Ultraviolet Light Therapy for Treatment of Skin Conditions

Policy Number: HS-174

Original Effective Date: 6/17/2010


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.
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.

Note: The lines of business (LOB) are subject to change without notice; consult www.wellcare.com/Providers/CCGs for list of current LOBs.

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. Photothermolysis is exposure to UVA radiation following administration of a psoralen (e.g., methoxsalen, trioxsalen) given orally, topically, or in a bath.1

Phototherapy and PDT

Phototherapy is exposure to nonionizing radiation for therapeutic benefit and can include visible light, PDT, photothermolysis, and laser therapy. Specifically, visible light phototherapy utilizes ultraviolet-free light within the visible spectrum, such as blue light (405-420 nm), red light (635 nm), blue and red visible light (415-660 nm). PDT involves a 2-step process: a photosensitizer application via oral, topical or intravenous route; activation of photosensitizer with specific wavelength of visible light in the presence of oxygen. Phototherapy (light therapy) involves the use of nonionizing radiation to destroy the bacteria associated with the production of inflammatory acne lesions and to reduce follicular hyperproliferation and excess sebum production by damaging the pilosebaceous unit, which is also involved in creation of inflammatory and noninflammatory acne lesions. Phototherapy is intended as an alternative to topical or systemic treatments for acne vulgaris.2

National and Professional Organizations

The Food and Drug Administration (FDA) has approved different phototherapy devices specifically indicated for treating mild to moderate inflammatory acne vulgaris. Some devices deliver blue, green, and yellow light phototherapy; photothermolysis devices; intense pulsed dye lasers; and near-infrared lasers. Several phototherapy devices received 510(k) approval, such as the ClearLight™ System (CureLight Ltd.), Smoothbeam™ Diode Laser System (Candela Corp.), Aesthera Photopneumatic™ (PPx™) System (Aesthera Corp.), Dermillume™ Pro 1000 (Care Electronics, Inc.), CoolTouch CT3™ (Cool Touch Inc.), and Aramis™ (Quantel Derma).3

In 2007, guidelines for the management of acne were issued by the American Academy of Dermatologists (AAD) / American Academy of Dermatological Association (AADA). Both report that topical therapy and systemic antibiotics are a standard of care for the treatment of acne vulgaris. Although recommendations for different treatment options for acne vulgaris were defined, no specific treatment protocols for phototherapy as a treatment intervention for acne vulgaris were provided. An update to the 2007 guideline is expected in November 2014.4

The Institute for Clinical Systems Improvements (ICSI) recommends the use of topical retinoid and antimicrobial agents is an effective treatment for acne vulgaris. ICSI notes a lack of evidence to support the safety and efficacy of phototherapy for acne; this includes the use of blue light and PDT with and without pretreatment with topical medications.5
The British Association of Dermatologists (BAD) notes that evidence suggests the efficacy of topical PDT for actinic keratoses, Bowen’s disease and superficial basal cell carcinoma and nodular basal cell carcinoma.¹

**POSITION STATEMENT**

**Applicable To:**
- Medicaid – All Markets
- Medicare – All Markets

NOTE: Cross referenced with HS 258 : Acne Related Procedures.

Psoralen with Ultraviolet A (PUVA) **is considered medically necessary** in the treatment of any of the following conditions:
- Acute/chronic pityriasis lichenoides; OR,
- Atopic dermatitis; OR,
- Eczema; OR,
- Lichen planus; OR,
- Mycosis fungoides (cutaneous T-cell lymphoma); OR,
- Psoriasis*; OR,
- Vitiligo

* Coverage for treatment of intractable, disabling psoriasis that has not responded to more conventional treatment.⁷

Ultraviolet A or B therapy **is considered medically necessary** in the treatment of any of the following conditions:
- Atopic dermatitis; OR,
- Chronic urticaria; OR,
- Eczema; OR,
- Lichen planus; OR,
- Mycosis fungoides (cutaneous T-cell lymphoma); OR,
- Pityriasis lichenoides; OR,
- Pityriasis rosea; OR,
- Pruritus of renal failure; OR,
- Psoriasis; OR,
- Vitiligo

**Exclusions**

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.

Light therapy **is considered experimental and investigational** for the treatment of acne or acne scarring when using the following:
- Psoralens and ultraviolet A light (PUVA)
- Blue Light Therapy
- ClearLight Acne PhotoClearing System
- Omnilux Blue Photo Dynamic Therapy
- Topical aminolevulinic acid (Levulan Kerastick)
• Candela Smooth Beam Laser System / fractional photothermolysis
• Intense pulsed light
• Photodynamic therapy (PDT) with topical 5-Aminolevulinic Acid (5-ALA or Levulan)
• Home based ultraviolet therapy
• Any type of treatment or procedure related to light therapy 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]

HCPCS © Codes
A4633  Replacement bulb/lamp for ultraviolet light therapy system, each
E0691  Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 square feet or less
E0692  Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; 4 ft panel
E0693  Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; 6 ft panel
E0694  Ultraviolet multidirectional light therapy system in 6 ft cabinet, includes bulbs/lamps, timer and eye protection

ICD-9 Procedure Codes
99.82  Ultraviolet light therapy (actinotherapy)

DRAFT ICD-10-PCS Codes (Inpatient Only)
6A800ZZ Extracorporeal therapies, physiological systems, ultraviolet light therapy, skin, single
6A801ZZ Extracorporeal therapies, physiological systems, ultraviolet light therapy, skin, multiple

Covered ICD-9-CM Diagnosis codes
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 Urticaria
709.01  Vitiligo

Draft ICD-10-CM Diagnosis Codes
A67.2  Late lesions of pinta
C84.00 - C84.08 Mycosis fungoides
L20.0 - L20.9 Atopic dermatitis
L23.9, L24.9, L25.9, L30.0, L30.2, L30.8, L30.9  Dermatitis, unspecified cause
L25.0 - L25.9 Unspecified contact dermatitis
L29.9  Pruritus
L40.0 - L40.9 Psoriasis
L41.0 - L41.9 Parapsoriasis
L42 Pityriasis rosea
L43.0 - L43.9 Lichen planus
L50.6 Contact urticaria
L50.8 Other urticaria
L66.1 Lichen planopilaris
L80 Vitiligo
L94.5 Poikiloderma vasculare atrophicans


REFERENCES

MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

Date Action
5/7/2015 • Approved by MPC. No changes.
9/4/2014 • Approved by MPC. Enhanced types of therapies.
6/5/2014, 6/6/2013, 6/7/2012 • Approved by MPC. No changes.
12/1/2011 • New template design approved by MPC.
8/2/2011 • Approved by MPC. No changes.