

## CPT Code Change Application

### Category I CPT Code(s)

### Category III CPT Code(s) - Emerging Technology

American Medical Association | Current Procedural Terminology (CPT®)

### Application Submission Requirements

All CPT Code Change applications are reviewed and evaluated by AMA staff, the CPT/HCPAC Advisory Committee, and the CPT Editorial Panel. Strict conformance with the following is required for review of a code change application:

- Submission of a complete application, including all necessary supporting documents;
- Adherence to all posted deadlines;
- Cooperation with requests from AMA staff and/or Editorial Panel members for clarification and information; and
- Compliance with CPT Statement on Lobbying.

**Application Name:** a135963 | Excimer Laser Treatment For Psoriasis 96920 - 96922

**Application Status:** Submitted

**Submitted Date:** Feb 10,2025

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**Application Review Links** (Press "Ctrl" key and click link)

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## II. FDA information

### II. 1 FDA Approval

If approval is necessary, have all devices and drugs necessary for performance of the procedure or service received FDA clearance or approval when such is required for performance of the procedure or service?

**NOTE: All necessary FDA clearance or approval must be obtained prior to submission to the CPT Editorial Panel.**

Yes, FDA has already approved or cleared all necessary aspects of the service  
Device

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### II. 2 Utilization of HUD

Does the procedure/service utilize a humanitarian use device (HUD) as defined by FDA?

No

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### II. 3 FDA Approval for HDE

Has FDA approval or clearance for humanitarian device exemption (HDE) been received authorizing the marketing of the humanitarian use device?

No

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## III. Rationale/Code descriptor

### III. 1 Rationale for Code Change

Indicate the specific reasons why this code addition or change is necessary (rationale). Be specific about the reasons for this new or revised service or procedure and avoid answering "no code is available" or "need new code" as these responses are not informative.

CPT codes 96920–96922 were established in 2002 and are currently limited to the treatment of psoriasis.

Since the codes inception, both the indications and clinical applications for this treatment modality have expanded significantly beyond what is currently reflected in the code descriptors.

Excimer laser therapy is now widely recognized (in the USA as well as internationally) and routinely used for the treatment of multiple inflammatory skin disorders beyond psoriasis, including vitiligo, atopic dermatitis, and alopecia areata. In fact, nearly 30% of excimer laser treatments are now performed for non-psoriasis indications, highlighting a significant gap in the existing CPT coding structure.

This expanded use is strongly supported by:

- FDA clearance for these additional indications, confirming their regulatory approval.
- Extensive clinical literature, including hundreds of peer-reviewed published clinical studies, demonstrating the safety, efficacy, and treatment protocols of excimer laser therapy across a broad spectrum of inflammatory skin diseases.
- Coverage by commercial payers, with a broad range of insurers recognizing excimer laser therapy as medically necessary for various inflammatory skin diseases beyond psoriasis, based on patient needs and available clinical evidence.
- Over 20 years of real-world clinical use by thousands of providers for hundreds of thousands of patients reinforcing its effectiveness and provider adoption.

Despite this clear and evidence-based expansion in clinical practice, the current CPT code descriptors remain restricted to psoriasis, creating challenges for providers and patients in obtaining appropriate insurance coverage for clinically proven and medically necessary treatments. Updating the codes to reflect the broader scope of excimer laser therapy would align the CPT descriptor with current clinical practice, ensuring accurate coding, reimbursement, and patient access to proven treatments.

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## III. 2 Proposed Code Changes

Please specify the proposed additions, modifications, and/or deletions to CPT Content for this Code Change Application. Begin by identifying where in the CPT Code Set your suggested changes need to be made.

- Using the “Search” feature below, you can locate any existing content in the CPT Professional book (including codes, guidelines, key words, etc.). Simply type a code, key word, or sentence in the search bar to find the existing content.
- If you aren’t sure where to place your proposed change(s), the “Table of Contents” allows you to drill into the code set by expanding sections and subsections in the CPT Professional book to locate CPT codes and guidelines.

Use both the search and drill down tools to verify that there are no codes to use for a particular procedure prior to proposing a code change. There may be codes located in a section that you are not familiar with. Also, please consider, to the degree possible, all sections of CPT that may be affected when making changes in a particular area and list the complete family of codes related to your request. This will allow the CPT Advisory Committee and Editorial Panel to perform a full review on the impact of your request on related codes.

**Image Bundling:** If you are recommending a code for a new base procedure or revision to an existing base procedure that is reported with imaging guidance, please consult the following [Image Bundling Decision Tree](#) to determine the correct code language structure.

**Artificial Intelligence:** If you are recommending a code for a new base procedure or revision to an existing base procedure which describe work associated with the use of AI-enabled medical services and/or procedures, please consult Appendix S - [Artificial Intelligence Taxonomy](#) to determine the correct code language structure.

**Click [here](#) to view the Ballot Building Guide**

Please note that adding or deleting any codes in this Proposed Code Changes question after you’ve responded to any of the subsequent questions in the application will require you to click Next through each question in the application again so that you can verify that all of your responses are still applicable.

## Category I

### Medicine

### Special Dermatological Procedures

- ▲ **96920**      Excimer laser treatment for inflammatory skin diseases ~~psoriasis~~;  
total area less than 250 sq cm
- ▲ **96921**      250 sq cm to 500 sq cm
- ▲ **96922**      over 500 sq cm

(For laser destruction of premalignant lesions, see 17000-17004)

## IV. Data collection

### IV. 1 Current Code Justification

For each **NEW and/or REVISED** code, indicate which CPT (HCPCS Level I) or HCPCS Level II code(s) is currently being used for reporting and specify why each current code is inadequate to describe the new and /or revised procedure/service.

#### ▲ **96920**

**Code :** 96920

#### **Rationale**

The current code descriptor does not allow billing for procedures performed for non-psoriasis indications.

#### ▲ **96921**

**Code :** 96921

#### **Rationale**

The current code descriptor does not allow billing for procedures performed for non-psoriasis indications.

#### ▲ **96922**

**Code :** 96922

#### **Rationale**

The current code descriptor does not allow billing for procedures performed for non-psoriasis indications.

## IV. 2 Major Code Differences

For each NEW and/or REVISED code, identify the major differences with other related codes already in CPT.

### ▲ 96920

**Code :** 96920

**Differences**

Changing from 'psoriasis' to 'inflammatory skin diseases'

### ▲ 96921

**Code :** 96921

**Differences**

Changing from 'psoriasis' to 'inflammatory skin diseases'

### ▲ 96922

**Code :** 96922

**Differences**

Changing from 'psoriasis' to 'inflammatory skin diseases'

## IV. 3 Diagnostic Test

Is this a request for a code for a diagnostic test(s)/service(s)?

No

## IV. 4 Clinical Efficacy Documentation

Has the clinical efficacy of the procedure/service for which you are requesting a code change been documented in literature that will be provided with this application?

Yes (documentation can be provided in the subsequent “Supporting Documentation / Literature” section)

## IV. 5 Estimated Percentage Usage

For each NEW and/or REVISED code, please estimate the percentage of times a current code(s) is reported that would now be reported using the proposed new and/or revised code. Example: Current code 12345 will now be reported by 123X1 30% of the time and 123X2 70% of the time.

#### ▲ 96920

**Now Reported As :** 96920

**Percentage :** 100%

#### ▲ 96921

**Now Reported As :** 96921

**Percentage :** 100%

#### ▲ 96922

**Now Reported As :** 96922

**Percentage :** 100%

## IV. 6 Prevalence of Disease

What is the prevalence of the disease(s) that the service(s) or procedure(s) described by the proposed **NEW** code(s) is/are designed to diagnose/treat? Please quantify when possible (e.g., patients per year; admissions per year).

Psoriasis affects approximately 10 million people in the United States. Vitiligo impacts approximately 3 million individuals nationwide. Atopic dermatitis affects nearly 1 in 10 Americans across all age groups. Alopecia impacts approximately 4.6 million individuals in the U.S. Additionally, several other inflammatory skin diseases affect millions more across the country.

## IV. 7 Integral Codes

Provide a list of CPT codes which are an integral (inherent) part of the proposed NEW and/or REVISED code(s). This list should include all CPT codes that would represent unbundling if reported in addition to the proposed new and/or revised codes.

#### ▲ 96920

**Integral Codes**



None

▲ 96921

Integral Codes

None

▲ 96922

Integral Codes

None

#### IV. 8 Codes Reported Together

Will the proposed **NEW and/or REVISED** code(s) typically (more than 50% of the time) be reported on the same date with other CPT codes(s)? Or will any current CPT code(s) be reported typically (more than 50% of the time) with the proposed **NEW and/or REVISED** code(s)?

▲ 96920

No

Please indicate what percent of time this code is not reported with other services

100%

▲ 96921

No

Please indicate what percent of time this code is not reported with other services

100%

▲ 96922

No

Please indicate what percent of time this code is not reported with other services

100%

#### IV. 9 Recommended Global Period

CPT does not set a global period. However, to assist the CPT Editorial Panel in consideration of the extent of total work involved in each proposed **NEW** code, select a recommended global period. **NOTE:** Information provided on this application has no binding effect on the Centers for Medicare and Medicaid Services and other payers in assignment of global periods.

*\*This question is only required if you have a new code(s) in your application. You have not entered a new code in the “Proposed Code Change” question, therefore this question doesn't require a response. If additional code changes are required, return to the Proposed Code Changes page in the Smart App and view the instructions for how to add, edit, and/or delete codes.*

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## IV. 10 Modifier 51 Exempt

For each proposed **NEW** code that may have a global period of 000, 010 or 090, do you request the code be modifier 51 exempt (i.e., added to Appendix E)?

Please Note: Codes are considered appropriate for modifier 51 exempt status when they are valued with the presumption that they are typically performed with another procedure(s). However, they are not designated add-on codes because they may be performed as stand-alone codes or because the list of potential procedures to which they are adjunctive is too extensive to be maintained.

This means that the code in question is to be valued with a reduction in work and practice expense commensurate to the overlap with the other procedure(s) or services with which they may be performed. As these procedures are usually performed with other procedures, there should be a minimal amount of pre- and post-service time relative to the procedure's intra-service time. Modifier 51 exempt procedures are not subject to any CMS multiple procedure reduction.

*\*This question is only required if you have a new code(s) in your application. You have not entered a new code in the “Proposed Code Change” question, therefore this question doesn't require a response. If additional code changes are required, return to the Proposed Code Changes page in the Smart App and view the instructions for how to add, edit, and/or delete codes.*

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## IV. 11 Practice Expense

Who typically provides this service? (Check all that apply)

Physician

**List applicable code(s)**

Specialty : Dermatology

Specialty : General Practice

Specialty : Family Practice

Specialty : Internal Medicine

Specialty : Podiatric Medicine

Specialty : Physician Assistant

Specialty : Rheumatology

Specialty : Nurse Practitioner

Specialty : Pathology

Specialty : Surgery, Plastic

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## IV. 12 Site of Service

What is the typical site of service for each proposed **NEW** code(s)? (check all that apply)

*\*This question is only required if you have a new code(s) in your application. You have not entered a new code in the "Proposed Code Change" question, therefore this question doesn't require a response. If additional code changes are required, return to the Proposed Code Changes page in the Smart App and view the instructions for how to add, edit, and/or delete codes.*

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#### IV. 13 Criteria for Appendices P & T

If the proposed NEW or REVISED code(s) is typically performed in person face-to-face, may the NEW or REVISED code(s) also be rendered via real-time synchronous interactive telecommunication?

▲ **96920**

No

▲ **96921**

No

▲ **96922**

No

#### IV. 14 Diagnosis/Condition for Treatment

Indicate the diagnoses (ICD codes) or conditions that the service(s) or procedure(s) described by the proposed NEW code(s) are designed to diagnose/treat.

L40.0 Psoriasis vulgaris

Nummular psoriasis

L40.1 Generalized pustular psoriasis

L40.2 Acrodermatitis continua

L40.3 Pustulosis palmaris et plantaris

L40.4 Guttate psoriasis

L40.8 Other psoriasis

L40.9 Psoriasis, unspecified

L40.5 Arthropathic psoriasis

L40.50 Arthropathic psoriasis, unspecified

L40.51 Distal interphalangeal psoriatic arthropathy

L40.52 Psoriatic arthritis mutilans

L40.53 Psoriatic spondylitis

L40.54 Psoriatic juvenile arthropathy

L40.59 Other psoriatic arthropathy

L80 Vitiligo

L66.0 Pseudopelade

L66.1 Lichen planopilaris

Follicular lichen planus

L66.2 Folliculitis decalvans

L66.3 Perifolliculitis capitis abscedens

L66.4 Folliculitis ulerythematososa reticulata

L63.8 Other alopecia areata

L63.9 Alopecia areata, unspecified

L66.8 Other cicatricial alopecia

L66.9 Cicatricial alopecia, unspecified

L20.0 Besnier's prurigo

L20.8 Other atopic dermatitis

L20.81 Atopic neurodermatitis

Diffuse neurodermatitis

L20.82 Flexural eczema

L20.83 Infantile (acute) (chronic) eczema

L20.84 Intrinsic (allergic) eczema

L20.89 Other atopic dermatitis

L20.9 Atopic dermatitis, unspecified

L28.0 Lichen simplex chronicus

Circumscribed neurodermatitis

Lichen NOS

L28.1 Prurigo nodularis

L28.2 Other prurigo

Prurigo NOS

Prurigo Hebra

Prurigo mitis

Urticaria papulosa

L92.0 Granuloma annulare

L94.0 Localized scleroderma [morphea]

L43.0 Hypertrophic lichen planus

L43.1 Bullous lichen planus

L43.2 Lichenoid drug reaction

L43.3 Subacute (active) lichen planus

L43.8 Other lichen planus

L43.9 Lichen planus, unspecified

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## IV. 15 Years of Procedure being performed

For how many years has the service(s) or procedure(s) described by the proposed NEW or REVISED code(s) been provided for patients? Indicate your source.

### ▲ 96920

**Duration in Years :** 10+

**Source**

CMS

### ▲ 96921

**Duration in Years :** 10+

**Source**

CMS

### ▲ 96922

**Duration in Years :** 10+

**Source**

CMS

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## V. AI Specific Information

### V. 1 Identifying Software as AI

Consistent with the Artificial Intelligence concepts addressed in [Appendix S](#) , is this a request for a service or procedure that relies on output from software which has performed more than data processing (data processing includes helping to aggregate, organize/arrange, transmit, develop, or otherwise visually enhance the data)?

No

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## VI. Physician Services

## VI. 1 Performing Specialties

Please identify the specialties or subspecialties that might perform the service(s) or procedure(s) described by the proposed NEW code(s).

*\*This question is only required if you have a new code(s) in your application. You have not entered a new code in the “Proposed Code Change” question, therefore this question doesn’t require a response. If additional code changes are required, return to the Proposed Code Changes page in the Smart App and view the instructions for how to add, edit, and/or delete codes.*

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## VI. 2 Service or Procedure use in the United States

Are the service(s) or procedure(s) described by the proposed **NEW** code(s) performed widely across the United States?

Yes

**Please provide the source(s) for all volume, frequency and distribution statements (e.g. published epidemiology, registries, sales statistics)**

According to the RBRVS Database, in 2023, a total of 63,808, 21,718, and 13,536 procedures were billed under CPT codes 96920, 96921, and 96922, respectively, through CMS alone. These figures do not account for additional procedures billed through commercial payers, further underscoring the widespread use of these codes.

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## VI. 3 Providing Physician Frequency Information

Do many physicians and/or other qualified health care professionals provide the service(s) or procedure(s) described by the proposed **NEW** code(s)?

Yes

**Please provide the source(s) for all volume, frequency and distribution statements (e.g., published epidemiology, registries, sales statistics)**

Company data indicates that approximately 1,400 excimer laser devices are currently in use across the U.S. in private clinics and healthcare facilities, enabling more than 4,000 individual providers to bill under the relevant codes. While the exact number of physicians performing excimer laser procedures varies annually and can be accessed through CMS and commercial payer billing



data, the company has real-world usage data for up to 1,000 excimer laser devices spanning the past 20 years. Additionally, the company maintains data on the number of individual patients diagnosed and prescribed treatment for each inflammatory skin condition by most clinic users, along with the corresponding CMS or commercial insurance claims submitted for billing.

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## VI. 4 Service Delivery

How often do individual physicians and/or other qualified health care professionals personally perform the service(s) or procedure(s) described by the proposed NEW code(s) in a 12 month period?

*\*This question is only required if you have a new code(s) in your application. You have not entered a new code in the “Proposed Code Change” question, therefore this question doesn't require a response. If additional code changes are required, return to the Proposed Code Changes page in the Smart App and view the instructions for how to add, edit, and/or delete codes.*

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## VI. 5 National Use Over 3 Year Period

How often was the service(s) or procedure(s) for each proposed NEW code performed nationally in the most recent three-year period?

*\*This question is only required if you have a new code(s) in your application. You have not entered a new code in the “Proposed Code Change” question, therefore this question doesn't require a response. If additional code changes are required, return to the Proposed Code Changes page in the Smart App and view the instructions for how to add, edit, and/or delete codes.*

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## VI. 6 Practice Parameters

Are you aware of any practice parameters/guidelines or policy statements about the service(s) or procedure(s) described by each proposed NEW code(s)?

*\*This question is only required if you have a new code(s) in your application. You have not entered a new code in the “Proposed Code Change” question, therefore this question doesn't require a response. If additional code changes are required, return to the Proposed Code Changes page in the Smart App and view the instructions for how to add, edit, and/or delete codes.*

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## VII. Vignette-typical patient/description of procedure

### VII. 1 Clinical Vignette/Typical Patient

For each proposed NEW and/or REVISED code(s), provide a 50-75 word clinical vignette that describes the typical patient who would receive the procedure/service including diagnosis and relevant conditions. Please refer to the sample format and examples of appropriate clinical vignettes included in the code change application instructions. Your vignette must be within 50-75 words. NOTE: This same vignette will be used during the development of work relative value units (RVUs) by the AMA/Specialty Society RVS Update Committee (RUC), if the service requires RUC review. It is important that the description of the typical patient make apparent the typical degree of complexity of the patient receiving this procedure/service.

#### ▲ 96920

##### **Clinical Vignette**

A 65-year-old male presents with an inflammatory skin disease. In spite of multidrug topical therapy, the patient has still less than 250 sq cm of lesions on the elbows, knees, sacrum, and hips that are resistant to topical therapy. The severity of the disease is documented and the decision is made to utilize excimer laser treatment for inflammatory skin disease.

#### ▲ 96921

##### **Clinical Vignette**

A 65-year-old male presents with an inflammatory skin disease. In spite of multidrug topical therapy, the patient has still between 250 sq cm and 500 sq cm of lesions on the elbows, knees, sacrum, and hips that are resistant to topical therapy. The severity of the disease is documented and the decision is made to utilize excimer laser treatment for inflammatory skin disease.

#### ▲ 96922

##### **Clinical Vignette**

A 65-year-old male presents with an inflammatory skin disease. In spite of multidrug topical therapy, the patient has still over 500 sq cm of lesions on the elbows, knees, sacrum, and hips that are resistant to topical therapy. The

severity of the disease is documented and the decision is made to utilize excimer laser treatment for inflammatory skin disease.

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## VII. 2 Description of Procedure

For each proposed NEW and/or REVISED code(s), provide a brief description of the procedure/service performed by the physician or other qualified health care professional. Please refer to the sample format and examples of appropriate descriptions of service included in the code change application instructions. This should be a summary description and should not contain the details for pre and post service breakdowns that are required as part of the AMA/Specialty Society RVS Update Committee (RUC). It is important that the description of the service make apparent the services that are integral or separately reported.

If the description includes services that are reported separately, please clearly indicate this separate reporting. If more than one physician or other qualified health care professional is involved in the provision of the total service, please indicate who does what.

### ▲ 96920

#### Description

Indications for the procedure are reviewed with the patient. After appropriate assessment and preparation of each identified lesion, excimer laser treatment is performed.

### ▲ 96921

#### Description

Indications for the procedure are reviewed with the patient. After appropriate assessment and preparation of each identified lesion, excimer laser treatment is performed.

### ▲ 96922

#### Description

Indications for the procedure are reviewed with the patient. After appropriate assessment and preparation of each identified lesion, excimer laser treatment is performed.

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## VIII. Supporting Documentation / Literature

### VIII. 1 Reference Citations: Add Citation

#### Category I Literature Requirements

The literature requirements set forth in Chapter VII define the minimum requirements for CPT Editorial Panel (“Panel”) consideration of the application. The Panel members review the literature provided and each member makes an independent evaluation of whether the literature submitted with the application satisfies the criteria for a code change. Applicants are urged to submit the strongest literature that supports the application. **IMPORTANT:** Meeting the minimum literature requirements does not guarantee that the Panel will determine clinical efficacy of the procedure or service has been adequately demonstrated in the submitted literature. The merit of the application is based on the totality of the information in the application and other relevant information brought to the attention of the Panel. The literature requirements apply to applications that seek addition of a new procedure/service, non-laboratory practice expense only service (procedure/service that does not include physician/QHP work), and/or a new use for an existing code(s). Applicants who seek an editorial change (i.e., application seeks only editorial revision of the existing code or a clarification of use), with no change to the intended use of the code or related instructions are not obligated to meet the literature requirements. The Panel members will review suggested revision and each member makes an independent evaluation of whether the request satisfies the criteria for “editorial change only” applications.

Please provide electronic (PDF or Word documents) copy(ies) (and internet addresses, if available) of literature to support your application, and cite the author, title, journal, year, volume and page(s) in the “Publication Details and Attributes Grid” (PDA grid) that follows. Each item of submitted literature shall be identified in the PDA grid according to each of the following requirements:

1. Identify the Level of Evidence by selecting a level from the LOE table below;
2. Identify whether this is a U.S. based journal or a non-U.S. based journal, and identify whether the population studied is U.S., non-U.S., or both;
3. Identify the number of patients studied (total of all group[s] including controls) and indicate whether the study is a prospective study
4. Provide a concise “relevance statement”.
5. Provide up to 5 references ([see Category I Literature Requirements grid](#)). Of

these, at least 2 articles must report different patient populations in addition to having different authors (no overlapping patient populations and no overlapping authors). Articles submitted with the designation of “Confidential” will not be accepted nor included in the supporting literature reviewed by the CPT Editorial Panel. Abstracts, book chapters, white papers, advertising, instructional manuals, and non-peer reviewed publications are not allowed to accompany application submissions, and will not be accepted as substitutes for full-length journal articles. Any “in press” manuscripts that are submitted will only be appropriate for consideration by the Panel if accompanied by the letter from the editor/publisher of the applicable journal informing the author that the manuscript has been accepted for publication in its final form, subject only to final copy editing. It is the responsibility of the submitter to ensure that such submission to CPT (despite its very limited use by the Editorial Panel) does not jeopardize publication of the article being considered and such text be available for Panel use.

6. Well-designed studies submitted for consideration should represent the most informative and compelling peer-reviewed publications that directly support the application. Therefore, it is assumed that the requestors are endorsing studies that are well-designed and executed, ethical in nature, and directly supports the code change request. Foreign and mixed (i.e., U.S. & foreign) studies submitted to meet the literature requirements will be judged by the same criteria as U.S. based studies.

7. For applications that request addition of multi-code families, provide 2 to 5 additional references for each requested code for a clinically distinct technique(s)/procedure(s) in these related codes. Time differentiation/additional lesions etc. is not an example of a clinically distinct service. At least 2 articles must report different patient populations in addition to having different authors (i.e., no overlapping patient populations and no overlapping authors).

8. If this request is an “Editorial Only” change, or has been referred by the RUC for editorial change by the CPT Editorial Panel and has been reviewed and approved through the CPT/RUC process within the last 5 (five) years, the requestors may choose to not submit literature. However, the referral letter from RUC or CMS should accompany the submission for full explanation. If the Editorial Panel determines that supporting literature is required for the editorial change application, then this application will not be considered by the full Editorial Panel until the necessary literature is submitted.

[General guidelines for article inclusion and literature requirements](#)

Below you will be asked to upload the corresponding literature and to build the Publication Details and Attributes matrix for each code requested.

(You will be able to include additional citations once you have completed the file upload and publication details matrix)

### **Category III Literature Criteria**

For Category III codes, please reference studies or research performed by national organizations if available.

The following is used as formalized criteria by the CPT Advisory Committee and the CPT Editorial Panel for evaluating Category III code applications and includes identification of the following elements as guidelines for establishment of a Category III code:

- The procedure or service is currently or recently performed in humans; AND  
At least one of the following additional criteria has been met:
- The application is supported by at least one CPT or HCPAC advisor representing practitioners who would use this procedure or service; OR
- The actual or potential clinical efficacy of the specific procedure or service is supported by peer reviewed literature which is available in English for examination by the Editorial Panel; OR
- There is a) at least one Institutional Review Board approved protocol of a study of the procedure or service being performed, b) a description of a current and ongoing United States trial outlining the efficacy of the procedure or service, or c) other evidence of evolving clinical utilization.

### **Immunization (e.g. vaccine and immune globulin) Literature Criteria**

Applications requesting establishment of CPT codes for vaccine or immune globulin products will not be considered until evidence substantiating completion of Phase III Clinical Trials and review of unblinded data is submitted to AMA. However, coding applications may be considered prior to submission of the Biologic License Application (BLA) to the FDA.

The CPT Editorial Panel, in recognition of the public health interest in vaccine and immune globulin products, may publish new or revised vaccine and immune globulin product codes prior to approval by the US Food and Drug Administration (FDA). These new or revised vaccine and immune globulin product codes will be released in accordance with the semi-annual schedule with the FDA approval pending symbol (⚡).

Applications for establishment of new or revised vaccine and immune globulin product CPT code(s) prior to approval by the FDA require submission of the following:

- Evidence that Phase III Clinical Trials have been completed and submitted to the FDA (eg, letters submitted or received from FDA documenting completion of Phase III study);
- Summary/synopsis of the final results of Phase III studies and unblinded data to substantiate the safety and efficacy of the vaccine or immune globulin (eg, executive summary of safety and efficacy data submitted to FDA for licensure) for confidential review. Slide presentations are not considered adequate for these requirements;
- Detailed clinical description of the product and a description of how the vaccine or immune globulin will be supplied (eg, single-dose, multi-dose), including licensed age indication and dosage amount, along with recommendations for terminology and nomenclature consistent with CPT conventions;
- Information on anticipated Advisory Committee on Immunization Practices (ACIP) US vaccine abbreviation assignment for vaccine or immune globulin product if known.

Level of Evidence Table - LOE	
Level	Short Description (based on Oxford Centre 2009)
Ia	Evidence obtained from systematic review of randomized controlled trials
Ib	Evidence obtained from an individual randomized controlled trial <b>Randomized Controlled Trial(s):</b> <i>An epidemiological experiment in which subjects in a population are randomly allocated into groups, usually called study and control groups, to receive or not receive an experimental preventive or therapeutic procedure, maneuver, or intervention. The results are assessed by rigorous comparison of rates of disease, death, recovery, or other appropriate outcome in the study and control groups.</i>
IIa	Evidence obtained from systematic review of cohort studies
IIb	Evidence obtained from an individual cohort study <b>Cohort study(ies):</b> <i>The analytic method of epidemiologic study in which subsets of a defined population can be identified who are, have been, or in the future may be</i>

	<i>exposed or not exposed, or exposed in different degrees, to a factor or factors hypothesized to influence the probability of occurrence of a given disease or other outcome. The main feature of cohort study is observation of large numbers over a long period (commonly years) with comparison of incidence rates in groups that differ in exposure levels.</i>
IIIa	Evidence obtained from systematic review of case control studies
IIIb	Evidence obtained from a case control study Case-control study(ies): The observational epidemiologic study of persons with the disease (or other outcome variable) of interest and a suitable control (comparison, reference) group of persons without the disease. The relationship of an attribute to the disease is examined by comparing the diseased and non-diseased with regard to how frequently the attribute is present or, if quantitative, the levels of the attribute, in each of the groups.
IV	Evidence obtained from case series Case-series: A group or series of case reports involving patients who were given similar treatment. Reports of case series usually contain detailed information about the individual patients. This includes demographic information (for example, age, gender, ethnic origin) and information on diagnosis, treatment, response to treatment, and follow-up after treatment.
V	Evidence obtained from expert opinion without explicit critical appraisal

For more information, visit [www.cebm.net/glossary](http://www.cebm.net/glossary)

## Publication Details and Attributes (PDA) Grid

### Category I Literature Requirements Matrix

If you are applying for Category I code, complete the literature requirements table below to indicate the type of literature you'll need to provide. If you are not applying for a Category I code, you can collapse this widget using the arrow to the right in the grey bar above and continue on to complete the PDA grid.

The following includes a listing of the utilization and technology types that best describe the procedure that is being requested. General Guidelines for inclusion of the articles should be chosen from one of the four types of procedures as listed in the following:

**Technology** : Existing or Non-Contributory

**Utilization** : Typical



Maximum # of PeerReviewed Publications Per Distinct Service(s) / Technique(s)	For Each Additional Distinct Service(s) / Technique(s) within Multi-code Family(ies)	Minimum # with No Overlapping Patient Populations and No Overlapping Authors:	Minimum Level of Evidence for at least One Article
5	2-5	2	IIIa/IIIb

Based on the literature requirements detailed above, please select the code to which your particular citation entry applies and complete the publication details and attributes (PDA) grid below. Be sure that each of the CPT Codes listed has the appropriate citations detailed and artifacts attached.

### This citation is in support of which code(s)?

96921  
96922  
96920

#### Copy/Paste Article Title, Journal Name, Author(s) Name(s), and Year of Publication

Treatment of vitiligo with the 308-nm excimer laser: A pilot study, Journal of the American Academy of Dermatology, James M Spencer 1, Robert Noss, Jyotendra Ajmeri, 2002

**Length of Follow-Up :** N/A

**Level of Evidence :** IV - Case series

**Impact Factor :** 12.8

#### Society or Organization with Editorial Responsibility for Publication

American Academy of Dermatology

**Place of Publication :** U.S.

**Population Studied :** U.S.

**Prospective Study :** Yes

**Overlapping Author(s) :** No

**Total Patients Studied :** 18

#### Relevance Statement

This pilot study, conducted at Mount Sinai School of Medicine, USA, evaluated the use of the 308-nm excimer laser for vitiligo treatment. As a single-arm case

series, it included 18 patients with 29 vitiligo patches across skin types I to VI. The treatment protocol consisted of three sessions per week for up to 12 treatments. Results demonstrated 57% repigmentation after six treatments and 82% repigmentation after 12 treatments, with no significant adverse events reported.

This study provides detailed insight into the safety, efficacy, and treatment protocol of excimer laser therapy for vitiligo in a diverse patient population.

**Attachments:**

treatment-of-vitiligo-with-the-308-nm-excimer-laser-a-pilot-study-journal-of-the-american-academy-of-dermatology-james-m-spencer-1-robert-nossa-jyotendra-ajmeri-2002.pdf

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**This citation is in support of which code(s)?**

96921

96922

96920

**Copy/Paste Article Title, Journal Name, Author(s) Name(s), and Year of Publication**

Effectiveness of a 308-nm excimer laser in treatment of vitiligo: a review, Lasers in Medical Science, ISSN 0268-8921, Lasers Med Sci, DOI 10.1007/s10103-012-1185-1, Alauldin Khalef Alhowaish, Nathalie Dietrich, Meltem Onder & Klaus Fritz; August 2012

**Length of Follow-Up :** NA

**Level of Evidence :** IIIa - Systematic review of case control studies

**Impact Factor :** 2.1

**Society or Organization with Editorial Responsibility for Publication**

European Laser Association, the British Medical Laser Association, and the International Academy for Laser Medicine and Surgery

**Place of Publication :** non-U.S.

**Population Studied :** Both

**Please provide specific % of patients OR # of patients for both regions**

As a review it includes studies that include U.S. and Foreign population

**Prospective Study :** No

**Overlapping Author(s) :** No

**Total Patients Studied :** 0

**Relevance Statement**

This systematic review evaluates the efficacy and safety of the 308-nm excimer laser for vitiligo treatment, analyzing relevant literature published between 1990 and 2012 using the MEDLINE database. A total of 23 studies from both U.S. and non-U.S. markets were reviewed, assessing the excimer laser therapies for vitiligo management. Findings indicate that the excimer laser is the most effective approach for treating vitiligo. This review provides valuable insights into the clinical application of excimer laser therapy for vitiligo.

**Attachments:**

effectiveness-of-a-308-nm-excimer-laser-in-treatment-of-vitiligo-a-review-lasers-in-medical-science-issn-02688921-lasers-med-sci-doi-10.pdf

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**This citation is in support of which code(s)?**

96921

96922

96920

**Copy/Paste Article Title, Journal Name, Author(s) Name(s), and Year of Publication**

Applications of the Excimer Laser: A Review, Dermatologic surgery: official publication for American Society for Dermatologic Surgery, Sarah Beggs 1, Jack Short, Monica Rengifo-Pardo, Alison Ehrlich, 2015

**Length of Follow-Up :** NA

**Level of Evidence :** IIIa - Systematic review of case control studies

**Impact Factor :** 8.4

**Society or Organization with Editorial Responsibility for Publication**

European Academy of Dermatology and Venereology (EADV)

**Place of Publication :** U.S.

**Population Studied :** Both

**Please provide specific % of patients OR # of patients for both regions**

Not relevant, review article

**Prospective Study :** No

**Overlapping Author(s) :** No

**Total Patients Studied :** 0

**Relevance Statement**

This comprehensive literature review assessed the efficacy and safety of the 308-nm excimer laser across various dermatological conditions. A systematic search was conducted using PubMed, MEDLINE, and ClinicalKey to identify relevant studies on its application for psoriasis, vitiligo, atopic dermatitis, leukoderma, alopecia areata, mycosis fungoides, cutaneous T-cell lymphoma, lymphoproliferative disorders, granuloma annulare, Langerhans cell histiocytosis, lichen planus, lichen planopilaris, and localized scleroderma.

Findings from the review demonstrated that excimer laser therapy is effective across these indications. Studies consistently reported significant clinical improvements.

This review provides valuable insights into the broad dermatological applications of excimer laser therapy for various inflammatory skin diseases, reinforcing its role as a reliable treatment option.

**Attachments:**

applications-of-the-excimer-laser-a-review-dermatologic-surgery-official-publication-for-american-society-for-dermatologic-surgery-sarah-beggs-1-jack-short-monica-rengifo-pardo-alison-ehrllich-2015.pdf

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**This citation is in support of which code(s)?**

96921

96922

96920

**Copy/Paste Article Title, Journal Name, Author(s) Name(s), and Year of Publication**

308-nm excimer laser therapy in alopecia areata, Journal of the American Academy of Dermatology, Wassim Zakaria, Thierry Passeron, Nima Ostovari,

Jean-Philippe Lacour, Jean-Paul Ortonne, 2004

**Length of Follow-Up :** NA

**Level of Evidence :** IV - Case series

**Impact Factor :** 12.8

**Society or Organization with Editorial Responsibility for Publication**

American Academy of Dermatology (AAD)

**Place of Publication :** U.S.

**Population Studied :** Foreign

**Prospective Study :** Yes

**Overlapping Author(s) :** No

**Total Patients Studied :** 9

**Relevance Statement**

This prospective intraindividual study evaluated the efficacy and safety of the 308-nm excimer laser for treating alopecia areata (AA). A total of 9 patients underwent excimer laser treatment twice weekly for up to 24 sessions, with outcomes assessed throughout the study.

Findings demonstrated that the excimer laser was effective in promoting hair regrowth where 50-100% regrowth was observed.

This study provides valuable insights into the role of excimer laser therapy for alopecia areata.

**Attachments:**

308-nm-excimer-laser-therapy-in-alopecia-areata-journal-of-the-american-academy-of-dermatology-wassim-zakaria-thierry-passeron-nima-ostovari-jean-philippe-lacour-jean-paul-ortonne-2004.pdf

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**This citation is in support of which code(s)?**

96921

96922

96920

**Copy/Paste Article Title, Journal Name, Author(s) Name(s), and Year of Publication**

Treatment of atopic dermatitis with the xenon chloride excimer laser, Journal of the European Academy of Dermatology and Venereology, E Baltás, Z Csoma, L Bodai, F Ignácz, A Dobozy, L Kemény, 2006

**Length of Follow-Up :** NA

**Level of Evidence :** IV - Case series

**Impact Factor :** 8.5

**Society or Organization with Editorial Responsibility for Publication**

European Academy of Dermatology and Venereology (EADV)

**Place of Publication :** non-U.S.

**Population Studied :** Foreign

**Prospective Study :** Yes

**Overlapping Author(s) :** No

**Total Patients Studied :** 15

**Relevance Statement**

This prospective study evaluated the efficacy and safety of the 308-nm excimer laser for treating atopic dermatitis. A total of 15 patients underwent excimer laser treatment twice weekly for four weeks, with outcomes assessed throughout the study.

Findings demonstrated significant improvements in clinical symptoms, with erythema, lichenification, excoriation, and pruritus all showing marked reduction. Itching scores improved by 81%, while the local eczema severity index decreased from a baseline mean of 8.5 to 3.75 post-treatment. Additionally, quality of life scores improved, with a reduction from a baseline mean of 6.57 to 1.71 post-treatment.

The study supports the use of excimer laser for atopic dermatitis.

**Attachments:**

treatment-of-atopic-dermatitis-with-the-xenon-chloride-excimer-laser-journal-of-the-european-academy-of-dermatology-and-venereology-e-balts-z-csoma-l-bodai-f-igncz-a-dobozy-l-kemny-2006.pdf

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**This citation is in support of which code(s)?**

96921  
96922  
96920

**Copy/Paste Article Title, Journal Name, Author(s) Name(s), and Year of Publication**

Treatment of vitiligo with 308-nm excimer laser: our experience from a 2-year follow-up of 979 Chinese patients, Journal of the European Academy of Dermatology and Venereology, Y. Fa, Y. Lin, X.J. Chi, W.H. Shi, J.L. Wang, X. Guo, J.H. Geng, H.X. Liu, F.R. Zhang, 2016

**Length of Follow-Up :** 2 Years

**Level of Evidence :** IV - Case series

**Impact Factor :** 8.5

**Society or Organization with Editorial Responsibility for Publication**

European Academy of Dermatology and Venereology

**Place of Publication :** non-U.S.

**Population Studied :** Foreign

**Prospective Study :** No

**Overlapping Author(s) :** No

**Total Patients Studied :** 979

**Relevance Statement**

This retrospective study evaluated the efficacy and safety of 308-nm excimer laser therapy for vitiligo in a large cohort of 979 patients with 3,478 vitiligo lesions. All patients were followed for two years after completing their excimer laser treatment to assess long-term outcomes.

Findings demonstrated that 308-nm excimer laser therapy was effective for treating vitiligo. This study provides valuable insights into the clinical application of excimer laser therapy for vitiligo, reinforcing its role as a safe and effective treatment option.

**Attachments:**

treatment-of-vitiligo-with-308-nm-excimer-laser-our-experience-from-a-2-year-followup-of-979-chinese-patients-journal-of-the-european-academy-of-dermatology-and-venereology-y.pdf

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## This citation is in support of which code(s)?

96921

96922

96920

### **Copy/Paste Article Title, Journal Name, Author(s) Name(s), and Year of Publication**

Use of 308 nm excimer laser for the treatment of chronic hand and foot eczema, International Journal of Dermatology, Anjali Shroff, MD, Dana Malajian, BA, Tali Czarnowicki, MD, Sharon Rose, MD, Daniel M. Bernstein, MD, Giselle K. Singer, BS, Mark G. Lebwohl, MD, Suhail Hadi, MD, MPhil, and Emma Guttman-Yassky, MD, PhD, 2016

**Length of Follow-Up :** 2 Years

**Level of Evidence :** IV - Case series

**Impact Factor :** 3.5

### **Society or Organization with Editorial Responsibility for Publication**

International Society of Dermatology

**Place of Publication :** non-U.S.

**Population Studied :** U.S.

**Prospective Study :** Yes

**Overlapping Author(s) :** No

**Total Patients Studied :** 30

### **Relevance Statement**

This retrospective study assessed the efficacy of the 308-nm excimer laser for treating chronic hand and foot eczema (CHFE) in 30 patients with recalcitrant disease. Of these, 19 had hand involvement, four had foot involvement, and seven had both. Patients received twice-weekly treatments from January 2013 to December 2014, with outcomes evaluated throughout the study.

Findings demonstrated significant and sustained clinical improvement in refractory CHFE. The excimer laser provided precise, targeted therapy, effectively reducing symptoms while minimizing cumulative UV exposure compared to conventional UV treatments.



The treatment was well-tolerated, further supporting the excimer laser as a safe and effective option for managing **inflammatory skin diseases** beyond psoriasis.

**Attachments:**

use-of-308-nm-excimer-laser-for-the-treatment-of-chronic-hand-and-foot-eczema-international-journal-of-dermatology-anjali-shroff-md-dana-malajian-ba-tali-czarnowicki-md-sharon-rose-md-daniel-m.pdf

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## VIII. 2 Conflicting Reference Citations: Add Citation

Have you found any publications, in addition to those cited in the Code Change Application, which offer conflicting data or different opinions, and that you feel are important for Editorial Panel consideration in evaluating this code change application? If so, please provide the literature reference, level of evidence and reason that you consider the publication(s) relevant, and why you excluded them from the articles cited in Reference Citations (VII. 1).

Please provide electronic (PDF or Word documents) copy(s) (and internet addresses, if available) of literature to support your application, and cite the author, title, journal, year, volume and page(s) below.

**Copy / Paste ONE Citation Here**

NA

**Level of Evidence**

---

## IX. Other Comments

### IX. 1 Other Comments

Changing 'psoriasis' to 'inflammatory skin diseases' would allow healthcare providers to accurately code treatment procedures for a broader range of inflammatory skin disease—a change strongly supported by FDA approval, extensive published clinical data from hundreds of studies, , determination by commercial insurance payers that coverage of excimer laser treatments for



inflammatory skin diseases beyond psoriasis is medically necessary and over 20 years of real-world clinical use showing patient efficacy and provider adoption.

**An extensive database of hundreds of published clinical studies and medical policies of commercial payers on the use of excimer laser for vitiligo and other inflammatory skin diseases is included under additional attachments.**

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## Additional Attachments

These attachments were added via the Control Panel of the application and are not tied to any application questions.

**Attachments:**

appendix-a-excimer-laser-use-in-vitiligo.pdf

appendix-b-excimer-laser-use-in-other-inflammatory-skin-conditions.pdf

appendix-c-examples-of-private-payor-coverage-for-excimer-laser-treatment-for-inflammatory-diseases.pdf

## Notice of Potential Review by Interested Parties

An “Interested Party” is an individual or entity that has a legitimate interest or may potentially be impacted by the CPT Editorial Panel’s decision related to this application, as determined by the AMA. If recognized by the AMA, the Interested Party will receive access to this entire code change application excluding any personally identifiable information that you provide as an applicant. You will be notified of the identity of any Interested Party recognized by the AMA with respect to this application.

✓ **I, the Applicant, acknowledge and agree.**

**Pearl Grimes**

**Vitiligo & Pigmentation Institute of Southern California**

✓ **I, the Applicant, acknowledge and agree.**

**Aman Kaur**

### **Strata Skin Sciences**

✓ I, the Applicant, acknowledge and agree.

**ELISABETH RICHARD**

**Elisabeth Richard MD PA**

✓ I, the Applicant, acknowledge and agree.

**mark lebwohl**

**Icahn School of Medicine at Mount Sinai**

## **CPT Confidentiality Agreement**

In consideration of the permission granted to me to participate in the CPT code development process, including submission of this code change application and participation on or attendance at meetings of the CPT Editorial Panel (“Panel”), the CPT Advisory Committee, the Health Care Professionals Advisory Committee, the CPT Assistant Editorial Board, and ad hoc and/or standing workgroups and committees established by the Panel (each a “Meeting” and collectively “Meetings”), I, the Applicant, agree to the following:

1. I will maintain as confidential any and all materials and information that I obtain in connection with my participation in the CPT code development process, attendance at or participation in any Meeting, including but not limited to the following information, which shall collectively be considered “Confidential Information” and proprietary to the AMA:

- Meeting materials that are made available by the AMA, including agendas and code change applications;
- CPT codes and modifiers, text descriptors, cross references, and guideline language that have not yet been published by the AMA in any form, including in print or online, as well as content scheduled for publication in the CPT Assistant or other AMA coding publications or products (“Publication”); and
- any information disclosed or discussed at a Meeting, and the identity and affiliation of the individual who provided the information.

The foregoing information shall be considered Confidential Information regardless of the format or forum by which it is provided to or obtained by the undersigned including but not limited to

oral, electronic or print media.

2. I will use Confidential Information only in connection with my participation in the code development process and the Meeting. I will not disclose, distribute or publish Confidential Information to any individual or entity in any manner whatsoever, and I will not publish or authorize anyone else to publish Confidential Information in any Web posting, social media, article, newsletter, press release, publication, or other communication; provided, however, when participating in the code development process and Meeting as an authorized representative of or on behalf of a company, society or other legal entity, I, as an individual, understand that I am permitted to disseminate Confidential Information to appropriate individuals in that organization, for internal use within such organization solely in connection with such organization's coding activities. Further, I understand that I am permitted to disclose non-Confidential Information.

3. I will not use audio or video recording or photographic device in any manner during a Meeting to record or to copy Confidential Information. I will not remove any notices of copyright, trademark, confidentiality or other conditions on materials obtained by me or take any other action to circumvent the purpose and intent of this Confidentiality Agreement.

4. I acknowledge that the Panel can modify or eliminate a CPT code or the language or guidelines associated with a code at any time up to the date of final Publication of the CPT code set. Panel actions are not final until distribution of the CPT code set (on or before August 31 of each year). I acknowledge that the early release of Panel actions and any related information can cause significant disruption and confusion for physicians, patients, payers and third parties and could cause irreparable injury to the AMA and others. I understand however, that I am permitted to disclose and publish the limited information contained in the Summary of Panel Action document that is posted to the [AMA public website](#) within 30 days of each Panel meeting. I understand that, prior to AMA Publication, any information that I publish beyond that contained in the Summary of Panel Action document will be considered a violation of this Confidentiality Agreement.

5. I understand that Confidential Information does not include information that (a) is already in my possession not as a result of any breach of confidentiality by myself or any third-party, (b) is publicly available other than through breach of these or other confidentiality obligations, (c) is received by me from a third-party if such third-party was authorized to release the information and is not in breach of any confidentiality obligations, or (d) is subject to Publication or other disclosure by the AMA.

6. Violators of this Agreement may be barred from future Meetings or otherwise sanctioned.

7. This Confidentiality Agreement is not exclusive, and other confidentiality or non-use

requirements, such as those imposed by the RVS Update Committee, and other actions and remedies, including third-party remedies and the AMA's right to seek injunctive relief, may apply to the information that I have access to as the result of my participation in the code development process and Meeting.

8. I, the Applicant, agree that the terms of this Confidentiality Agreement are binding on me, individually, and on the company, society or other legal entity on behalf of which I am an authorized representative. I understand that the AMA is materially relying on this representation and certification.

✓ I, the Applicant, acknowledge and agree.

**Pearl Grimes**

**Vitiligo & Pigmentation Institute of Southern California**

✓ I, the Applicant, acknowledge and agree.

**Aman Kaur**

**Strata Skin Sciences**

✓ I, the Applicant, acknowledge and agree.

**ELISABETH RICHARD**

**Elisabeth Richard MD PA**

✓ I, the Applicant, acknowledge and agree.

**mark lebwohl**

**Icahn School of Medicine at Mount Sinai**

## Copyright Assignment

All proprietary rights including copyright in and to CPT codes, modifiers, text descriptors, cross references, guideline language, parentheticals and other materials, created by submission of this code change application and through the CPT code development process shall be owned by the American Medical Association. By checking below, I acknowledge the AMA's proprietary rights including copyright and I hereby assign to the AMA any right, title and interest in and to

such copyrightable works.

✓ I, the Applicant, acknowledge and agree.

**Pearl Grimes**

**Vitiligo & Pigmentation Institute of Southern California**

✓ I, the Applicant, acknowledge and agree.

**Aman Kaur**

**Strata Skin Sciences**

✓ I, the Applicant, acknowledge and agree.

**ELISABETH RICHARD**

**Elisabeth Richard MD PA**

✓ I, the Applicant, acknowledge and agree.

**mark lebwohl**

**Icahn School of Medicine at Mount Sinai**

## Statement of Compliance with the CPT Conflict of Interest Policy

For convenience, key elements of the Conflict of Interest Policy applicable to each Applicant in his or her individual capacity and each Presenter are summarized below. Note that an application Preparer is a Presenter. The Conflict of Interest Policy in its entirety is controlling (please refer to the [Conflict of Interest Policy](#) for additional information):

**1. General Rule Regarding Interests.** Each code change application Applicant and each Applicant-designee making a presentation to the Panel about a code change application (“Presenter”), shall disclose all Interests held by the Applicant or Presenter and his or her Immediate Family Members.

**a. Written Disclosures of Interests by Applicant and Each Presenter.** Written disclosures of all Interests must be made by each Applicant on a Statement of Compliance at the time of

submission of the code change application. Written disclosures of all Interests must be made by each Presenter on a Statement of Compliance prior to the meeting of the Panel at which a Presenter will present his or her code change application.

**b. Oral Disclosure of Interests by Applicant and Each Presenter.** Oral disclosure of Interests that are directly related to a code change application that is pending before the Panel is required by an Applicant and Presenter prior to addressing the Panel about that application.

**c. Impact of an Interest.** Following written disclosure of all Interests of an Applicant or Presenter, or his or her Immediate Family Member, and oral disclosure of Interests that are directly related to a code change application that is pending before the Panel, the impacted individual is not restricted in any way in performing his or her role as an Applicant or Presenter.

## **2. Key Definitions.**

**a. “Interest(s)”** means the following activities of or roles held by an Applicant and Presenter or his or her Immediate Family Member (unless otherwise noted):

*I. Employment* – The Applicant or Presenter’s current employer, job title, description of role (in brief) and whether the employer is the applicant on the code change application that is pending before the Panel. This disclosure requirement does not apply to Immediate Family Members.

*II. Receipt of Value* – The Applicant or Presenter, or his or her Immediate Family Member, received any Value within the prior 24 months or anticipates receiving any Value in the next 24 months. The Value is separated into three categories:

*1. Corporate* – The Applicant or Presenter, or his or her Immediate Family Member, is an owner, director or officer of; or an employee or agent who has decision-making authority in, a corporate entity, the Value of which will or is likely to be impacted by the code change application that is pending before the Panel.

*2. Individual* – The Applicant or Presenter, or his or her Immediate Family Member, will or is likely to receive any Value based on the decision on the code change application that is pending before the Panel.

*3. Specialty Society* – The Applicant or Presenter, or his or her medical specialty society, will receive any Value for the Applicant or Presenter’s consulting on, advising on or strategizing about the code change application that is pending before the Panel.

*III. Developmental Interest* – The Applicant or Presenter, or his or her Immediate Family Member, has a Developmental Interest in the code change application that is pending before the Panel.

*IV. Other* – Any other interest that a reasonable person would consider relevant to or potentially impacting the judgment or decisions of the disclosing Applicant or Presenter in the context of Panel business.

### **3. Other Definitions.**

**a. “Applicant”** means each individual and corporate entity identified as an applicant or co-applicant on a code change application. For the purposes of the disclosure below, an Applicant must make a disclosure only in his or her individual capacity.

**b. “Developmental Interest”** means the Applicant and Presenter’s, or his or her Immediate Family Member’s, involvement in study or research development, execution of testing or studies, or authorship of published literature related to the code change application that is pending before the Panel and in connection with which such has received Value or a promise of future Value from a pharmaceutical, biological or medical device manufacturer outside of a research grant in which the individual’s literature will be cited. Developmental Interest excludes the subject individual’s membership on a safety or a monitoring committee (or its equivalent) for a research grant.

**c. “Immediate Family Member”** means a spouse, domestic partner, parent, child, brother or sister. Requirements for disclosure of interests of Immediate Family Members apply to the extent such interests are known by the disclosing person.

**d. “Presenter”** means an Applicant’s designee to make an oral or written presentation to the Panel on a code change application. Presenter includes a Preparer who prepares all or a portion of a code change application for presentation to the Panel.

**e. “Value”** means money, goods or any other item or service of value, whether the same increases or decreases. Value is aggregate, and includes but is not limited, to:

I. Sales

II. Intellectual property valuation, royalties or other rights



III. Funding support, including grants

IV. Stock value, only if the stock is included in an actively managed personal investment account

V. Consulting fees

VI. Gifts including meals, paid travel and speaking bureau participation

VII. Fees or other compensation for speaking engagements, including honoraria

VIII. Salary or salary support

IX. Expert testimony payment

Value excludes any payment or reimbursement of expenses received from a medical specialty society for services that are educational or generally applicable to all members of such society and that are otherwise not for the benefit of any individual of such society.

**Do you, or your Immediate Family, have an Interest?**

No

✓ I affirm that I have read and understand the CPT Conflict of Interest Policy. Each of my, and my Immediate Family Members', Interests at this time are set forth below. I understand that I have a continuing obligation to comply with the CPT Conflict of Interest Policy and will update this form, as needed, during the course of the year and annually at the request of the Chair of the Editorial Panel.

**Pearl Grimes**

**Vitiligo & Pigmentation Institute of Southern California**

**Do you, or your Immediate Family, have an Interest?**

Yes

**Identify all Interests held by you and your Immediate Family Members**

I work for a company that manufactures Excimer Lasers.

✓ I affirm that I have read and understand the CPT Conflict of Interest Policy. Each of my, and my Immediate Family Members', Interests at this time are set forth below. I understand that I have a continuing obligation to comply with the CPT Conflict of Interest Policy and will update this form, as needed, during the course of the year and annually at the request of the Chair of the Editorial Panel.

**Aman Kaur**

**Strata Skin Sciences**

**Do you, or your Immediate Family, have an Interest?**

No

✓ I affirm that I have read and understand the CPT Conflict of Interest Policy. Each of my, and my Immediate Family Members', Interests at this time are set forth below. I understand that I have a continuing obligation to comply with the CPT Conflict of Interest Policy and will update this form, as needed, during the course of the year and annually at the request of the Chair of the Editorial Panel.

**ELISABETH RICHARD**

**Elisabeth Richard MD PA**

**Do you, or your Immediate Family, have an Interest?**

No

✓ I affirm that I have read and understand the CPT Conflict of Interest Policy. Each of my, and my Immediate Family Members', Interests at this time are set forth below. I understand that I have a continuing obligation to comply with the CPT Conflict of Interest Policy and will update this form, as needed, during the course of the year and annually at the request of the Chair of the Editorial Panel.

**mark lebwohl**

**Icahn School of Medicine at Mount Sinai**

## Attestations

I hereby attest to each of the following:

1. I understand that my code change application will be evaluated by the CPT Editorial Panel, CPT/HCPAC Advisors, Members of Advisory Committees, as applicable, and AMA staff. I will timely cooperate with requests from the CPT Editorial Panel, CPT/HCPAC Advisors, committee members and AMA staff for clarification and information.
2. I understand that it is recommended that I consult with national medical societies and other qualified healthcare professional organizations that will typically provide the proposed procedure(s)/service(s) requested in this application to obtain comments on the type of work

and potential for development of relative value units (RVUs) by the AMA Specialty Society RVS Update Committee (RUC) **prior to the submission** of this application to comply with the [CPT Statement on Lobbying](#) .

3. I understand that this application is not complete until I and the other co-Applicants and Preparers (if applicable) named on this code change application have electronically completed the **CPT Confidentiality Agreement**, the **Copyright Assignment** and a **CPT Conflict of Interest Policy Compliance Statement**. Failure to submit a complete application and the requested documentation within the requested timeframe will prevent AMA staff from processing my code change application. If the code change application is not submitted in time for the upcoming Panel meeting, or it is incomplete, I understand that my application will not be considered at the next Panel meeting, but that the application may be resubmitted for consideration by the Panel at a later date.

4. I understand that, after I submit this code change application, I may withdraw this application up until the time that the CPT Editorial Panel takes up the agenda item at a CPT Editorial Panel meeting. At that time, the application falls under the authority of the Editorial Panel, and may not be withdrawn.

5. I understand that “Applicant” or “Preparer,” as used in this code change application, means both me individually and the company, society or other legal entity for whose benefit I am acting as an authorized representative. In this code change application, “I”, “you”, “my”, “myself” and “organization” shall be understood to mean “Applicant” or “Preparer” unless otherwise specified.

✓ I, the Applicant, acknowledge and agree.

**Pearl Grimes**

**Vitiligo & Pigmentation Institute of Southern California**

✓ I, the Applicant, acknowledge and agree.

**Aman Kaur**

**Strata Skin Sciences**

✓ I, the Applicant, acknowledge and agree.

**ELISABETH RICHARD**

**Elisabeth Richard MD PA**

✓ I, the Applicant, acknowledge and agree.



**mark lebwohl**

**Icahn School of Medicine at Mount Sinai**

By submitting this code change application, I, the Applicant, confirm that the information provided in this application is true, correct and complete, and to the best of my knowledge, accurately depicts current clinical and surgical practice. I also confirm that I have authority to sign this application in both an individual and organizational capacity.

I understand that "Applicant" or "Preparer", as used in this code change application, means both me individually and the company, society or other legal entity for whose benefit I am acting as an authorized representative. In this code change application, "I", "you", "my", "myself" and "organization" shall be understood to mean "Applicant" or "Preparer" unless otherwise specified.

✓ **I, the Applicant, acknowledge and agree.**

**Aman Kaur**

**Strata Skin Sciences**

**Feb 10,2025**