



## Photodynamic Therapy

Last Revision/Review Date: January 16, 2019

P&P # C.6.15

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### A. Documentation Required:

To facilitate the authorization process referral requests must include **ALL** the following:

1. Detailed physical exam and patient medical history; including physical or physiological indication(s) for PDT;
2. Reports of appropriate clinical studies/test/interventions to confirm the degree of the impairment;
3. Photographs or descriptive measurement (if applicable to request) of the anomaly;
4. Treating physician's plan of care (proposed procedures) which must include the expected outcomes of improvement as a result of the treatment.

### B. Criteria for Medical Necessity:

1. Photodynamic therapy is considered medically necessary for treatment of Non-Melanoma Skin Tumors using topical photosensitizers for **ONE** of the following pre-malignant and primary non-metastatic lesions:
  - a. Basal cell carcinoma; **OR**
  - b. Cutaneous lesions of Bowen's disease; **OR**
  - c. Refractory actinic keratosis (AK) that has failed conservative measures such as topical agents (fluorouracil or imiquimod) or cryosurgery; **OR**
  - d. Field treatment for multiple AK of the head and neck.
2. Photodynamic therapy is considered medically necessary for the treatment of **ANY** of the following cancers:
  - a. Esophageal Cancer:
    - i. Barrett's esophagus with high-grade dysplasia in patients who are not candidates for esophagectomy; **OR**
    - ii. Completely obstructing esophageal cancer; **OR**
    - iii. Partially obstructing esophageal cancer, in members who cannot be satisfactorily treated with Nd:YAG laser therapy.
  - b. Lung Cancer:
    - i. Completely obstructing endobronchial non-small cell lung cancer; **OR**
    - ii. Microinvasive endobronchial non-small cell lung cancer at an early stage, for whom surgery and radiotherapy are not indicated; **OR**
    - iii. Partially obstructing endobronchial non-small cell lung cancer.
  - c. Cholangiocarcinoma in combination with palliative stenting of inoperable cholangiocarcinoma.

### C. Indications Considered Experimental, Investigational or not Medically Necessary: *(Not an all-inclusive list):*

PDT for the treatment of any of the following conditions:

- a. Acne vulgaris
- b. Disseminated superficial actinic porokeratosis
- c. Hirsutism
- d. Hyperkeratotic actinic keratoses
- e. Nodular basal cell carcinoma
- f. Photoaging (i.e., photodamage or dermatoheliosis)

- g. Psoriasis
- h. Sebaceous gland hyperplasia
- i. Squamous cell carcinoma
- j. Wart

**CPT/HCPCS Codes**

96567	Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions of the skin and adjacent mucosa by activation of photosensitive drug(s), each phototherapy exposure session.
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