PURPOSE

This policy outlines guidelines and criteria for coverage determination of phototherapy for dermatological indications.

DESCRIPTION

Phototherapy is the use of ultraviolet (UV) radiation in the treatment of skin diseases. Phototherapy units depend on fluorescent lamps, and their output may differ (i.e. primarily UVB, UVA or visible light) depending on the phosphors used or filters applied. Phototherapy may be divided into sub-categories which have slightly different indications.

- Broadband UVB (BB-UVB, 290-320nm)
- Narrowband UVB (NB-UVB, wavelength 311-313nm)
- Photochemotherapy: PUVA (Psoralen with UVA, wavelength 320-400nm)
- Excimer laser (308nm)

Broadband UVB has been used for many years but has now largely been replaced by narrowband UVB, which is more effective at treating skin disease and less likely to result in phototoxic erythema (burning). Psoralen, either applied topically or taken as oral capsules, interacts with UVA to produce a therapeutic effect on inflammatory skin diseases – UVA on its own does little. While, PUVA is more effective than UVB therapy, it is more likely to cause skin cancer, especially squamous cell carcinoma. It is usually limited to a maximum of 100-200 treatments depending on skin type for that reason. In general, the same skin diseases may be treated with phototherapy using UVB or photochemotherapy (PUVA).

POSITION:
Virginia Premier Health Plan considers phototherapy to be medically necessary when prescribed by a dermatologist for the following indications.

**For Treatment of Psoriasis**

Ultraviolet B (UVB radiation) is considered medically necessary for the treatment of generalized psoriasis (>10% body surface area involved), including guttate psoriasis, that has been unresponsive to topical agents if the member does not have lupus erythematosus or xeroderma pigmentosum.

Narrowband UVB (NBUVB) is considered medically necessary for generalized or guttate psoriasis in pregnancy.

Topical targeted phototherapy (laser therapy or excimer laser) is medically necessary for psoriasis for members with mild, moderate, or severe psoriasis with <10% body surface area involvement.

Systemic psoralen plus ultraviolet A (PUVA) is medically necessary for adults with generalized psoriasis resistant to topical therapy who do not have lupus erythematosus, porphyria, xeroderma pigmentosum.

Topical psoralen plus ultraviolet A (topical PUVA) is indicated for adults with psoriasis on palms and soles or children with generalized psoriasis who do not have lupus erythematosus, porphyria, xeroderma pigmentosum.

**For Treatment of Lichen Planus**

Narrow-band ultraviolet B (NBUVB) is considered medically necessary for the treatment of severe, widespread (>15% body surface area) lichen planus which has been resistant to topical steroids.

Psoralen plus ultraviolet A (PUVA) may be used if NBUVB is contraindicated or not feasible.

**For Treatment of Vitiligo**

Narrowband ultraviolet B (NBUVB) is considered medically necessary for active or widespread (>15-20% body surface area) vitiligo.

Phototherapy with excimer laser or excimer lamp is considered medically necessary for localized vitiligo lesions, lesions in children, or patients with risks for full body irradiation with ultraviolet (UV), such as skin cancer.

Psoralen ultraviolet A (PUVA) is considered medically necessary for adults with generalized vitiligo who have tried and failed or have a contraindication to NBUVB or where NBUVB is not feasible.

**For Atopic Dermatitis**

Phototherapy is considered medically necessary for members with atopic dermatitis who have failed treatment with emollients, topical steroids, and topical calcineurin inhibitors.
For Morphea (Localized Scleroderma)

UVA1 phototherapy is considered medically necessary for the treatment of active, limited dermal morphea exhibiting lesion expansion, new lesions formation, or failure to improve with topical or intralesional therapy.

UVA1 is considered medically necessary as initial treatment for members with extensive dermal morphea.

Narrowband UVB or broadband UVA phototherapy may be used if UVA1 is not available or not feasible for the treatment of morphea.

For Pityriasis Lichenoides Chronica

Narrowband UVB or broadband UVB is considered medically necessary for the treatment of pityriasis lichenoides chronica which has failed to respond to a trial of topical corticosteroids and oral antibiotics.

For Lymphomatoid papulosis

Psoralen and UVA (PUVA) is considered medically necessary for the treatment of lymphomatoid papulosis which has failed to respond to a trial of methotrexate or when methotrexate is contraindicated. Narrowband UVB or UVA1 phototherapy may be administered as an alternative if PUVA is not available, feasible, or contraindicated.

For Pruritus

Phototherapy is considered medically necessary for the treatment of pruritus which has failed a thirty-day trial of at least two of the following:
- Antihistamine
- Opioid receptor antagonists
- Opioid receptor agonist
- Antidepressants
- Anticonvulsant

CODING

CPT

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<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>96900</td>
<td>Ultraviolet light therapy</td>
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<tr>
<td>96910</td>
<td>Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B</td>
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<tr>
<td>96912</td>
<td>Photochemotherapy; psoralens and ultraviolet A (PUVA)</td>
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<tr>
<td>96913</td>
<td>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)</td>
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<tr>
<td>96920</td>
<td>Ultraviolet light laser treatment for inflammatory disease, &lt;250 cm²</td>
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Ultraviolet light laser treatment for inflammatory disease, 250 - 500 cm²
Ultraviolet light laser treatment for inflammatory disease, > 500 cm²
Unlisted special dermatological service or procedure

ICD-10 Diagnosis

- L43 lichen planus
  - L43.0 hypertrophic lichen planus
  - L43.1 bullous lichen planus
  - L43.2 lichenoid drug reaction
  - L43.3 subacute (active) lichen planus
  - L43.8 other lichen planus
  - L43.9 lichen planus, unspecified
- L40 psoriasis
  - L40.0 psoriasis vulgaris
  - L40.1 generalized pustular psoriasis
  - L40.2 acrodermatitis continua
  - L40.3 pustulosis palmaris et plantaris
  - L40.4 guttate psoriasis
  - L40.8 other psoriasis
  - L40.9 psoriasis, unspecified
- L20 atopic dermatitis
  - L20.0 Besnier's prurigo
  - L20.8 other atopic dermatitis
  - L20.9 atopic dermatitis, unspecified
- L80 vitiligo

REFERENCES

2) Usatine RP, Tinitigan M. Diagnosis and treatment of lichen planus. Am Fam Physician. 2011 Jul 1;84(1):53-60
3) CMS 1500 Claim From and UB 04 From Instructions and Guide http://www.cms1500claimbilling.com/2017/03/cpt-code-96910-96912-96920.html Accessed on 1/12/2021
5) Gawkrodger DJ, Ormerod AD, Shaw L, et al; Therapy Guidelines and Audit Subcommittee, British Association of Dermatologists, Clinical Standards Department, Royal College of Physicians of
8) www.uptodate.com article on UVB therapy and UVA therapy accessed 3/16/2021

### Related Documents

<table>
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<tr>
<th>MPP 139 Ultraviolet Light Therapy Delivery Devices for Home Use</th>
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### Revision History

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