

Payment Policy | Photodynamic Therapy for Treatment of Actinic Keratoses



EFFECTIVE DATE: 11/20/2007
POLICY LAST UPDATED: 05/20/2008

OVERVIEW

This payment policy documents the coverage determination for Photodynamic Therapy for Treatment of Actinic Keratoses. Actinic keratoses (AKS) are rough, scaly, or warty premalignant growths on sun-exposed skin that are very common in older individuals. These lesions may progress over time to become invasive squamous cell carcinoma.

PRIOR AUTHORIZATION

Prior authorization review is not required.

POLICY STATEMENT

BlueCHiP for Medicare and Commercial products

Photodynamic Therapy (PDT) is covered for non-hyperkeratotic actinic keratoses.

MEDICAL CRITERIA

Not Applicable

BACKGROUND

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.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement for applicable Medical services, surgery, or drug coverage/benefits.

CODING

Blue CHiP for Medicare and Commercial

96567

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

HCPCS Code:

J7308

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 medical procedure; therefore no office visit copayment would apply.

RELATED POLICIES

None

PUBLISHED

Provider Update Nov 2013

Provider Update May 2012

REFERENCES

None

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