



## Phototherapy, Photochemotherapy and Photodynamic Therapy for Dermatologic Conditions

**Last Review Date:** September 11, 2015

**Number:** MG.MM.ME.27gCv3

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### Definitions

<a href="#">Phototherapy</a>	The application of ultraviolet light, or <b>actinotherapy</b> — consists of exposure to nonionizing radiation. The treatment may involve exposure to <b>ultraviolet B (UVB)</b> , <b>ultraviolet A (UVA)</b> or various combinations of UVB and UVA that is delivered using a broad or narrow-beamed laser.
<b>Photochemotherapy</b> <a href="#">(PUVA)</a>	PUVA utilizes UVA radiation in combination with a photosensitizing chemical that increases the skin's sensitivity to the UVA.
<b>Photodynamic Therapy</b> <a href="#">(PDT)</a>	PDT is a multi-step (typically 2-day) process that consists of the application of a topical photosensitizer cream followed by a laser light source (e.g., methyl aminolevulinate hydrochloride [MAL] that is accompanied by a red light; 5-aminolevulinic acid [5-ALA] or by a blue).

### Guideline

Members are eligible for coverage of phototherapy, PUVA or PDT for certain dermatologic conditions refractory to topical or systemic drug therapies when any of the applicable criteria sets in Tables 1 to 3 are met.

(Note: For case-by-case consideration of vitiligo treatment; see [Table 4](#))

**Table 1 — Phototherapy**

1. Atopic dermatitis (moderate — severe)
2. Chronic urticaria
3. Dermatologic manifestations of graft vs host disease
4. Eczema
5. Granuloma annulare
6. Lichen planus
7. Mycosis fungoides (cutaneous T-cell lymphoma)
8. Photodermatosis
9. Pityriasis lichenoides
10. Pityriasis rosea
11. Pruritic eruptions of HIV infection
12. Pruritus
13. Parapsoriasis
14. Psoriasis
<b>Home Phototherapy (UVB) Units (DME benefit required)</b>
Coverage for members with moderate to severe persistent psoriasis covering at least 20% of the body surface may be provided for the purchase of a home UVB Phototherapy unit. All of the following criteria must be met:
<ol style="list-style-type: none"> <li>1. Documentation of effective psoriasis suppression as a result of at least 6-12 months of UVB treatment, whereby the continuation of home-UVB would be construed as a reasonable means to deter exacerbations.</li> <li>2. Physician documentation of medical necessity, which includes: <ul style="list-style-type: none"> <li>▪ Severity description, e.g., if there is involvement of the palms, soles, or intertriginous areas, the percent of the affected area involved, and the associated disability should be part of the record.</li> <li>▪ A prescription describing the UVB exposure protocol.</li> <li>▪ A follow-up plan to determine treatment effectiveness, i.e., office visit frequency.</li> </ul> </li> <li>3. Demonstration of patient proficiency in the use of UVB with the understanding of the necessity of physician communication with the occurrence of any unexpected side effects.</li> <li>4. History of ineffective (or intolerance to) treatments with multiple topical agents or systemic therapy.</li> </ol>

**Table 2 — PUVA**

1. Acute/chronic pityriasis lichenoides
2. Atopic dermatitis (moderate — severe)
3. Chronic urticaria
4. Dermatologic manifestations of graft-versus-host disease
5. Eczema (severe)
6. Granuloma annulare
7. Lichen planus
8. Morphea and localized skin lesions associated with scleroderma
9. Mycosis fungoides (cutaneous T-cell lymphoma)
10. Parapsoriasis (severe)
11. Psoriasis (severe)

**Table 3 — PDT**

Presence of either of the following lesions that have failed to adequately respond to $\geq 3$ weeks of topical 5-fluorouracil, imiquimod, Diclofenac or cryosurgery: <ol style="list-style-type: none"><li>1. Non-hyperkeratotic actinic keratoses lesions on the face or scalp.</li><li>2. Actinic cheilitis, also known as solar cheilitis, sailor’s lip or farmer’s lip.</li></ol> Note: A 2 <sup>nd</sup> treatment post 8 weeks of the initial therapy may be necessary for any lesions that fail to respond to therapy.
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**Table 4 — Laser treatment of Vitiligo**

On a case-by-case basis, coverage consideration will be given for excimer laser treatment confined to areas of the face, neck or hands <b>only</b> . Prior to Medical Director consideration, substantiating documentation must <u>first</u> be submitted for review; these include: <ol style="list-style-type: none"><li>1. Progress notes indicative of the following:<ol style="list-style-type: none"><li>a. Baseline skin color.</li><li>b. Treatment history; documented failure of adherent 3-month trial of both:<ol style="list-style-type: none"><li>i. high-potency (Class II steroids)</li><li>ii. Protopic.</li></ol></li><li>c. Extent and distribution of vitiligo to the face, neck and or hands.</li></ol></li><li>2. Photographic evidence.</li></ol>
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**Limitations/Exclusions**

1. Phototherapy, PUVA or PDT is not considered medically necessary for any indications other than those listed above.
2. More than 2 PDT treatments per year are not considered medically necessary, as effectiveness beyond this timeframe has not been established.
3. Grenz ray therapy is not considered medically necessary for any indications, as it is considered investigational.

### Applicable Procedure Codes

96567	Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions of the skin and adjacent mucosa (eg, lip) by activation of photosensitive drug(s), each phototherapy exposure session
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 four to eight 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	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 sq ft or less Change Summary: Change to full description; Change to medium description; Change to short description
96922	Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm
E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 sq ft or less
E0692	Ultraviolet light therapy system panel, includes bulbs/lamps, timer, and eye protection, 4 ft. panel
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer, and eye protection, 6 ft. panel
E0694	Ultraviolet multidirectional light therapy system in 6 ft. cabinet, includes bulbs/lamps, timer, and eye protection
A4633	Replacement bulb/lamp for ultraviolet light therapy system, each
J7308	Aminolevulinic acid HCl for topical administration, 20%, single unit dosage form (354 mg)
J7309	Methyl aminolevulinate (MAL) for topical administration, 16.8%, 1 g

### Applicable ICD-10 Codes

C84.00	Mycosis fungoides, unspecified site
L20.81	Atopic neurodermatitis
L20.82	Flexural eczema
L20.84	Intrinsic (allergic) eczema
L20.89	Other atopic dermatitis
L20.9	Atopic dermatitis, unspecified
L23.1	Allergic contact dermatitis due to adhesives
L23.3	Allergic contact dermatitis due to drugs in contact with skin
L23.5	Allergic contact dermatitis due to other chemical products
L23.6	Allergic contact dermatitis due to food in contact with the skin
L23.7	Allergic contact dermatitis due to plants, except food
L24.0	Irritant contact dermatitis due to detergents
L24.1	Irritant contact dermatitis due to oils and greases
L24.2	Irritant contact dermatitis due to solvents
L24.4	Irritant contact dermatitis due to drugs in contact with skin

L24.5	Irritant contact dermatitis due to other chemical products
L24.6	Irritant contact dermatitis due to food in contact with skin
L24.7	Irritant contact dermatitis due to plants, except food
L25.1	Unspecified contact dermatitis due to drugs in contact with skin
L25.3	Unspecified contact dermatitis due to other chemical products
L25.4	Unspecified contact dermatitis due to food in contact with skin
L25.5	Unspecified contact dermatitis due to plants, except food
L26	Exfoliative dermatitis
L29.8	Other pruritus
L29.9	Pruritus, unspecified
L30.4	Erythema intertrigo
L30.5	Pityriasis alba
L40.0	Psoriasis vulgaris
L40.1	Generalized pustular psoriasis
L40.2	Acrodermatitis continua
L40.4	Guttate psoriasis
L40.8	Other psoriasis
L40.9	Psoriasis, unspecified
L41.0	Pityriasis lichenoides et varioliformis acuta
L41.1	Pityriasis lichenoides chronica
L41.3	Small plaque parapsoriasis
L41.4	Large plaque parapsoriasis
L41.5	Retiform parapsoriasis
L41.8	Other parapsoriasis
L41.9	Parapsoriasis, unspecified
L42	Pityriasis rosea
L43.0	Hypertrophic lichen planus
L43.1	Bullous lichen planus
L43.3	Subacute (active) lichen planus
L43.8	Other lichen planus
L43.9	Lichen planus, unspecified
L50.6	Contact urticaria
L50.8	Other urticaria
L56.0	Drug phototoxic response

L56.1	Drug photoallergic response
L56.2	Photocontact dermatitis [berloque dermatitis]
L56.3	Solar urticaria
L56.5	Disseminated superficial actinic porokeratosis (DSAP)
L56.8	Other specified acute skin changes due to ultraviolet radiation
L56.9	Acute skin change due to ultraviolet radiation, unspecified
L57.0	Actinic keratosis
L57.1	Actinic reticuloid
L57.8	Other skin changes due to chronic exposure to nonionizing radiation
L57.9	Skin changes due to chronic exposure to nonionizing radiation, unspecified
L66.1	Lichen planopilaris
L90.0	Lichen sclerosus et atrophicus
L92.0	Granuloma annulare
L94.0	Localized scleroderma [morphea]
L94.1	Linear scleroderma
L94.3	Sclerodactyly
L94.5	Poikiloderma vasculare atrophicans
L98.2	Febrile neutrophilic dermatosis [Sweet]
M34.0	Progressive systemic sclerosis
M34.1	CR(E)ST syndrome
M34.2	Systemic sclerosis induced by drug and chemical
M34.81	Systemic sclerosis with lung involvement
M34.82	Systemic sclerosis with myopathy
M34.83	Systemic sclerosis with polyneuropathy
M34.89	Other systemic sclerosis
M34.9	Systemic sclerosis, unspecified
Q82.2	Mastocytosis

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