

# Ultraviolet Light (Including Laser) Therapy for Skin Conditions



## Medical Coverage Policy

Original Effective Date: 03/27/2008

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Policy Number: CLPD-0302-005

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**Change Summary:** Updated Disclaimer, Description, Coverage Determination, Background, Medical Alternatives, Medical Terms, References

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### Disclaimer

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, take precedence over clinical policy and must be considered first in determining eligibility for coverage. Coverage may also differ for our Medicare and/or Medicaid members based on any applicable Centers for Medicare & Medicaid Services (CMS) coverage statements including National Coverage Determinations (NCD), Local Medical Review Policies (LMRP), and/or Local Coverage Determinations. See the CMS web site at <http://www.cms.hhs.gov/>. The member's health plan benefits, in effect on the date services are rendered, must be used. Clinical policy is not intended to preempt the judgment of the reviewing Medical Director or dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in rendering the most appropriate care. Identification of selected brand names of devices, tests, and procedures in a Medical Coverage Policy are for reference only and is not an endorsement of any one device, test or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Humana Inc.

### Description

Ultraviolet (UV) light therapy, including phototherapy and photochemotherapy is used for the treatment of certain skin conditions. It involves exposing an individual's skin to ultraviolet A (UVA) or ultraviolet B (UVB) radiation using a specialized light source. Additionally, targeted laser therapy may also be used to treat specific conditions, which have not responded to standard therapies.

**Phototherapy** utilizes UVB light, categorized as either wide-band or narrow-band, which refers to the wavelengths included in the UV light source. The Goeckerman regimen combines UVB treatments with coal tar applications.

**Photochemotherapy** utilizes UVA in conjunction with a photosensitizer called psoralen (also known as psoralen with Ultraviolet A, or PUVA for short). The photosensitizer is a medication that can be applied directly to the skin or taken orally and makes the skin more sensitive to the ultraviolet light. PUVA is

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usually a second-line treatment, reserved for patients who have failed to improve with conventional therapy. PUVA may be used to treat psoriasis, atopic dermatitis (eczema), vitiligo, and other conditions. Complications of PUVA may include skin damage, premature skin aging, cataracts and increased risk of melanoma and squamous cell carcinoma.<sup>1, 2</sup>

Examples of phototherapy and photochemotherapy devices include, but may not be limited to, ClearLight™, Daavlin Ultraviolet Phototherapy Cabinet, Derma-Wand®, Houva Phototherapy System with PhotoSense II™, LH-75T Phototherapy System, Lumenis BClear UVB Phototherapy System, Multiclear XL, Phototherapeutix, and TheraLight™ (VersaClear™ Skin Therapy System).

Another variation of phototherapy is photodynamic therapy, also known as blue light therapy, which utilizes the application of a topical agent such as Levulan® that is then activated by light energy. The light energy causes the release of oxygen molecules, which is reported to have the biologic effect of killing the bacteria responsible for acne and other skin conditions (**see Coverage Limitations section**).

Phototherapy and photochemotherapy are generally performed in physician offices or other outpatient settings. There are also UVB phototherapy devices available for home use.

Examples of home phototherapy devices include, but may not be limited to, Dermelight 80, DermaPal, Foldalite-III, Hand/Foot II, Handisol™, Home UVB Light Source (Jordan Light®), Panosol II™, SolRx Series, Spectra Series, and Uvisol.

**Laser therapy** provides intense, targeted UVB light to a limited area of skin, providing the potential benefit of more rapid clinical response from the more targeted therapy while avoiding the side effects of ultraviolet light exposure to unaffected skin. This laser therapy is usually provided by either an excimer laser or a pulsed dye laser. The excimer laser device utilizes xenon-chloride to emit a wavelength of 308 nanometers (nm), which is similar to the light in narrowband UVB units. The pulsed-dye lasers emit short bursts of high-intensity yellow light (wavelength of 585 nm) that destroy the targeted tissue.

Examples of excimer laser devices include, but may not be limited to, XTRAC™ Excimer Laser Treatment System, Surgilight EX-308 Excimer Laser System

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and BClear™ Targeted PhotoClearing System. Examples of pulsed dye laser include, but may not be limited to, C-beam Pulsed Dye Laser System, PhotoGenica V Star and PhotoGenica V lasers.

**Note:** This policy does not address treatment for acne, actinic keratosis, or neonatal jaundice. For information regarding the treatment of those conditions please refer to [Acne Treatment](#) Medical Coverage Policy, [Actinic Keratoses Treatments](#) Medical Coverage Policy, or [Durable Medical Equipment \(DME\)](#) Medical Coverage Policy.

### Coverage Determination

Humana members may be eligible under the Plan for **office-based phototherapy (UVB)** after failure or intolerance of, or contraindication to treatment using conventional medical management for the following indications:

- Eczema (atopic dermatitis); **OR**
- Eosinophilic folliculitis; **OR**
- Lichen planus; **OR**
- Parapsoriasis; **OR**
- Photodermatoses; **OR**
- Pityriasis lichenoides; **OR**
- Pityriasis rosea; **OR**
- Pruritus; **OR**
- Psoriasis.

Humana members may be eligible under the Plan for **office-based photochemotherapy (PUVA)** after failure or intolerance of or contraindication to treatment using conventional medical management for the following indications:

- Eczema (atopic dermatitis); **OR**
- Eosinophilic folliculitis; **OR**
- Lichen planus; **OR**
- Mycosis fungoides; **OR**
- Parapsoriasis; **OR**
- Photodermatoses; **OR**
- Pityriasis lichenoides; **OR**
- Pruritus; **OR**

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- Psoriasis; **OR**

Humana members **MAY** be eligible under the Plan for **UVB laser therapy** for the following indications:

- Mild to moderate psoriasis, covering less than 10% of the individual's body surface area; **AND**
- Failure of a two-month trial of conservative treatment with topical medications and/or non-laser ultraviolet light therapy.

Humana members **MAY** be eligible under the Plan for **home phototherapy (UVB)** for individuals with severe psoriasis with a history of frequent flares who are unable to attend on-site (in office) therapy. **All requests for home phototherapy require review by a Regional Medical Director (RMD).**

**Note:** To qualify for home services, members must be confined to the home, or the condition is such that leaving the home for required services would require considerable effort, impose significant hardship, or expose the patient to undesirable risk.

**Note:** This criteria for **ultraviolet light (including laser) therapy for psoriasis treatment** is not consistent with the Medicare National Coverage Policy, and therefore may not be applicable to Medicare members. Refer to the CMS web site at <http://www.cms.hhs.gov> for additional information.

### *Coverage Limitations*

Humana members may **NOT** be eligible under the Plan for **phototherapy, photochemotherapy (PUVA), or laser therapy** for any other indications other than those listed above, **OR** for **any other treatments**, including, but not limited to, the following:

- **Home phototherapy cabinets; OR**
- **Tanning beds for home UVB phototherapy; OR**
- **Photodynamic therapy**, with or without the use of topical agents, for the above listed skin conditions.

These technologies are considered experimental/investigational or **NOT** medically necessary if they are not utilized in accordance with nationally recognized standards of medical practice and/or identified as safe, widely used

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and generally accepted as effective for the proposed use as reported in nationally recognized peer-reviewed medical literature published in the English language.

Humana members may **NOT** be eligible under the Plan for **phototherapy, photochemotherapy (PUVA), or laser therapy** when performed solely for cosmetic purposes (to improve or change your appearance or self-esteem). See [Cosmetic Surgery, Reconstructive Surgery, Scar Revision](#) Medical Coverage Policy.

Contraindications to phototherapy and photochemotherapy include the following:

- Breast-feeding (for photochemotherapy only)
- Lupus erythematosus
- Other disorders with significant light sensitivity (e.g., albinism)
- Xeroderma pigmentosum.<sup>3</sup>

## **Background**

You can learn more about **eczema, psoriasis, and other skin conditions** from the following sites:

- American Academy of Dermatology - <http://www.aad.org/>
- National Eczema Association - <http://www.nationaleczema.org>
- National Institute of Arthritis and Musculoskeletal and Skin Diseases - <http://www.niams.nih.gov/>
- National Library of Medicine - <http://www.nlm.nih.gov>
- National Psoriasis Foundation - <http://www.psoriasis.org>

## **Medical Alternatives**

Alternatives to **phototherapy, photochemotherapy (PUVA), UVA or UVB therapy, or laser therapy** include but may not be limited to the following:

- Prescription drug therapy may be appropriate for this condition.

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To make the best health decision for your individual needs, consult your physician.

**Provider Claims Codes** All provider claims codes surrounding this topic may not be included in the following table:

CPT® Codes	Description	Comments
96567	Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions of the skin and adjacent mucosa (e.g., lip) by activation of photosensitive drug(s), each phototherapy exposure session	<b>Not Covered for certain skin conditions</b> <b>Refer to Actinic Keratoses Treatment Medical Coverage Policy</b>
96900	Actinotherapy (ultraviolet light)	<b>Not Covered for acne</b> <b>Refer to Acne Treatment Medical Coverage Policy</b>
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	

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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	
<b>Category III CPT® Codes</b>	<b>Description</b>	<b>Comments</b>
	No codes identified	
<b>HCPCS® Codes</b>	<b>Description</b>	<b>Comments</b>
A4633	Replacement bulb/lamp for ultraviolet light therapy system, each	<b>Not Covered</b>
E0691	Ultraviolet light therapy system panel, includes bulbs/lamps, timer, and eye protection; treatment area 2 sq. ft. or less	<b>Not Covered for acne and other certain skin conditions</b> <b>Refer to Acne Treatment Medical Coverage Policy</b>
E0692	Ultraviolet light therapy system panel, includes bulbs/lamps, timer, and eye protection, 4 ft. panel	<b>Not Covered for acne and other certain skin conditions</b> <b>Refer to Acne Treatment Medical Coverage Policy</b>

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E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer, and eye protection, 6 ft. panel	<b>Not Covered for acne and other certain skin conditions Refer to Acne Treatment Medical Coverage Policy</b>
E0694	Ultraviolet multidirectional light therapy system in 6 ft. cabinet, includes bulbs/lamps, timer, and eye protection	<b>Not Covered</b>
J7308	Aminolevulinic acid HC1 for topical administration, 20%, single unit dosage form (354 mg)	
<b>ICD-9© Procedure Codes</b>	<b>Description</b>	<b>Comments</b>
99.82	Ultraviolet light therapy Actinotherapy	<b>Not Covered for acne Refer to Acne Treatment Medical Coverage Policy</b>

**Medical Terms**

**Albinism** - Rare, genetic condition marked by little or none of the pigment melanin in the skin, hair, and/or eyes; may include vision problems, white hair, pink or blue eyes, and pale skin.

**Bacteria** - Large group of single-cell organisms that cause infections and disease in animals and humans.

**Cataracts** - Condition in which the lens of the eye clouds.

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**Chickenpox** - Usually considered a childhood disease; highly contagious and caused by the varicella-zoster virus; characterized by itchy, fluid-filled blisters on the skin.

**Chronic** - Continuing over a long time period or recurring frequently.

**Contraindication** - Reason why a test or treatment might be harmful to a patient's health or well-being and therefore should not be used.

**Erythematosus** - Chronic, inflammatory, connective tissue disease that can affect the joints and many organs, including the skin, heart, lungs, kidneys; marked by skin rashes, joint pain, fatigue.

**Genetic** - Study and science of heredity (how traits and characteristics are passed down from one generation to another, through the genes.)

**Immune System** - System that protects the body from invasion by foreign substances, such as bacteria and viruses, or transplanted organs.

**Mycosis Fungoides** - Type of non-Hodgkin's lymphoma that first appears on the skin and can spread to the lymph nodes or other organs.

**Nanometer** - Unit of length used to measure wavelengths of light.

**Non-Hodgkin's Lymphoma** - Group of cancers that affect the lymph nodes.

**Parapsoriasis** - Refers to one of a group of skin disorders that are characterized primarily by their resemblance to psoriasis.

**Photodermatoses** - Skin disease that is aggravated by the sunlight.

**Photosensitivity** - Condition in which the skin reacts abnormally to light; certain medications or toxins may increase the risk of this condition.

**Pigment** - Substance that gives color to the skin and hair.

**Pityriasis Lichenoides** - Disease of the immune system, characterized by rashes and small lesions on the skin; most common in males and usually occurs in childhood; often misdiagnosed as chickenpox.

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**Pityriasis Rosea** - Skin disease marked by patches of pink, oval rash; exact cause is not known, but is thought to be a non-contagious condition caused by a virus; appearance is similar to ringworm.

**Pruritus** - Itch or sensation that makes a person want to itch, that can result from a variety of skin conditions, including hives, eczema, or dry skin (such as seen in the winter-time).

**Ringworm** - Contagious fungal infection of the skin that results in raised, red swellings or lines that resemble burrowing worms.

**Topical** - Term that refers to the skin or body surfaces; a topical medication is one that is applied to the skin.

**Viruses** - A virus is a type of infectious agent that causes diseases such as chickenpox, measles, mumps, rubella, pertussis and hepatitis; viruses are not affected by antibiotics, the drugs used to kill bacteria.

**Vitiligo** - Progressive skin disorder caused by the localized or generalized destruction of melanocytes, resulting in partial or total loss or absence of pigmentation that is marked especially by white patches of skin.

**Xeroderma Pigmentosum** - A rare, genetic disorder, characterized by photosensitivity, premature skin aging, and dry, pigmented skin.

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<sup>2</sup> Milliman Care Guidelines<sup>®</sup> 15<sup>th</sup> Edition. Photochemotherapy, skin. Available at: <http://cgi.careguidelines.com/login-careweb.htm>. Accessed May 17, 2011.

<sup>3</sup> Ibid.