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 (CCG) is intended to supplement certain standard WellCare benefit plans and aid in administering benefits. Federal and state law, contract language, etc. take precedence over the CCG (e.g., Centers for Medicare and Medicaid Services [CMS] National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). 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 CCG. Additionally, CCGs relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for the treatment and recommendations provided to the member. The application of the CCG is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations, and any state-specific Medicaid mandates. Links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change. Lines of business are also subject to change without notice and are noted on www.wellcare.com. Guidelines are also available on the site by selecting the Provider tab, then "Tools" and "Clinical Guidelines".

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. Photo-chemotherapy 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.

**Excimer Laser Therapy.** Phototherapy with the 308-nanometer wavelength xenon chloride excimer laser produces high ultraviolet B energy that is delivered precisely to vitiligo patches (depigmented areas), with the goal of achieving more rapid regimentation than is achieved with standard phototherapy. The excimer laser is also efficacious for treatment of plaque psoriasis. While there are different regimens, excimer laser therapy is generally given twice weekly, with or without topical drugs. The dermatologist treats outpatients for up to 6 months. Each treatment takes only a few minutes. There are several manufacturers of excimer lasers, including some specifically approved for the treatment of vitiligo by the Food and Drug Administration. Excimer laser therapy is intended for any member with vitiligo, especially those with moderate-to-severe disease, although it appears to be most efficacious on the face and neck than on other areas of the body.

**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.), DermiLume™ Pro 1000 (Care Electronics, Inc.), CoolTouch CT3™ (Cool Touch Inc.), and Aramis™ (Quantel Derma).

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.

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.

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.

**POSITION STATEMENT**

**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.

The use of the Excimer laser therapy is considered NOT medically necessary for all other conditions not listed below.

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.

**Coverage**

**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.

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

Excimer laser therapy is considered medically necessary when BOTH of the following criteria are met:

1. Member has one of the following diagnosis:
   a. psoriasis that is limited to less than or equal to 10% of the member's body surface area; OR,
   b. Vitiligo; AND,
2. The member has failed a previous two-month long trial of conservative therapy with topical agents, with or without standard non-laser ultraviolet light therapy
ULTRAVIOLET LIGHT THERAPY FOR TREATMENT OF SKIN CONDITIONS

HS-174

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)
96920  Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm
96921  Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm
96922  Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm

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 sq ft 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-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

ICD-10-CM Diagnosis Codes
A67.2  Late lesions of pinta
C84.00 - C84.09  Mycosis fungoides, unspecified site (C84.00)
L20.0 - L20.9  Atopic dermatitis, unspecified (L20.9)
L25.0 - L25.9  Unspecified contact dermatitis due to cosmetics (L25.0)
L29.9  Pruritus, unspecified
L40.0 - L40.9  Psoriasis vulgaris (L40.0)
L41.0 - L41.9  Pityriasis lichenoides et varioliformis acuta (L41.0)
L42  Pityriasis rosea
L43.0 - L43.9  Hypertrophic lichen planus (L43.0)
L50.6  Contact urticaria
L50.8  Other urticaria
L66.1  Lichen planopilaris
L80  Vitiligo
L94.5  Poiklioderma vasculare atrophicans

ICD-10-PCS (Inpatient Only)
Refer to the following ICD-10-PCS table for specific PCS assignment based on physician documentation.

NOTE:  Per ICD-10-PCS Coding Guidelines, "ICD-10-PCS codes are composed of seven characters. Each character is an axis of classification that specifies information about the procedure performed. Within a defined code range, a character specifies the same type of information in that axis of classification. One of 34 possible values can be assigned to each axis of classification.

OH5  Med/Surg Skin and Breast, Destruction

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member's benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal / state laws.
REFERENCES


MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

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<td>7/6/2017</td>
<td>• Approved by MPC. Combined information from retired Excimer Laser Therapy for Skin Conditions: HS-173.</td>
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<td>9/27/2016, 5/7/2015</td>
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<td>9/4/2014</td>
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