



Photodynamic Therapy

Last Revision/Review Date: January 20, 2021

P&P # C.6.15

Policy

This Medical Policy does not constitute medical advice. When deciding coverage, the enrollee's specific plan document must be referenced. The terms of an enrollee's plan document (Certificate of Coverage (COC) or Summary Plan Description (SPD)) may differ from this Medical Policy. In the event of a conflict, the enrollee's specific benefit plan document supersedes this Medical Policy. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements, and the plan benefit coverage prior to use of this Medical Policy. Other Policies and Coverage Determination Guidelines may apply. Quartz reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

Procedure

A. Documentation Required:

In order 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 (squamous cell skin cancer in situ); **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; **OR**
- iv. Endobronchial non-small cell lung cancer causing severe hemoptysis.
- c. Cholangiocarcinoma in combination with palliative stenting of inoperable cholangiocarcinoma.

C. Indications Considered Experimental and Investigational: *(Not an all-inclusive list):*

PDT for the treatment of any of the following conditions:

- a. Disseminated superficial actinic porokeratosis
- b. Hyperkeratotic actinic keratoses
- c. Nodular basal cell carcinoma
- d. Sebaceous gland hyperplasia
- e. Squamous cell carcinoma of the head and neck
- f. Prostate cancer
- g. Colon cancer
- h. Gastric cancer
- i. Pancreatic cancer
- j. Breast cancer metastases to the skin
- k. Rosacea
- l. Necrobiosis lipoidica

D. Indications Considered Not Medically Necessary: *(Not an all-inclusive list):*

PDT for the treatment of any of the following conditions is considered cosmetic and not medically necessary:

- a. Acne vulgaris
- b. Photoaging (i.e., photodamage or dermatoheliosis)
- c. Hirsutism
- d. Wart

PDT for the treatment of any of the following conditions is considered not medically necessary:

- a. Psoriasis

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.
96570	Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); first 30 minutes (list separately in addition to code for endoscopy or bronchoscopy procedures of lung and esophagus)
96571	Photodynamic therapy by endoscopic application of light to ablate abnormal tissue via activation of photosensitive drug(s); each additional 15 minutes (list separately in addition to code for endoscopy or bronchoscopy procedures of lung and esophagus)

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