

Dermatology Coding Alert

Phototherapy: Don't Blink on Your Coding for Phototherapy for Skin Disorders

Tip: Consider an E/M code along with the procedure code for re-evaluations of the condition.

If your practice is using UV therapy or photodynamic therapy for patients with vitiligo or lesions, beware of a few common points of confusion. Read on for our answers to these frequently asked questions to see the light at the end of the coding tunnel.

Question 1: Can we code for an office visit along with the phototherapy procedure?

Answer 1: If you're charging for an office visit on the same day as phototherapy, your reimbursement may depend on whether your physician's documentation warrants a different diagnosis code. Payers may reimburse at times if the doctor sees the patient for a different problem, thus with a different diagnosis code, experts say.

"I could see a 99212 or 99213 for something like a 3-6 month re-evaluation of the reason for the phototherapy, especially when prescription or other management changes are made or if the patient's condition has had significant change," notes **Pamela Biffle, CPC, CPC-P, CPC-I, CPCO**, owner of PB Healthcare Consulting and Education Inc. in Austin, Texas.

Example: If your physician performs CPT® code 99212 (Office or other outpatient visit for the evaluation and management of an established patient ... Physicians typically spend 10 minutes face-to-face with the patient and/or family) with phototherapy, you will bill it with modifier 25 (Significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) on the E/M service. You can only consider reporting modifier 25 when coding an E/M service. Remember your E/M documentation has to show medical necessity for the additional work.

Note: If you reported the nurse visit code 99211 (Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician ...), your payer would likely consider it bundled into the light treatment.

Question 2: How do we choose between CPT® codes 96910 and 96912 for ultraviolet (UV) therapy for patients with psoriasis (696.1)?

Answer 2: For this procedure, you need to pinpoint what types of UV the physician used (UVA, UVB) and the varying wavelengths.

To choose the appropriate code, ask yourself these two questions:

1: Did the dermatologist use tar or petrolatum combined with the light treatment?

If he did, then use CPT® code 96910 (Photochemotherapy; tar and ultraviolet B [Goeckerman treatment] or petrolatum and ultraviolet B). During this procedure, the dermatologist administers ultraviolet B light, with dosages carefully increased as the treatment progresses, leading to longer times spent under the light source.

2: Did the dermatologist prescribe psoralens combined with ultraviolet A (UVA) light therapy?

If so, then use CPT® code 96912 (Photochemotherapy; psoralens and ultraviolet A [PUVA]). If your dermatologist doesn't use tars, petrolatum or psoralens with the light treatment, the CPT® code that remains is 96900 (Actinotherapy

[ultraviolet light]).

The difference: UVA phototherapy is usually given in conjunction with a light-sensitizing tablet called psoralen (PUVA therapy). Sometimes a light-sensitizing cream or lotion containing psoralens can be used in localized skin areas (such as feet [topical PUVA]). On the other hand, UVB phototherapy utilizes the sunburning part of the UV spectrum.

Question 3: What if the patient applies the cream himself prior to UV therapy?

Answer 3: When the patient applies the treatment herself, you would report CPT® code 96900 instead. If you code either 96910 or 96912 when your dermatologist uses only a light source in the treatment or the patient applies a topical agent, you risk being accused of misrepresentation of service. It could constitute a fraudulent claim under the Federal False Claims Act.

Don't miss: Check your payer for their rules. For instance, Aetna considers treatments for vitiligo cosmetic if it does not affect the underlying condition and does not result in improved protection against skin cancer. Specifically, micropigmentation (tattooing) and depigmentation (with monobenzylether of hydroquinone/monobenzone) are considered cosmetic.

Question 4: When the dermatologist performs photodynamic therapy for lesions, can I code separately for the Levulan Kerastick? Is there a HCPCS code for the supply?

Answer 4: Report HCPCS code J7308 (Aminolevulinic acid HCl for topical administration, 20%, single unit dosage form [354 mg]) for the supply of 5- aminolevulinic acid cream (also called ALA and sold under the brand Levulan Kerastick).

Most payers will reimburse for the agent, which reacts under light to destroy lesions during the photodynamic therapy procedure (96567, Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions of the skin and adjacent mucosa [e.g., lip] by activation of photosensitive drug[s], each phototherapy exposure session).

However, you should check with your local contractor to make sure it will recognize and reimburse for the HCPCS code.