



BlueCross BlueShield of Vermont

An Independent Licensee of the Blue Cross and Blue Shield Association.

Light Therapy for Vitiligo Corporate Medical Policy

File name: Light Therapy for Vitiligo

File code: UM.SURG.10

Origination: 08/2016

Last Review: 09/2017

Next Review: 09/2018

Effective Date: 08/01/2018

Description/Summary

Vitiligo is an idiopathic skin disorder that causes depigmentation of sections of skin, most commonly on the extremities. Topical corticosteroids, alone or in combination with topical vitamin D₃ analogs, are a common first-line treatment for vitiligo. Alternative first-line therapies include topical calcineurin inhibitors, systemic steroids, and topical antioxidants. Treatment options for vitiligo recalcitrant to first-line therapy include, among others, ultraviolet B light box therapy and psoralen plus ultraviolet A (PUVA).

Policy

Coding Information

There is no specific CPT code for laser therapy for vitiligo. It should currently be reported using an unlisted CPT code (96999), but the CPT codes for laser therapy for psoriasis (96920-96922) might be used.

[Click the links below for attachments, coding tables & instructions.](#)

[Attachment I- Code Table & Instructions](#)

[Attachment II - ICD-CM-10 Coding Table](#)

When a service may be considered medically necessary

Psoralen plus ultraviolet A for the treatment of vitiligo which is not responsive to other forms of conservative therapy (eg, topical corticosteroids, coal/tar preparations, and ultraviolet light) may be considered **medically necessary**.

When a service is considered investigational

Targeted phototherapy is considered **investigational** for the treatment of vitiligo.

Policy Guidelines

During a course of psoralen plus ultraviolet A (PUVA) therapy, the patient needs to be assessed on a regular basis to determine the effectiveness of the therapy and the development of side effects. These evaluations are essential to ensure that the exposure dose of radiation is kept to the minimum compatible with adequate control of disease. Therefore, PUVA is generally not recommended for home therapy.

Reference Resources

1. Whitton ME, Pinart M, Batchelor J, et al. Interventions for vitiligo. *Cochrane Database Syst Rev.* 2015;2:CD003263. PMID 25710794
2. Sun Y, Wu Y, Xiao B, et al. Treatment of 308-nm excimer laser on vitiligo: A systemic review of randomized controlled trials. *J Dermatolog Treat.* Jan 30 2015:1-7. PMID 25428573
3. Yang YS, Cho HR, Ryou JH, et al. Clinical study of repigmentation patterns with either narrow-band ultraviolet B (NB-UVB) or 308 nm excimer laser treatment in Korean vitiligo patients. *Int J Dermatol.* 2010 49(3):317-323.
4. Nistico S, Chiricozzi A, Saraceno R, et al. Vitiligo treatment with monochromatic excimer light and tacrolimus: results of an open randomized controlled study. *Photomed Laser Surg.* 2012;30(1):26-30.
5. Njoo MD, Spuls PI, Bos JD, et al. Nonsurgical repigmentation therapies in vitiligo. *Arch Dermatol.* 1998;134(12):1532-1540.
6. Yones SS, Palmer RA, Garibaldinos TM, et al. Randomized double-blind trial for treatment of vitiligo. *Arch Dermatol.* 2007;143(5):578-584.
7. Gawkrödger DJ, Ormerod AD, Shaw L, et al. Guideline for the diagnosis and management of vitiligo. *Br J Dermatol.* 2008;159(5):1051-1076.
8. Taieb A, Alomar A, Bohm M, et al. Guidelines for the management of vitiligo: the European Dermatology Forum consensus. *Br J Dermatol.* Jan 2013;168(1):5-19. PMID 22860621

Document Precedence

Blue Cross and Blue Shield of Vermont (BCBSVT) Medical Policies are developed to provide clinical guidance and are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. The applicable group/individual contract and member certificate language, or employer's benefit plan if an ASO group, determines benefits that are in effect at the time of service. Since medical practices and knowledge are constantly evolving, BCBSVT reserves the right to review and revise its medical policies periodically. To the extent that there may be any conflict between medical policy and contract/employer benefit plan language, the member's contract/employer benefit plan language takes precedence.

Audit Information

BCBSVT reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in the medical policy. If an audit identifies instances of non-compliance with this medical policy, BCBSVT reserves the right to recoup all non-compliant payments.

Administrative and Contractual Guidance

Benefit Determination Guidance

Prior approval is required and benefits are subject to all terms, limitations and conditions of the subscriber contract.

Incomplete authorization requests may result in a delay of decision pending submission of missing information. To be considered complete, see policy guidelines above.

An approved referral authorization for members of the New England Health Plan (NEHP) is required. A prior approval for Access Blue New England (ABNE) members is required. NEHP/ABNE members may have different benefits for services listed in this policy. To confirm benefits, please contact the customer service department at the member's health plan.

Federal Employee Program (FEP): Members may have different benefits that apply. For further information please contact FEP customer service or refer to the FEP Service Benefit Plan Brochure. It is important to verify the member's benefits prior to providing the service to determine if benefits are available or if there is a specific exclusion in the member's benefit.

Coverage varies according to the member's group or individual contract. Not all groups are required to follow the Vermont legislative mandates. Member Contract language takes precedence over medical policy when there is a conflict.

If the member receives benefits through an Administrative Services Only (ASO) group, benefits may vary or not apply. To verify benefit information, please refer to the member's employer benefit plan documents or contact the customer service department. Language in the employer benefit plan documents takes precedence over medical policy when there is a conflict.

Policy Implementation/Update information

08/2016	New Policy. Adopted BCBSA MPRMP# 2.01.86
09/2017	Policy reviewed no changes in policy statement.

Eligible providers

Qualified healthcare professionals practicing within the scope of their license(s).

Approved by BCBSVT Medical Directors Date Approved

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Attachment I
Code Table & Instructions

Code Type	Number	Description	Policy Instructions
CPT®	96912	Photochemotherapy; psoralens, and ultraviolet A (PUVA)	Prior Approval Required.
CPT®	96999	Unlisted special dermatological service or procedure	Suspend for Medical Review
HCPCS	J8999	Prescription drug, oral, chemotherapeutic, not otherwise specified	Suspend for Medical Review

Attachment II
ICD-CM-10 Coding Table

Code	Description
L80	Vitiligo