

Dermatologic Applications of Photodynamic Therapy (PDT)

Policy ID:	HHO-DE-MP-1227
Approved By:	Highmark Health Options – Market Leadership
Provider Notice Date:	
Original Effective Date:	N/A
Annual Approval Date:	12/2022
Last Revision Date:	12/22/2021
Products:	Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 3

Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

Highmark Health Options may provide coverage under medical surgical benefits of the Company's Medicaid products for medically necessary dermatologic applications of photodynamic therapy.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

DEFINITIONS

Highmark Health Options (HHO) – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan Plus members.

Photodynamic therapy (PDT) – A medical procedure that involves the administration of a photosensitizing drug and subsequent exposure of tumor cells to a nonthermal laser light source to induce cellular damage. Photo-activation of the drug creates a cytotoxic reaction within the cells that destroys dysplastic lesions; the cytotoxic effect is dependent on light and oxygen.

PROCEDURES

A prior authorization is not required.

Dermatological applications of Photodynamic therapy (PDT) may be considered medically necessary for ANY of the following:

- Actinic keratoses of the face, scalp and other photo exposed areas; or
- Superficial basal cell skin cancer only when surgery and radiation are contraindicated; or
- Bowen's disease (squamous cell carcinoma in situ) only when surgery and radiation are contraindicated.

PDT not meeting the above criteria is considered experimental/investigational, and therefore, noncovered because the safety and/or effectiveness of this service cannot be established by the available published peer-reviewed literature.

Post-payment Audit Statement

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Health Options at any time pursuant to the terms of your provider agreement.

Place of Service: Outpatient

Experimental/investigational (E/I) services are not covered regardless of place of service.

Dermatologic Applications of Photodynamic Therapy is typically an outpatient procedure and is only eligible for coverage as an inpatient procedure in special circumstances, including, but not limited to, the presence of a comorbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

CODING REQUIREMENTS

CPT code	Description
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.
96574	Debridement of premalignant hyperkeratotic lesion(s) (i.e., 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.

Diagnosis Codes

D04.0	D04.4	D04.5	D04.8	D04.9	D04.10	D04.111
D04.112	D04.121	D04.122	D04.20	D04.21	D04.22	D04.30
D04.39	D04.60	D04.61	D04.62	D04.70	D04.71	D04.72
L57.0						

REIMBURSEMENT

Participating facilities will be reimbursed per their Highmark Health Options contract.

References

Photodynamic Therapy (PDT). American Society for Dermatologic Surgery. Published 2015.

Roozeboom MH, Arits AH, Mosterd K, et al. Three-year follow-up results of photodynamic therapy vs. imiquimod vs. fluorouracil for treatment of superficial basal cell carcinoma: a single-blind, noninferiority, randomized controlled trial. *J Invest Dermatol.* Aug 2016;136(8):1568-1574.

Effron j, Aliazzi H, Garcia-Zuauaga J. Current evidence and applications of photodynamic therapy in dermatology: part 1 cutaneous neoplasms. *J Derm Nurs Assoc.* 2015 May/June;7(3):145-151.

Cohen D, Lee P. Photodynamic Therapy for non-melanoma skin cancers. *Cancers(basal).* 2016 Oct;8(10):90.

National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology. Basal cell skin cancer. Version.1.2018.

Gracia-Cazana T, Mascaraque M, Lucena. SR, Vera-Alvarez J, Gonzalez S, Juarranz A, etal. (2019) Biomarkers of basal cell carcinoma resistance to methyl-aminolevulinate photodynamic therapy. *PLoS ONE* 14(4):e0215537.

Griffin L, Lear J. Photodynamic therapy and non-melanoma skin cancer. *Cancers.* 2016;8(98):1-13.

Nissen C, Heerford I, Wiegell S, Mikkelsen C, Wulf H. Pretreatment with 5-Flourouracil crea, enhances the efficacy of daylight-mediated photodynamic therapy for actinic keratosis. *Acta Derm Veneriol.* 2017;97:617-621.

POLICY UPDATE HISTORY

<Date>	<Event>
--------	---------