

Subject:	Photochemotherapy Reimbursement Policy		
Policy Number:	PO-RE-077v1		
Effective Date:	9/1/2023	Last Approval Date:	07/17/2023

I. Policy Description

Effective September 1, 2023, consistent with the American Academy of Dermatology Association and New York State, Healthfirst will update our policy regarding covered diagnoses for photochemotherapy treatment.

Rationale

According to the American Academy of Dermatology Association and New York State, photochemotherapy treatment will only be covered when billed with an appropriate diagnosis.

Billing Guidance

This policy applies to the following service codes:

96900 – Actinotherapy (ultraviolet light)

When billed with ICD10-CM codes: C84.0, C84.00, C84.01, C84.02, C84.03, C84.04, C84.05, C84.06, C84.07, C84.08, C84.09, D89.81X, L20, L20.0, L20.8, L20.81, L20.82, L20.83, L20.84, L20.89, L20.9, L29, L29.0, L29.1, L29.2, L29.3, L29.8, L29.9, L56.4, L40, L40.0, L40.1, L40.2, L40.3, L40.4, L40.50, L40.51, L40.52, L40.53, L40.54, L40.59, L40.8, L40.9, L80, L43, L43.0, L43.1, L43.2, L43.3, L43.8, L43.9, L94.0

96910 - Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B

96912 - Photochemotherapy; psoralens and ultraviolet A (PUVA)

96913 – Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings)

When billed with ICD10-CM codes: C84.0, C84.00, C84.01, C84.02, C84.03, C84.04, C84.05, C84.06, C84.07, C84.08, C84.09, D89.81X, L20, L20.0, L20.8, L20.81, L20.82, L20.83, L20.84, L20.89, L20.9, L56.4, L40, L40.0, L40.1, L40.2, L40.3, L40.4, L40.50, L40.51, L40.52, L40.53, L40.54, L40.59, L40.8, L40.9, L80, L43, L43.0, L43.1, L43.2, L43.3, L43.8, L43.9

96920 – Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm

96921 – Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm

96922 – Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm

When billed with ICD10-CM codes: L40, L40.0, L40.1, L40.2, L40.3, L40.4, L40.50, L40.51, L40.52, L40.53, L40.54, L40.59, L40.8, L40.9.

In Scope Lines of Business:

Medicare, Medicaid, HARP, Child Health Plus, Essential Plan, Qualified Health Plan, Commercial

II. Applicable Codes

Code	Description	Comment
96900	Actinotherapy (ultraviolet light)	
96910	Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B	
96912	Photochemotherapy; psoralens and ultraviolet A (PUVA)	
96913	Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings)	
96920	Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm	
96921	Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm	
96922	Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm	

III. Definitions

Term	Meaning
CPT	Current Procedural Terminology
ICD-10CM	International Classification of Diseases, Tenth Revision, Clinical Modification

IV. Related Policies

Policy Number	Policy Description
N/A	N/A

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Procedure codes appearing in Reimbursement Policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

V. Reference Materials

Provider Alert- Photochemotherapy

VI. Revision History

Revision Date	Summary of Changes
11/2/2021	New CPT codes and Diagnosis codes added

Disclaimer

Healthfirst’s claim edits follow national industry standards aligned with CMS standards that include, but are not limited to, the National Correct Coding Initiative (NCCI), the National and Local Coverage Determination (NCD/LCD) policies, appropriate modifier usage, global surgery and multiple procedure reduction rules, medically unlikely edits, duplicates, etc. In addition, Healthfirst’s coding edits incorporate industry-accepted AMA and CMS CPT, HCPCS and ICD-10 coding principles, National Uniform Billing Editor’s revenue coding guidelines, CPT Assistant guidelines, New York State-specific coding, billing, and payment policies, as well as national physician specialty academy guidelines (coding and clinical). Failure to follow proper coding, billing, and/or reimbursement policy guidelines could result in the denial and/or recoupment of the claim payment.



This policy is intended to serve as a resource for providers to use in understanding reimbursement guidelines for professional and institutional claims. This information is accurate and current as of the date of publication. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for services outlined. Reimbursement decisions are based on the terms of the applicable evidence of coverage, state and federal requirements or mandates, and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.