-10 L57.0

Commercial Products

The following codes are considered not medically necessary when filed with the one of the diagnosis codes in the attachment below:

- 96567** Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions of the skin and adjacent mucosa (e.g., lip) by activation of photosensitive drug(s), each phototherapy exposure session.
- 96573** Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day (effective date 1/1/2018)
- 96574** Debridement of premalignant hyperkeratotic lesion(s) (ie, targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day, (effective date 1/1/2018)
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- J7345** Aminolevulinic acid hcl for topical administration, 10% gel, 10 mg, (effective date 1/1/2018)



ICD10 codes
MPRM_01012017.pdf

The following ICD10 codes are medically necessary when filed with the CPT code listed above:

ICD10 codes: Medically Necessary Indications

L03.213

L57.0

C44.0-C44.9

D04.0-D04.9

RELATED POLICIES

Not applicable

PUBLISHED

Provider Update, March 2017

Provider Update, May 2016

Provider Update, May 2015

Provider Update, July 2008

Policy Update, February 2008

Policy Update, September 2002

REFERENCES

1. Pariser DM, Lowe NJ, Stewart DM et al. **Photodynamic therapy** with topical methyl aminolevulinate for actinic keratosis: results of a prospective randomized multicenter trial. J Am Acad Dermatol 2003;48(2):227-32.
2. Hauschild A, Stockfleth E, Popp G et al. Optimization of **photodynamic therapy** with a novel self-adhesive 5-aminolaevulinic acid patch: results of two randomized controlled phase III studies. Br J Dermatol 2009; 160(5):1066-74.
3. Morton C, Campbell S, Gupta G et al. Intraindividual, right-left comparison of topical methylaminolaevulinate-**photodynamic therapy** and cryotherapy in subjects with actinic keratoses: a multicentre, randomized controlled study. Br J Dermatol 2006; 155(5):1029-36.
4. Szeimies RM, Stockfleth E, Popp G et al. Long-term follow-up of **photodynamic therapy** with a self-adhesive 5-aminolaevulinic acid patch: 12 months data. Br J Dermatol 2010; 162(2):410-4.

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