



**ULTRAVIOLET LIGHT THERAPY
FOR TREATMENT OF SKIN CONDITIONS
HS-174**



Harmony Behavioral Health, Inc.

Harmony Behavioral Health of Florida, Inc.

Harmony Health Plan of Illinois, Inc.

HealthEase of Florida, Inc.

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**Ultraviolet Light Therapy for
Treatment of Skin Conditions**

Policy Number: HS-174

Original Effective Date: 6/17/2010

Revised Date(s): 8/2/2011

DISCLAIMER

The Clinical Coverage Guideline is intended to supplement certain standard WellCare benefit plans. The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this Clinical Coverage Guideline. When a conflict exists between the two documents, the Member's Benefit Plan always supersedes the information contained in the Clinical Coverage Guideline. Additionally, Clinical Coverage Guidelines relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

BACKGROUND

Phototherapy (e.g., actinotherapy) is defined as exposure to non-ionizing, ultraviolet (UV) radiation for therapeutic benefit. It involves exposure to type A ultraviolet (UVA) radiation or type B ultraviolet (UVB) radiation or various combinations of UVA and UVB. The differences in these ultraviolet light forms are the length of the waves. UVA wavelength is 320-400 nanometers [nm], broadband (bb) UVB is 290–320 nm and narrowband (nb) UVB is 311–312 nm. The longer wavelengths emit a lower energy level. UVA bulbs, for example, are used in tanning beds for cosmetic effects because they promote tanning using lower energy with less erythema than UVB. Photochemotherapy is exposure to UVA radiation following administration of a psoralen (e.g., methoxsalen, trioxsalen) given orally, topically, or in a bath.

POSITION STATEMENT

Psoralen with Ultraviolet A (PUVA) **is considered medically necessary** in the treatment of any of the following conditions:

- 696.2 Acute/chronic pityriasis lichenoides; **OR**,
- 691.8 Atopic dermatitis; **OR**,
- 692.9 Eczema; **OR**,
- 697.0 Lichen planus; **OR**,
- 202.1 Mycosis fungoides (cutaneous T-cell lymphoma); **OR**,
- 696.1 Psoriasis; **OR**,
- 103.2 and 709.01 Vitiligo.

Ultraviolet A or B therapy **is considered medically necessary** in the treatment of any of the following conditions:

- 691.8 Atopic dermatitis; **OR**,
- 708.8 Chronic urticaria; **OR**,
- 692.9 Eczema; **OR**,
- 697.0 Lichen planus; **OR**,
- 202.1 Mycosis fungoides (cutaneous T-cell lymphoma); **OR**,
- 696.2 Pityriasis lichenoides; **OR**,
- 696.3 Pityriasis rosea; **OR**,
- 698.9 Pruritus of renal failure; **OR**,
- 696.1 Psoriasis; **OR**,
- 103.2 and 709.01 Vitiligo

The use of Psoralen with Ultraviolet A (PUVA) **is considered NOT medically necessary** for all other conditions not mentioned above.

Ultraviolet A or B therapy **is considered NOT medically necessary** for all other conditions not listed above.

CODING

CPT © Codes

- 96900** Actinotherapy (ultraviolet therapy)
- 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) [when specified as PUVA]

ICD-9 Procedure

99.82 Ultraviolet light therapy (actinotherapy)

HCPCS © Codes - Not applicable to this policy

ICD-9-CM Diagnosis codes covered when the criteria above has been met.

103.2 Vitiligo; Pinta, late lesions
202.10 - 202.18 Mycosis fungoides; Cutaneous T-Cell Lymphoma
691.8 Atopic dermatitis and related conditions
692.9 Contact dermatitis and other eczema
696.1 Other Psoriasis, except arthropathic
696.2 Parapsoriasis; Pityriasis lichenoides
696.3 Pityriasis rosea
697.0 Lichen planus
698.9 Uremic Pruritus; Pruritus associated with renal failure
708.8 Chronic Urticria
709.01 Vitiligo

*Current Procedural Terminology (CPT) 2010 American Medical Association: Chicago, IL.®©

REFERENCES

Peer Reviewed

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2. Hayes Directory. Ultraviolet B Phototherapy for Vitiligo. February 26, 2010.
3. Leung DY, Nicklas RA, Li JT, et al.. Disease management of atopic dermatitis: an updated practice parameter. Joint Task Force on Practice Parameters. Ann Allergy Asthma Immunol. 2004; 93(3 Suppl 2):S1-21.
4. Menter A, Gottlieb A, Feldman SR, et al. Guidelines of care for the management of psoriasis and psoriatic arthritis: Section 1. Overview of psoriasis and guidelines of care for the treatment of psoriasis with biologics. J Am Acad Dermatol. 2008; 58(5):826-850.
5. Whitton ME, Ashcroft DM, Barrett C W, Gonzalez U. Interventions for vitiligo. Cochrane Database of Systematic Reviews 2006, Issue 1. Art. No.: CD003263.

Government Agencies, Professional and Medical Organizations

1. Centers for Medicare and Medicaid Services (CMS). National Coverage Determination for Treatment of Psoriasis (250.1).

HISTORY AND REVISIONS

Date	Action
12/1/2011	• New template design approved by MPC.
8/2/2011	• Approved by MPC. No changes.