



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: 07/2020
Next Review: 07/2021
Effective Date: 10/01/2020 Policy Archived

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 analogues, are common first-line treatments 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). Targeted phototherapy is also being evaluated.

For individuals who have vitiligo who receive targeted phototherapy, the evidence includes systematic reviews of randomized controlled trials. Relevant outcomes are change in disease status, quality of life, and treatment-related morbidity. The studies tend to have small sample sizes, and few were designed to isolate the effect of laser therapy. Two meta-analyses were attempted; however, results from a metaanalysis could not be verified because the selected studies were not available in English, and one estimate was imprecise due to the small number of studies and participants. There is a lack of clinical trial evidence that compares this technique with more conservative treatments or no treatment/placebo. The evidence is insufficient to determine the effects of the technology on health outcomes.

For individuals who have vitiligo who have not responded to conservative therapy who receive PUVA (photochemotherapy), the evidence includes systematic reviews and randomized control trials. Relevant outcomes are change in disease status, quality of life, and treatment-related morbidity. There is some evidence from randomized studies, mainly those published before 1985, that PUVA is more effective than placebo for treating vitiligo. When compared with narrowband ultraviolet B in meta-analyses, results have shown that patients receiving narrowband ultraviolet B experienced higher rates of repigmentation than patients receiving PUVA, though the differences were not statistically significant. Based on the available evidence and clinical guidelines, PUVA may be considered in patients with vitiligo who have not responded adequately to conservative therapy. The evidence is sufficient to determine that the technology results in a meaningful improvement in the net health outcome.

Policy

Coding Information

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.

When a service is not covered (Benefit exclusion)

Light box therapy for vitiligo is considered to be cosmetic and therefore are a benefit exclusion.

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.

Rationale/Scientific Background

This policy mirrors that of the Blue Cross and Blue Shield Association Policy 2.01.86 Light Therapy for Vitiligo.

Reference Resources

1. Blue Cross and Blue Shield Association Policy MPRM 02.01.86 Targeted Phototherapy and Psoralen with Ultraviolet A for Vitiligo. Last updated 01/2020.

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.

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.
01/2019	Policy reviewed. No changes in policy statement. Light box therapy wording updated to align with certificate language. References updated.
07/2020	Policy archived effective 10/01/2020- Refer to Corporate Medical Policy Light Therapy for Dermatologic Conditions.

Eligible providers

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

Approved by BCBSVT Medical Directors

Date Approved

Joshua Plavin, MD, MPH, MBA
Chief Medical Officer

Kate McIntosh, MD, MBA, FAAP
Senior Medical Director

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