

# Practice Management Center

## Photodynamic Therapy — Quick Tips

### SUPERVISION GUIDELINES KEY TERMS:

**Personal** = physician must be personally involved and in attendance in the room during performance of the procedure

**Direct** = the dermatologist or QHP must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of the procedure.

**General** = overall direction and control, but no physical presence required during the performance of the procedure

### PHYSICIAN/QHP

*An individual who is qualified by education, training, licensure/regulation, and facility privileging who performs a professional service within his/her scope of practice and independently reports that professional service.*

### CLINICAL STAFF MEMBER

*A person who works under the supervision of a physician or QHP and who by law, regulation, and facility policy may perform or assist in the performance of a specified professional service, but who does not individually report that professional service.*

CPT CODE	DESCRIPTION	WHO PERFORMS	MAX UNITS	PROVIDER REQUIREMENTS (DURING THERAPY)
96567	<i>Photodynamic therapy by external application of light to destroy premalignant lesions of skin and adjacent mucosa with application and illumination/activation of photosensitive drug(s), per day</i>	Clinical Staff	1 Per Day*	Dermatologist/QHP orders but is not directly involved in the delivery of the photodynamic therapy service
96573	<i>96573 Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application of illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day</i>	Physician QHP	1 Per Day*	Dermatologist/QHP is personally involved in the delivery of the photodynamic therapy service, per day. Must be involved in the application of the photosensitizing agent AND turning on the activating light source.
96574	<i>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 of illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day</i>  <i>*Curettage: scraping of skin lesion using a curette or Dermabrasion: use of surgical tool to perform skin resurfacing</i>	Physician QHP	1 Per Day*	Dermatologist/QHP must be personally involved in debridement, application of photosensitizing agent and turning on the activating light source.
AGENTS	<b>J7308</b> Aminolevulinic acid hcl for topical administration, 20%, single unit dosage form (354 mg) <b>J7309</b> Methyl aminolevulinate (mal) for topical administration, 16.8%, 1 gram <b>J7345</b> Aminolevulinic acid hcl for topical administration, 10% gel, 10 mg	See Provider Requirements above		<b>ADDITIONAL INFORMATION</b>  Fee schedule Carrier priced Carrier priced

\* Medicare contractors retain discretion to determine the number of visits considered reasonable and necessary to treat actinic keratosis lesions. Check with your payer for treatment frequency policies.

For more information, contact the Academy's Practice Management Center:  
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### REQUIREMENTS FOR REPORTING 96567

- Dermatologist or Qualified Health Professional establishes treatment protocol
- Clinical staff applies medication, turns on light and delivers treatment to the affected area

### REQUIREMENTS FOR REPORTING 96573

- Dermatologist or Qualified Health Professional establishes treatment protocol
- Provider applies photosensitizing agent AND turns on activating light source

### REQUIREMENTS FOR REPORTING 96574

- Dermatologist or Qualified Health Professional establishes treatment protocol
- Provider debrides (targeted curettage, abrasion) premalignant lesion(s) AND applies photosensitizing agent AND turns on activating light source

### FAQS

### RESPONSE

#### Can other debridement procedures be reported in addition to 96574?

If the lesion is being treated with PDT, then the actual application of aminolevulinic acid HCL (J3708) is a component of the photodynamic therapy destruction and is not separately billable with a 17000 series destruction code.

It is inappropriate to report the debridement codes 1100x, lesion shaving codes 113xx, biopsy codes 1110x or lesion excision codes 114xx for the same lesion treated and reported with photodynamic therapy (PDT) code 96574 as this is included in the intra-work descriptor of the service.

If debridement is performed on a different lesion (other than the lesion being treated with PDT), that service can be appropriately reported separately with modifier 59.

#### How many units/often can the service be reported?

The CPT description of new and revised PDT codes and the CMS Medically Unlikely Edits (MUE) allow for the reporting of only one unit per day for each of these codes. Per the CPT guidelines a single encounter may include reporting of one unit of each code within the PDT family of codes when each is performed for separate body area (e.g. Scalp — 96567X1, and face — 96573X1 and shoulder — 96574X1). Medicare and other payers may have limitations or other rules on the use of multiple PDT services during a single encounter. Check with payers for additional guidance.

#### When can an E/M service be reported in addition to 96573 or 96574?

CPT 96567 includes no physician work and may allow the reporting of a related E/M service when performed and documented.

CPT codes 96573 and 96574 include physician work. Therefore, it would be inappropriate to report an E/M service related to provision of the photodynamic therapy.

When an unrelated and distinctly separate E/M service is provided and appropriately documented during the same encounter as a photodynamic therapy service, it may be reported with modifier 25.

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