# Let There Be Light: Update on Coding for Photodynamic Therapy and Lasers

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PRACTICE **POINTS**

- In 2018, there are new sets of codes for photodynamic therapy (PDT) and lasers that all dermatologists should be aware of.
- The *Current Procedural Terminology (CPT)* codes for PDT—96567, 96573, and 96574—can only be used once per patient per day, and only one of the 3 codes can be used on a given anatomic area (ie, face and scalp) on a given day.
- Until 2018, there were no *CPT* codes that allowed for precise reporting of laser therapies, but there now is a series of tracking codes that are not valued by the Specialty Society Relative Value Scale Update Committee process but are nonetheless reportable.

Winter is the time when many religions celebrate a renewal of the year as the days begin to get longer. On January 1 of each year in the United States we celebrate the official activation of new and revised *Current Procedural Terminology* (*CPT*) codes with which physicians report their services, and if they are lucky, they are compensated when these services are provided. In 2018, there are new sets of codes for photodynamic therapy (PDT) and lasers that all dermatologists should be aware of.

## Photodynamic Therapy

Use of PDT is said to date back as early as the 1900s,[1] but it did not become a mainstream treatment modality in the United States until 2002 when the first *CPT* code for PDT (96567) became effective.[2] Treatment involved application of a photosensitizing drug and its subsequent activation with a special blue light. Physicians faced an uphill battle for many years, as payers would either not reimburse the *CPT* code itself or the corresponding Healthcare Common Procedure Coding System supply code J7308, which became effective on January 1, 2004,[3] to allow for reimbursement of a 354-mg, single-dose ampoule preparation of aminolevulinic acid hydrochloride as the photosensitizing drug. By deeming the procedure experimental and/or medically unnecessary, insurers often refused payment when 96567 was used—a situation that still occurs today with regard to PDT reimbursement, although less often. In my experience, this code was considered by the American Medical Association/Specialty Society Relative Value Scale Update Committee to be a nonphysician work code with the assumption that the procedure was done by nonprovider staff (eg, medical assistant, licensed practical nurse, registered nurse) and that the physician did nothing but order the treatment.

In 2004, a methyl aminolevulinate cream that was activated with a red light source was brought to market; however, after failing to gain a substantial market share, the product is no longer available in the United States. In May of 2016, a nanoemulsion gel formulation of aminolevulinic acid hydrochloride 10% was approved by the US Food and Drug Administration[4] for use with a red light source. Unlike 5-aminolevulinic acid hydrochloride solution, which was approved for application with no prior debridement of the skin,[5] the new gel formulation was meant to be applied after degreasing with an ethanol- or isopropanol-soaked cotton pad and removal of any scaling or crusts, followed by roughening of the lesion surfaces (with care taken to avoid bleeding).[4] The product must be administered by a health care provider and is reported using *CPT* codes 96573 and 96574, which are new in 2018 and are discussed in more detail below. Effective January 1, 2018, the Healthcare Common

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Procedure Coding System supply code for the product is J7345 (aminolevulinic acid hydrochloride gel for topical administration, 10% gel, 10 mg).[6] A single tube contains 200 mg, so when an entire tube is used (which is typical), 200 units must be reported. Partial tubes may be used in some patients and should be reported appropriately based on actual usage.

The development of new *CPT* codes for PDT revealed a middle ground in which many physicians, including myself, have applied the photosensitizing drug themselves instead of a nonphysician provider in order to use their professional judgment to ensure the entire treatment area was covered and also allow for multiple applications of the drug to lesions that in their opinion may have warranted greater dosing, which led to the creation of *CPT* code 96573. The revision and refinement from one code to 3 (96567, 96573, and 96574) also involved rewording of the preamble for all 3 codes so that the phrase "premalignant and/or malignant lesions" was simplified to "premalignant lesions." This change was made so that if and when this therapeutic approach is refined enough to be used on malignant lesions, new codes can be created to distinguish between the work performed for both types of lesions.

The new PDT codes include 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 healthcare professional, per day) and 96574 (debridement of premalignant hyperkeratotic lesion[s][ie, 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 healthcare professional, per day). According to the 2018 *CPT* manual,[2] these codes should be used to report nonsurgical treatment of cutaneous lesions using PDT (ie, external application of light to destroy premalignant lesions of the skin and adjacent mucosa by activation of photosensitizing drug). A treatment session is defined as an application of a photosensitizer to all lesions within an anatomic area (eg, face, scalp) with or without debridement of all premalignant hyperkeratotic lesions in that area followed by illumination and activation with an appropriate light source. Providers should not report codes for debridement (11000, 11001, 11004, 11005), lesion shaving (11300–11313), biopsy (11100, 11101), or lesion excision (11400–11471) within the treatment area on the same day that PDT is administered.[2]

With the inclusion of these new PDT codes, the older code 96567 (photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitive drug[s], per day)—which is the base or parent code of the set—should only be used for reporting PDT when a physician or other qualified health care professional is not directly involved in the delivery of the service. Code 96573 is an upgrade to 96567 to account for physician work, while code 96574 captures the extra work of disruption of the skin barrier by debridement.

The novelty here is that old codes often are replaced when new codes come along. The reader should be aware of the distinct differences, as the total value expressed in relative value units for code 96567 is lower than it was in 2017 (3.24 vs 3.80), while the 2 newer codes have higher values (codes 96573 and 96574, 5.37 and 6.92, respectively). Additionally, the reader should note that only one of the 3 codes can be used on a given anatomic area (ie, face and scalp) on a given day. In general, a single-dose package of either of the approved photosensitizing drugs can usually treat an entire anatomic area. The codes themselves are not reserved for specific anatomic areas, but the US Food and Drug Administration clearances are for only face and scalp for both drugs, so the use of more than 2 PDT codes on a given day might raise payer queries.

Whatever you do, be sure your documentation includes an explicit notation about who applied the photosensitizing drug and the technique used for debridement, if performed. Code 96574 explicitly refers to targeted curettage and abrasion but does not include other destructive modalities (eg, chemical peeling), which an auditor may or may not consider an acceptable method of debridement. Personally, I will not be using peels as a justifier for this code.

## Lasers

Lasers have played a role in the treatment of severe scarring in wounded warriors and other patient populations.[7] Until 2018, there were no *CPT* codes that allowed precise reporting of these therapies. We now have a series of tracking codes, which are not valued by the Specialty Society Relative Value Scale Update Committee process but are nonetheless reportable, for this valuable treatment.[8]

The base code for a new pair of codes for reporting fractional ablative laser treatment, which is modeled after the skin graft code series, is 0479T (fractional ablative laser fenestration of burn and traumatic scars for functional improvement; first 100 $cm^2$ or part thereof, or 1% of body surface area of infants and children). The add-on code is 0480T (fractional ablative laser fenestration of burn and traumatic scars for functional improvement; each additional 100 $cm^2$, or each additional 1% of body surface area of infants and children, or part thereof [list separately in addition to code for primary procedure]), which means the code can be reported multiple times in addition to a single unit of 0479T. The aggregate treatment area should only be reported once per day regardless of the number of passes of one or more lasers over the area that day, and codes 0479T and 0480T should not be reported with codes 0491T or

0492T, which are a new family of tracking codes used for ablative laser treatment of chronic open wounds. If the scars are excised in a full-thickness manner, the benign excision codes 11400 to 11446 should be used instead.

For laser treatment of open wounds, 0491T (ablative laser treatment, noncontact, full-field and fractional ablation, open wound, per day, total treatment surface area; first 20 $cm^2$ or less) is the base code for this pair of codes, and 0492T (ablative laser treatment, noncontact, full-field and fractional ablation, open wound, per day, total treatment surface area; each additional 20 $cm^2$, or part thereof [list separately in addition to code for primary procedure]) is the add-on code, similar to the 0479T and 00480T codes described above. Keep in mind that all 4 of these tracking codes do not have defined values, and payment is at the discretion of the payer. If utilization of the procedures increases along with the development of appropriate evidence-based literature to support it, it is possible these will be converted into standard category I *CPT* codes that will be valued and covered by payers.

## Final Thoughts

For more details on the new codes for PDT and lasers, I would strongly suggest obtaining a copy of *CPT Changes 2018: An Insider's View* (https://commerce.ama-assn.org/store/catalog/productDetail.jsp?product_id=prod2800018&navAction=push), as well as the 2018 *CPT* manual for those who are actively practicing. Members of the American Academy of Dermatology also can get the new *CPT* manual as part of the group's Coding Value Pack (https://store.aad.org/products/11383) along with *Principles of Documentation for Dermatology and 2018 Coding & Billing for Dermatology.*

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