



MEDICAL COVERAGE POLICY

SERVICE: Phototherapy (non-neonatal)

Policy Number: 128

Effective Date: 08/01/2019

Last Review: 06/27/2019

Next Review Date: 06/27/2020

Important note:

Unless otherwise indicated, this policy will apply to all lines of business.

Even though this policy may indicate that a particular service or supply may be considered medically necessary and thus covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage (EOC) or Summary Plan Description (SPD) to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Medicare-linked plan members, this policy will apply unless there are Medicare policies that provide differing coverage rules, in which case Medicare coverage rules supersede guidelines in this policy. Medicare-linked plan policies will only apply to benefits paid for under Medicare rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the CMS website. Similarly, for Medicaid-linked plans, the Texas Medicaid Provider Procedures Manual (TMPPM) supersedes coverage guidelines in this policy where applicable.

SERVICE: Phototherapy (non-neonatal)

PRIOR AUTHORIZATION: Not required.

POLICY: PUVA, UVA and UVB

SWHP may consider psoralens with ultraviolet A light (PUVA), or UVA, or UVB treatments medically necessary for office-based treatment of the following conditions after conventional therapies have failed:

- Atopic dermatitis/eczema that is refractory
- Cutaneous T-cell lymphoma (mycosis fungoides)
- Eosinophilic folliculitis and other pruritic eruptions of HIV infection
- Lichen planus
- Morphea and localized skin lesions associated with scleroderma
- Parapsoriasis
- Photodermatoses,
- Pityriasis Lichenoides
- Pruritis secondary to systemic disease, e.g., HIV, or unknown etiology
- Psoriasis
- Urticaria pigmentosa (cutaneous mastocytosis)

SWHP may consider 2 to 3 PUVA treatments per week for up to 23 weeks for psoriasis.

SWHP may consider one treatment every 1 to 3 weeks with the majority of persons treated once every 3 weeks for an indefinite period. If the psoriasis fails to improve after two months of PUVA therapy, continued treatment is generally not considered medically necessary due to lack of efficacy.

Home UVA treatment is considered experimental and investigational because of insufficient evidence of its safety and effectiveness and thus not a covered benefit.

SWHP considers home phototherapy (UVB) treatment medically necessary DME for persons with severe psoriasis with a history of frequent flares who are unable to attend on-site therapy or those needing to initiate therapy immediately to suppress psoriasis flares. Home ultraviolet light booths or ultraviolet lamps, as well as replacement bulbs sold by prescription only, are considered medically necessary for persons eligible for home UVB phototherapy. The following conditions must be met:



MEDICAL COVERAGE POLICY

SERVICE: Phototherapy (non-neonatal)

Policy Number:	128
Effective Date:	08/01/2019
Last Review:	06/27/2019
Next Review Date:	06/27/2020

- outpatient UVB phototherapy has been utilized, demonstrated to be beneficial and is expected to be long-term
- the device is not available without a prescription and the device and treatment regimen are prescribed by a physician
- the device, if a UV light booth, must require programming by the supplier using the physician script
- individual is motivated and compliant to prescribed usage

SWHP does **NOT** cover any form of phototherapy (including light boxes, panels, or visors) for the following conditions because light therapy has not been shown to be more effective than placebo for:

- Jet lag
- Disorders related to shift work or irregular work cycles
- Delayed or altered sleep phase syndromes
- Circadian rhythm disorders.

OVERVIEW: Ultraviolet light has a wavelength shorter than that of visible light, but longer than x-rays. This means electromagnetic waves with a wavelength between 400 nm and 10 nm, with energies from 3 eV to 124 eV. UV light is more energetic than visible light and has a shorter wavelength, letting it penetrate more readily through obstacles. The "ultraviolet" in ultraviolet light references that UV light is beyond violet on the electromagnetic spectrum.

There are two types of phototherapy – UVA and UVB. UVA phototherapy is usually given in conjunction with a light sensitizing tablet called psoralen (PUVA therapy). Sometimes a light sensitizing cream or lotion containing psoralen can be used in localized skin areas, e.g. feet (topical PUVA). UVA is part of the UV spectrum associated with pigmentation. UVB phototherapy utilizes the sun-burning part of the UV spectrum. “Narrowband” UVB uses light of one wavelength only.

MANDATES: None

CODES:

Important note:

CODES: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.

CPT Codes:	96900 Actinotherapy (ultraviolet light) 96910 Photochemotherapy; tar and ultraviolet B 96912 Photochemotherapy; psoralens and ultraviolet A (PUVA) 96913 Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses
ICD10 Codes:	C84.00 - C84.09 Mycosis fungoides C84.10 - C84.19 Sezary's disease D89.810 - D89.813 Graft-versus-host disease L20.0 Besnier's prurigo L20.81 - L20.82 Atopic neurodermatitis L20.84 Intrinsic (allergic) eczema L20.89 Other atopic dermatitis L20.9 Atopic dermatitis, unspecified



MEDICAL COVERAGE POLICY

SERVICE: Phototherapy (non-neonatal)

Policy Number:	128
Effective Date:	08/01/2019
Last Review:	06/27/2019
Next Review Date:	06/27/2020

	L40.0 - L40.9 Psoriasis vulgaris L41.0 - L41.9 Pityriasis lichenoides L43.0 - L43.9 Lichen planus L56.0 - L56.9 Drug phototoxic response L66.0 Pseudopelade L66.1 Lichen planopilaris L90.0 Lichen sclerosus et atrophicus L94.0 - L94.3 Localized scleroderma [morphea] L94.3 Sclerodactyly L94.5 Poikiloderma vasculare atrophicans M33.00 - M33.09 Juvenile dermatomyositis M33.10 - M33.19 Other dermatomyositis M33.90 - M33.99 Dermatomyositis, unspecified M34.0 - M34.2 Progressive systemic sclerosis M35.4 Diffuse (eosinophilic) fasciitis M35.9 Systemic involvement of connective tissue, unspecified M36.0 Dermato(poly)myositis in neoplastic disease M36.8 Systemic disorders of connective tissue in other diseases classified elsewhere M72.8 Other fibroblastic disorders T86.00 - T86.09 Complication of bone marrow transplant
ICD10 Not Covered	L63.2 Ophiasis L63.8 Other alopecia areata L63.9 Alopecia areata, unspecified L80 Vitiligo

CMS: See CMS.gov

POLICY HISTORY:

Status	Date	Action
New	7/1/2010	New policy
Reviewed	12/8/2011	Reviewed.
Reviewed	8/30/2012	Added policy statement regarding home phototherapy.
Reviewed	5/23/2013	ICD10 codes added.
Reviewed	4/24/2014	No significant changes.
Reviewed	4/30/2015	No significant changes.
Reviewed	5/12/2016	No changes
Reviewed	4/18/2017	No changes
Reviewed	3/06/2018	No changes
Reviewed	06/27/2019	Updated covered conditions and codes

REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. SWHP will continue to review clinical evidence related to this policy and may modify it at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to SWHP so the information can be reviewed by the Medical Coverage Policy

MEDICAL COVERAGE POLICY

SERVICE: Phototherapy (non-neonatal)

Policy Number:	128
Effective Date:	08/01/2019
Last Review:	06/27/2019
Next Review Date:	06/27/2020

Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.

- Sullivan TJ. Managed care's perspective on treatment of psoriasis. *Managed Care*. 2003;12(5 Suppl):14-17.
- Naldi L, Rzany B. Psoriasis (chronic plaque) (updated). In: *BMJ Clinical Evidence*. London, UK: BMJ Publishing Group; August 2007.
- Snellman E. Psoriasis. In: *EBM Guidelines. Evidence-Based Medicine [CD-ROM]*. Helsinki, Finland: Duodecim Medical Publications Ltd.; June 18, 2004.
- Klecz RJ, Schwartz RA. Pruritus. *Am Fam Physician*. 1992;45(6):2681-2686.
- Menage HD, Norris PG, Hawk JL, Graves MW. The efficacy of psoralen photochemotherapy in the treatment of aquagenic pruritus. *Br J Dermatol*. 1993;129(2):163-165.
- Brenner M, Herzinger T, Berking C, et al. Phototherapy and photochemotherapy of sclerosing skin diseases. *Photodermatol Photoimmunol Photomed*. 2005;21(3):157-165.
- Whitton ME, Ashcroft DM, Barrett CW, Gonzalez U. Interventions for vitiligo. *Cochrane Database Syst Rev*. 2006;(1):CD003263.
- McMullin MF, Bareford D, Campbell P, et al. General Haematology Task Force, British Committee for Standards in Haematology. *Guidelines for the Diagnosis, Investigation and Management of Polycythaemia/Erythrocytosis*. London, UK: British Society for Haematology; 2005.
- Claes C, Kulp W, Greiner W, et al. Therapy of moderate and severe psoriasis [summary]. HTA Report. Cologne, Germany: German Agency for Health Technology Assessment at the German Institute for Medical Documentation and Information (DAHTA) (DIMDI); 2006.
- Simon JC, Pfieger D, Schopf E. Recent advances in phototherapy. *Eur J Dermatol*. 2000;10(8):642-645.
- Cooper SM, Burge SM. Darier's disease: Epidemiology, pathophysiology, and management. *Am J Clin Dermatol*. 2003;4(2):97-105.
- Ellis E, Scheinfeld N. Eosinophilic pustular folliculitis: A comprehensive review of treatment options. *Am J Clin Dermatol*. 2004;5(3):189-197.
- Calzavara-Pinton P, Venturini M, Sala R. Medium-dose UVA1 therapy of lymphomatoid papulosis. *J Am Acad Dermatol*. 2005;52(3):530-532.
- Koreck AI, Csoma Z, Bodai L, et al. Rhinophototherapy: A new therapeutic tool for the management of allergic rhinitis. *J Allergy Clin Immunol*. 2005;115(3):541-547.
- Koek MB, Buskens E, Bruijnzeel-Koomen CA, Sigurdsson V. Home ultraviolet B phototherapy for psoriasis: Discrepancy between literature, guidelines, general opinions and actual use. Results of a literature review, a web search, and a questionnaire among dermatologists. *Br J Dermatol*. 2006;154(4):701-711.
- Narbutt J, Torzecka JD, Sysa-Jedrzejowska A, Zalewska A. Long-term results of topical PUVA in necrobiosis lipoidica. *Clin Exp Dermatol*. 2006;31(1):65-67.
- Beattie PE, Dawe RS, Ibbotson SH, Ferguson J. UVA1 phototherapy for treatment of necrobiosis lipoidica. *Clin Exp Dermatol*. 2006;31(2):235-238.
- De Rie MA, Sommer A, Hoekzema R, Neumann HA. Treatment of necrobiosis lipoidica with topical psoralen plus ultraviolet A. *Br J Dermatol*. 2002;147(4):743-747.
- Marsland AM, Chalmers RJG, Hollis S, et al. Interventions for chronic palmoplantar pustulosis. *Cochrane Database Syst Rev*. 2006;(1):CD001433.
- Ferrandiz C, Carrascosa JM, Just M, et al. Sequential combined therapy with thalidomide and narrow-band (TL01) UVB in the treatment of prurigo nodularis. *Dermatology*. 1997;195(4):359-361.
- Delrosso G, Bornacina C, Farinelli P, et al. Bath PUVA and psoriasis: Is a milder treatment a worse treatment? *Dermatology*. 2008;216(3):191-193.
- Ghoreschi K, Thomas P, Penovici M, et al. PUVA-bath photochemotherapy and isotretinoin in sclerodermatous graft-versus-host disease. *Eur J Dermatol*. 2008;18(6):667-670.



MEDICAL COVERAGE POLICY

SERVICE: Phototherapy (non-neonatal)

Policy Number:	128
Effective Date:	08/01/2019
Last Review:	06/27/2019
Next Review Date:	06/27/2020

23. Wolff D, Steiner B, Hildebrandt G, et al. Pharmaceutical and cellular strategies in prophylaxis and treatment of graft-versus-host disease. *Curr Pharm Des.* 2009;15(17):1974- 1997.
24. Pichon-Riviere A, Augustovski F, Garcia Marti S, et al. PUVA therapy: Main dermatology applications [summary]. IRR No. 167. Buenos Aires, Argentina: Institute for Clinical Effectiveness and Health Policy (IECS); April 2009.
25. Menter A, Korman NJ, Elmets CA, et al. Guidelines of care for the management of psoriasis and psoriatic arthritis: Section 5. Guidelines of care for the treatment of psoriasis with phototherapy and photochemotherapy. *J Am Acad Dermatol.* 2010;62(1):114-135.
26. El-Mofty M, El-Darouty M, eta I. Narrow bank UVB (311nm), psoralen UVB nm and PUVA therapy in the treatment of early-stage mycosis fungoides: a right –left comparative study. *Photodermatol Photoimmunol Photomed.* 2005 Dec;21(6A):281-6
27. Veith W, Deleo V, Silverberg N. Medical phototherapy in childhood skin diseases. *Minerva Pediatr.* 2011 Aug;63(4):327-33
28. Evers AW, Kleinpenning MM, Smits T, et al. Itch and scratching as predictors of time to clearance of psoriasis with narrow-ultraviolet B therapy. *Br J Dermatol.* 2009 Sep;161(3);542. Epub 2009 Apr 20.
29. Ozden Mf, Aydin F, Senturk N, et al. Narrow-band ultraviolet B as a potential alternative treatment for sistant psychogenic excoriation: an open-label study. *Photodermatol Photoimmunol Photomed.* 2010 Jun;26(3):162-4.
30. Brazzilli V, Grasso V, Manna G, et al. Indolent systemic mastocytosis treated with narrow-bank UVB phototherapy: s of five cases. *J Eur Acad Dermatol Venereol.* 2011 May 13. Doi: 10.1111/1468-3083.2011.04098.x.
31. Browne F, Turner D, Goulden V. Psoralen and ultraviolet A in the treatment of granuloma annulare. *Photodermatol Photoimmunol Photomed.* 2011 Apr;27(2):81-4. Doi: 10.1111/j.1600-0781.005/4x.
32. Esfandiapour I, Ekhlasi A, Farajzadeh S, et al. The efficacy of pimecrolimus 1% cream plus narrow-band ultraviolet B in the treatment of vitiligo: a double-blind, placebo-controlled clinical trial. *J Dermatolog Treat.* 2009; 20(1):14-8.
33. Scherschun L, Kim JJ, Lim HW. Narrow-band ultraviolet B is a useful and well-tolerated treatment for vitiligo. *J Am Acad Dermatol.* 2001 Jun;44(6):999-1003.
34. Hartmann A, Lurz C, Hamm H, et al. Narrow-band UVB311 nm vs. broad-band UVB therapy in combination with topical calcipotriol vs. placebo in vitiligo. *Int J Dermatol.* 2005 Sep;44(9):736-42.
35. Seckin D, Demircay Z, Akin O. Generalized pruritus treated with narrowband UVB. *Int J Dermatol.* 2007 Apr;46(4):367070.
36. Choi YM, Adelzadeh L, Wu JJ. Photodynamic therapy for psoriasis. *J Dermatolog Treat.* 2015;26(3):202-207.
37. American Academy of Dermatology (AAD). Psoriasis: Recommendations for UVB combination therapies. Practice Management Center. 2018.