

## **Coding Laser Treatment for Inflammatory Skin Disease (Psoriasis)**

**CPT® Assistant.**

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The 96920-96922 family of Current Procedural Terminology (CPT®) codes is used specifically and exclusively for reporting laser treatment of psoriasis. Although the code descriptor for this code family reads 'Laser treatment for inflammatory skin disease (psoriasis),' the intent of these codes is that they are to be used only for psoriasis treatment. It would be incorrect to report codes 96920-96922 for other inflammatory skin conditions, such as acne, rosacea, eczema, contact dermatitis, or atopic dermatitis. This article addresses the appropriate codes to report psoriasis treatments using a laser light source, as well as other treatment scenarios.

**96920**

Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm

**96921**

250 sq cm to 500 sq cm

**96922**

over 500 sq cm

Psoriasis, which is both an inflammatory and cellular hyperproliferative skin disease, can be treated by an expanding multitude of modalities, including topical, physical, and systemic. Ultraviolet (UV) light treatment, including narrowband UVB treatment, has been successfully employed for localized as well as diffuse psoriasis treatment. Laser treatment of psoriasis employs excimer lasers that deliver a single coherent collimated monochromatic 308-nm wavelength of light that falls within the UV spectrum. Excimer laser therapy is distinguished from other light therapies of psoriasis, specifically by its laser property: the treatment device emits light of only a single wavelength. Other non-laser light therapy delivery devices, including narrowband UVB, broadband UVB, and UVA, do not emit a single coherent collimated beam and do not fall under this code for reporting purposes. The energy delivered by laser devices is far greater than that obtained with non-laser, non-monochromatic, noncoherent light source devices, including those that may limit the number of wavelengths delivered. Other available CPT codes for non-laser treatments include code 96900, Actinotherapy (ultraviolet light), code 96910, Photochemotherapy; tar and



ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B; code 96912, Photochemotherapy; psoralens and/or ultraviolet A (PUVA); and code 96913, Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings).

Laser treatment of psoriasis (96920-96922), is a targeted phototherapy, which by virtue of the sharply bordered, coherent, collimated monochromatic beam of delivered laser light, delivers a concentrated and sharply defined beam of light that can readily be limited to a psoriatic skin lesion, thereby, avoiding spillover of treatment onto normal skin. By limiting light spillover, needlessly exposing the skin to UV radiation is avoided. The laser treatment is usually employed for psoriasis that covers less than 10% of the body surface area (BSA). The specific individual treatment dose (in J/cm<sup>2</sup>) is individualized per patient and dependent on psoriasis plaque thickness, as well as the fairness or darkness of a patient's skin. Dosages are adjusted based on a patient's response to therapy and side effects, such as skin burning. Treatments are typically performed 2 to 3 times per week, with 48 hours or more between treatments. Although the total number of treatments will vary for a given patient, usually 10 to 12 treatments are required per treated psoriasis lesion site.

#### **Coding Example 1**

A 35-year-old patient with localized psoriatic plaques measuring 200 sq cm on the elbows that are resistant to topical therapy is successfully treated with 10 sessions of excimer laser light therapy. Each of the laser treatment sessions is coded with CPT code 96920, as the total surface area of the treated sites is less than 250 sq cm.

#### **Coding Example 2**

A 40-year-old patient has persistent psoriasis on the elbows and knees that is recalcitrant to multiple topical therapies. The combined surface area of the lesions is 450 sq cm. The psoriatic plaques are selected for therapy with a 308-nm excimer laser. Twelve separate treatment episodes are needed for adequate psoriasis resolution. Each of the 12 treatment episodes is reported with CPT code 96921 to indicate that a surface area of 250 to 500 sq cm was treated.

#### **Coding Example 3**

A 52-year-old patient is evaluated for thick psoriatic plaques on the elbows, knees, and lower back that have been resistant to various topical therapies. The patient would like to avoid systemic therapy and UV light therapy that would affect large areas of the skin, as the patient's skin is substantially photodamaged. Laser therapy focused only on the psoriatic lesions is selected. The combined area of all the treated sites is 650 sq cm. However, the area of psoriasis on the elbows and knees is 475 sq cm. The patient's psoriatic lesions clear adequately with 10 treatments to the lower back and 14 treatments to the elbows and knees. As all sites were treated on the same encounter days until the back cleared, CPT code 96922 is reported for each of the first 10 treatment encounters, as over 500 sq cm of surface area was treated. However, once the back had cleared and did not require additional therapy, each of the 11th through 14th treatment encounters is reported with code 96921, as only 475 sq cm of psoriasis on the elbows and knees were treated during those episodes.

#### **Coding Example 4**

Narrow-band UVB delivered with a handheld unit is employed for localized treatments of psoriasis on the lower back of a patient with persistent, localized psoriasis. Each of the treatments is appropriately coded with CPT code 96900, as the narrow band delivery device is not a laser.

#### **Coding Example 5**

An abbreviated history is obtained. All prior dressings, taking care to avoid injuring the underlying skin are removed. A physical exam to assess adequate arterial flow, the presence of infection, degree of swelling, and size/depth of the lower extremity ulcer is performed. Treatment options are reviewed with the patient and/or the patient's family and the procedure, including a discussion of possible risks and complications are explained. The ulcer is cleansed and a primary wound dressing is then applied. With the foot in a dorsiflexed position, application of the compression bandage is initiated with a circular winding at the base of the toes. The second circular winding follows and covers the top of the foot and articulating aspect of the ankle joint. The next winding is applied and covers the back of the heel and the calf. Frequent checks are performed to ensure the foot is in a neutral position relative to the ankle. Each subsequent application is applied at the specific stretch needed for the desired compression. The patient's neurovascular status, after the dressing system has been completely applied and allowed to set for a few minutes, is evaluated. A surgical shoe is fitted on the patient. Care and activity instructions are provided to the patient. Progress note and any correspondence with the patient's referring physicians are completed.

#### **Clinical Example (29583)**

A 25-year-old female with distressing vitiligo measuring 275 sq cm in surface area on the chest is treated with a 308-nm excimer laser. The vitiligo gradually improves during the treatment course. Although both vitiligo and focal atopic dermatitis have literature-based support for successful outcomes with laser treatments, the 96920-96922 CPT code family is specifically indicated for psoriasis treatments. As a result, each laser light treatment performed for the vitiligo is reported with code 96900. In summary, it is not appropriate to report CPT codes 96920-96922 for procedures that do not involve a laser-light source used to treat psoriasis. If no appropriate code exists, then the unlisted code 96999, Unlisted special dermatological service or procedure, should be reported, instead. 