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Light Therapy for Dermatologic Conditions Corporate Medical Policy

File Name: Light Therapy for Dermatologic Conditions

File Code: 2.01.VT47

Origination: 08/2016

Last Review: 03/2021

Next Review: 03/2022

Effective Date: 07/01/2021

Description/Summary

Light therapy for psoriasis includes both targeted phototherapy with narrowband UVB (NB-UVB) and photo chemotherapy with psoralen plus ultraviolet A (PUVA) or narrow band ultraviolet B (NB-UVB) alone or in combination with tar. Targeted phototherapy describes the use of ultraviolet light that can be focused on specific body areas or lesions. PUVA uses a psoralen derivative in conjunction with long wavelength ultraviolet A (UVA) light (sunlight or artificial) for photo chemotherapy of skin conditions. NB-UVB is also used in patients with extensive disease.

The evidence for targeted phototherapy in patients who have mild psoriasis is limited. Relevant outcomes are symptoms, change in disease status, quality of life, and treatment-related morbidity. Based on this review, evidence is lacking for the use of targeted phototherapy for the first-line treatment of mild psoriasis. The evidence is insufficient to determine the effects of the technology on health outcomes.

The evidence for targeted phototherapy in patients who have moderate-to-severe psoriasis includes randomized controlled trials (RCTs) and systematic reviews. Relevant outcomes are symptoms, change in disease status, quality of life, and treatment-related morbidity. The literature supports the use of targeted phototherapy for the treatment of moderate-to-severe psoriasis comprising less than 20% body surface area for which narrowband ultraviolet B or photo chemotherapy with PUVA are indicated, and for the treatment of mild-to-moderate localized psoriasis that is unresponsive to conservative treatment. The evidence is sufficient to determine qualitatively that the technology results in a meaningful improvement in the net health outcome.

The evidence for PUVA in patients who have moderate-to-severe psoriasis includes RCTs and systematic reviews. Evidence for NB-UVB includes RCTs and systematic reviews. UVB appears to have a lower long-term risk than PUVA. Relevant outcomes are symptoms, change in disease status, quality of life, and treatment-related morbidity. Evidence from RCTs suggests that office-based PUVA is at least as effective as narrowband ultraviolet B and broadband ultraviolet A for patients with moderate-to-severe psoriasis. In addition, PUVA for severe treatment-resistant

psoriasis is well-accepted and is recommended by the American Academy of Dermatology. The evidence is sufficient to determine qualitatively that the technology results in a meaningful improvement in the net health outcome.

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 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](#)

When a service may be considered medically necessary

Photochemotherapy with psoralen plus ultraviolet A (PUVA) treatment may be considered **medically necessary** for the following conditions:

- Severe, disabling psoriasis, that is unresponsive to other forms of conservative therapy (eg, topical corticosteroids, coal/tar preparations and ultraviolet light)
- Severe refractory atopic dermatitis, that is unresponsive to other forms of conservative therapy (eg, topical corticosteroids, coal/tar preparations and ultraviolet light)
- Severe refractory pruritis that is unresponsive to other forms of conservative therapy (eg, topical corticosteroids, coal/tar preparations and ultraviolet light)
- Cutaneous T-cell lymphoma (eg. Mycosis Fungoides and Sezary Syndrome)
- Vitiligo that is unresponsive to other forms of conservative therapy (eg, topical corticosteroids, coal/tar preparations, ultraviolet light)

Ultraviolet B Phototherapy (UVB) treatment (which may be administered by broadband lightbox, narrowband lightbox or narrowband laser) may be considered **medically necessary** for the following conditions:

- Mild-to-moderate psoriasis that is unresponsive to conservative treatment
- Moderate-to-severe psoriasis
- Severe refractory atopic dermatitis that is unresponsive to other forms of conservative therapy (eg, topical corticosteroids and coal/tar preparations)
- Severe refractory pruritis that is unresponsive to other forms of conservative therapy (eg, topical corticosteroids and coal/tar preparations)
- Cutaneous T-cell lymphoma (eg. Mycosis Fungoides and Sezary Syndrome)
- Vitiligo that is unresponsive to other forms of conservative therapy (eg, topical corticosteroids) or when >10% body surface area is involved

Targeted Phototherapy treatment may be considered **medically necessary** for the following conditions:

- Mild-to-moderate psoriasis that is unresponsive to conservative treatment
- Moderate-to-severe localized psoriasis (ie. comprising less than 20% body surface area) for which PUVA or NB-UVB are indicated
- Cutaneous T-cell lymphoma (eg. Mycosis Fungoides and Sezary Syndrome)

Ultraviolet Light Systems for Home Use (HCPCS codes E0691- E0694) may be considered **medically necessary** when all of the following are met:

- Member has one of the following conditions:
 - Extensive psoriasis defined as more than 5% of the body surface area affected. Extensive involvement of the palms or soles would be considered sufficient for coverage; **OR**
 - Severe atopic dermatitis; **OR**
 - Severe pruritis; **OR**
 - Cutaneous T-cell lymphoma; **OR**
 - Vitiligo that is unresponsive to other forms of conservative therapy or when >10% body surface area is involved; **AND**
- Condition is considered a refractory disease, defined as failure of adequate trials of topical regimens (unmanageable or resistant to treatment); **AND**
- Member initially requires ultraviolet light treatments at least 3 times a week and has demonstrated improvement with initial treatment in either the provider's office or facility, for the previous two months; **AND**
- Light therapy treatment is prescribed by a dermatologist

When a service is not medically necessary

Light therapy alone for actinic keratosis is **not medically necessary**.

Note: Photodynamic therapy for actinic keratosis is covered in the BCBSVT Dermatologic Applications of Photodynamic Therapy policy.

The use of home-based psoralens with Ultraviolet light A (PUVA) is **not medically necessary**.

Light therapy is considered **not medically necessary** for all other indications not listed above.

When a service is considered investigational

Targeted phototherapy is considered **investigational** for the following indications:

- first-line treatment of mild psoriasis.
- generalized psoriasis or psoriatic arthritis.
- treatment of vitiligo.

Policy Guidelines

Disease severity is minimally defined by body surface area (mild psoriasis affects less than 5% of the body's surface area, moderate psoriasis affects 5% to 10%, and severe disease affects more than 10% body surface area). However, lesion characteristics (eg, location and severity of erythema, scaling, induration, pruritus) and impact on quality of life are also taken into account (see references 1-3). For example, while a handprint is equal to approximately 1% body surface area, lesions on the hands, feet, or genitalia that cause disability may be classified as moderate-to-severe. The Psoriasis Area and Severity Index (PASI) may be used as an outcome measure in clinical research. Clinical assessment of disease severity is typically qualitative.

CPT[®] codes 96920-96922 specifically describe ultraviolet light laser treatment for inflammatory disease (psoriasis) according to the surface area of skin treated (total area <250 cm², 250 cm²-500 cm², >500 cm²).

The laser treatment codes are distinct from the CPT[®] codes that describe the dermatologic use of ultraviolet light, also known as action -therapy (96900), and photo chemotherapy (96910-96913).

Established treatments for psoriasis include use of topical ointments and ultraviolet light ("light lamp") treatments. Lasers and targeted ultraviolet B (UVB) lamps are considered equivalent devices; targeted UV devices are comparable with UV light panels for treatment purposes. First-line treatment of UV-sensitive lesions may involve around 6 to 10 office visits; treatment of recalcitrant lesions may involve around 24 to 30 office visits.

Maintenance therapy or repeat courses of treatment may be required.

During a course of PUVA therapy, the patient needs to be assessed on a regular basis to determine the effectiveness of the therapy and the development of adverse 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.

Background, Regulatory Status, and Rationale

This policy aligns with the Blue Cross and Blue Shield Association Policy 2.01.47 on Light Therapy for Psoriasis.

Reference Resources

1. Blue Cross and Blue Shield Association Medical Policy MPRM 2.01.47 - Light Therapy for Psoriasis - ARCHIVED. Last Reviewed 2/2021. Accessed 3/2021.
2. Blue Cross and Blue Shield Association Medical Policy MPRM 02.01.86 - Targeted Phototherapy and Psoralen with Ultraviolet A for Vitiligo. Last Reviewed 1/2021. Accessed 3/2021. Management of atopic dermatitis: safety and efficacy

of phototherapy. Clin Cosmet Investig Dermatol. 2015; 8: 511-520.

3. NCCN Guidelines Version 2.2020. Primary Cutaneous Lymphomas. Accessed 4/10/2020.
4. Jacob J, Pona A, Cline A, Feldman S. Home UV Phototherapy. Dermatol Clin. 2020 Jan;38(1):109-126. doi: 10.1016/j.det.2019.09.001. PMID: 31753183.

Related Policy

Cosmetic and Reconstructive Procedures
Dermatologic Applications of Photodynamic Therapy

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 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 language, the member's contract 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 for services as outlined in this policy. Benefits are subject to all terms, limitations and conditions of the subscriber contract.

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 MPRM 2.01.47.
08/2017	Policy statements remain unchanged. Updated coding table with descriptors and added ICD-10 CM code ranged to individual codes.
10/2018	Policy updated to reflect alignment with the BCBSA MPRM 2.01.47
06/2019	Added language around narrowband UVB and PUVA phototherapy. Added codes 96910 & 96913 to require prior approval.
06/2020	Policy renamed from Light Therapy for Psoriasis to New name: Light Therapy for Dermatologic Conditions Addition of indications for eczema/atopic dermatitis, pruritus, cutaneous T-cell lymphoma. Phototherapy for Vitiligo consolidated with this policy. References updated. Light therapy for Vitiligo added to this policy and the policy will be archived. Removed ICD-10-CM Table.
03/2021	Policy reviewed. References reviewed. Added indications for Ultraviolet Light Systems for Home Use: severe atopic dermatitis, severe pruritus, cutaneous t-cell lymphoma and vitiligo. Added requirement for home light therapy treatment to be prescribed by a dermatologist. Removed vitiligo as cosmetic and a benefit exclusion language. Added: “Light therapy is considered not medically necessary for all other indications not listed above.”

Health Care Procedure Coding System (HCPCS) codes related to chemotherapy drugs, drugs administered other than oral method, and enteral/parenteral formulas may be subject to National Drug Code (NDC) processing and pricing. The use of NDC on medical claims helps facilitate more accurate payment and better management of drug costs based on what was dispensed and may be required for payment. For more information on BCBSVT requirements for billing of NDC please refer to the provider portal <http://www.bcbsvt.com/provider-home> latest news and communications.

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®	96900	Actinotherapy (ultraviolet light)	Prior Approval Required
CPT®	96910	Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B	Prior Approval Required
CPT®	96912	Photochemotherapy; psoralens, and ultraviolet A (PUVA)	Prior Approval Required
CPT®	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	Prior Approval Required
CPT®	96920	Laser treatment for inflammatory skin disease (psoriasis); total area less	Prior Approval Required
CPT®	96921	Laser treatment for inflammatory skin disease (psoriasis); total area 250-500 sq	Prior Approval Required
CPT®	96922	Laser treatment for inflammatory skin disease (psoriasis); total area over 500 sq cm	Prior Approval Required
CPT®	96999	Unlisted special dermatological service or procedure	Suspend for Medical Review
HCPCS	E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 square feet or less	Prior Approval is not required when the purchase price is under the outlined thresholds
HCPCS	E0692	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 foot panel	Prior Approval is not required when the purchase price is under the outlined thresholds
HCPCS	E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 foot panel	Prior Approval is not required when the purchase price is under the outlined thresholds

HCPCS	E0694	Ultraviolet multidirectional light therapy system in 6 foot cabinet, includes bulbs/lamps, timer and eye protection	Prior Approval is not required when the purchase price is under the outlined thresholds
HCPCS	J8999	Prescription drug, oral, chemotherapeutic, not otherwise specified	Unlisted code will suspend for medical review