

Medical Policy
Phototherapy and Photochemotherapy for Dermatologic Conditions

Document Number: 011

	Commercial and Connector/Qualified Health Plans	MassHealth
Authorization required Photochemotherapy UVB Excimer Laser Therapy	X	X
No Prior Authorization Phototherapy Narrow Band UVB Phototherapy Photodynamic Therapy ¹	X	X

Overview

The purpose of this document is to describe the guidelines AllWays Health Partners utilizes to determine medical appropriateness for phototherapy, photochemotherapy, photochemotherapy excimer laser therapy, and photodynamic therapy. The treating specialist must request prior authorization for photochemotherapy and excimer laser therapy.

Coverage Guidelines

AllWays Health Partners covers phototherapy, photochemotherapy, excimer laser therapy, and photodynamic therapy¹ for the treatment of certain skin conditions, or cancers, when such treatment is recommended by the member’s primary care physician or dermatologist. In addition, photochemotherapy, and excimer laser therapy must meet the medical necessity criteria indicated below.

UVA, UVB Phototherapy, and Narrow Band UVB Phototherapy are covered without prior authorization as reflected in the table listed above.

UVB Photochemotherapy

AllWays Health Partners covers medically necessary UVB Photochemotherapy (using petrolatum/mineral oil and generally, narrow band UVB) up to three times per week for up to three months for the following conditions characterized by thickened plaque or scale:

- Atopic dermatitis (eczema)
- Cutaneous T Cell Lymphoma (CTCL)
- Lichen planus
- Pityriasis lichenoides chronica
- Pityriasis lichenoids et varioliformis acutae (PLEVA)
- Psoriasis

¹ Only covered for specific conditions for the treatment of an actinic keratosis, a malignant neoplasm of the skin, or a carcinoma in situ of the skin. Photodynamic therapy is not a covered benefit for any other diagnosis. Photodynamic therapy does not require prior authorization when used for the treatment of covered conditions.



When, except for CTCL, one of the following has been met:

1. Moderate to severe disease with 10% or greater body surface area involvement; or
2. In extenuating circumstances: site involvement (scalp, palms, soles); or
3. A two-week trial of at least one of the following therapies has failed:
 - a. Topical or oral corticosteroids
 - b. Topical calcipotriene
 - c. Topical calcineurin inhibitors²
 - d. Topical tazarotene¹

AllWays Health Partners covers maintenance treatments when documentation shows that the skin condition has been treated successfully and requires continued maintenance (psoriasis and CTCL). Up to 30 additional treatments per 12-month period. Further authorizations will be reviewed on a case by case basis.

UVA Photochemotherapy or PUVA (the use of psoralen with UVA phototherapy)

AllWays Health Partners covers medically necessary PUVA for new lesions up to three times per week for up to three months, for the following conditions:

- Atopic dermatitis (eczema) after failing narrow band UVB therapy
- Cutaneous T-Cell Lymphoma (CTCL)
- Granuloma Annulare- Generalized variant
- Lichen planus after failing narrow band UVB therapy
- Pityriasis lichenoides chronica after failing narrow band UVB therapy
- Pityriasis lichenoides et varioliformis acuta (PLEVA) after failing narrow band UVB phototherapy
- Psoriasis after failing narrow band UVB therapy
- Vitiligo on the face, anterior neck and/or hands after failing narrow band UVB phototherapy
- Urticaria Pigmentosa in conjunction with cromoglycates, antihistamines, or leukotriene modifying agents

When, except for CTCL, one of the following has been met:

1. Moderate to severe disease with 10% or greater body surface area involvement; or
2. In extenuating circumstances: Site involvement (scalp, palms, soles); or
3. A two-week trial of at least one of the following therapies has failed:
 - a. Topical or oral corticosteroids
 - b. Topical calcipotriene
 - c. Topical calcineurin inhibitors¹
 - d. Topical tazarotene¹

AllWays Health Partners covers maintenance treatments when documentation shows that the skin condition has been treated successfully and requires continued maintenance (psoriasis and CTCL). Up to 30 additional treatments per 12-month period.

² Medications may be subject to step therapy through the pharmacy program.

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UVB Excimer Laser Therapy

AllWays Health Partners covers medically necessary UVB excimer laser treatment for psoriasis when:

1. The psoriasis covers less than or equal to 5% of the total body surface area; and
2. A two-month trial of at least two of the following therapies has failed:
 - a. Topical or oral corticosteroids
 - b. Topical calcipotriene
 - c. Topical calcineurin inhibitors²
 - d. Topical tazarotene²

Initial authorization is limited to 15 treatments, and if significant improvement is demonstrated, up to 15 additional treatments may be authorized.

Exclusions

AllWays Health Partners does not provide coverage for photochemotherapy, UVB excimer laser treatments, or photodynamic therapy for conditions that do not meet the criteria noted above.

Definitions

Excimer Laser Therapy: Treatment by emitting light of wavelength 308 nm and is thus similar to the 311 nm of the established narrow band (NB) UVB therapy.

Phototherapy: The exposure to nonionizing radiation for therapeutic benefit. It may involve exposure to ultraviolet A, wavelength 320-400 nanometers (UVA), ultraviolet B, wavelength 290-300 nanometers (UVB), narrow band UVB, wavelength 311-313 nanometers (NB UVB), or various combinations of UVA and UVB radiation.

Photochemotherapy: The therapeutic use of radiation in combination with a photosensitizing chemical. Treatment with these modalities may involve partial or whole-body exposure.

Photodynamic Therapy: Targeted therapy, which uses a light-sensitive drug that is activated inside the body by laser light to kill cells.

CPT/HCPC Codes

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

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

January 2019: Annual Update. Under UVB Excimer Laser Therapy, changed trial from 3 months to 2 months. References updated.
 April 2018: Added procedure codes.
 December 2017: Annual Update
 July 2017: Added clarifying sentence on page 1: *“UVA and UVB Phototherapy are covered without prior authorization as reflected in the table listed above.”* Edited two conditions under UVA Photochemotherapy or PUVA to read *after failing narrow band UVB phototherapy.*
 April 2017: Annual Update.
 April 2016: Annual Update.
 April 2015: Annual Update.
 April 2014: Annual Update.
 April 2013: Annual update, modified coverage conditions, and conventional therapy. Removed Vitiligo as a covered condition.
 November 2011: Effective date.

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