Medical Policy

Light Therapy for Psoriasis

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Policy Number: 698
BCBSA Reference Number: 2.01.47
NCD/LCD: National Coverage Determination (NCD) for Treatment of Psoriasis (250.1)

Related Policies
- Phototherapy: PUVA and UV-B, #059

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity
Medicare HMO BlueSM and Medicare PPO BlueSM Members

PUVA for the treatment of severe, disabling psoriasis, which is not responsive to other forms of conservative therapy (eg, topical corticosteroids, coal/tar preparations, and ultraviolet light), may be considered MEDICALLY NECESSARY.

Targeted phototherapy may be considered MEDICALLY NECESSARY for the treatment of moderate to severe localized psoriasis (ie, comprising less than 20% body area) for which NB-UVB or PUVA are indicated.

Targeted phototherapy may be considered MEDICALLY NECESSARY for the treatment of mild to moderate localized psoriasis that is unresponsive to conservative treatment.

Targeted phototherapy is considered INVESTIGATIONAL for the first-line treatment of mild psoriasis.

Targeted phototherapy is considered INVESTIGATIONAL for the treatment of generalized psoriasis or psoriatic arthritis.

Medicare HMO BlueSM and Medicare PPO BlueSM Members

Indications and Limitations of Coverage
Psoriasis is a chronic skin disease, for which several conventional methods of treatment have been recognized as covered. These include topical application of steroids or other drugs; ultraviolet light (actinotherapy); and coal tar alone or in combination with ultraviolet B light (Goeckerman treatment).
A newer treatment for psoriasis uses a psoralen derivative drug in combination with ultraviolet A light, known as PUVA. PUVA therapy is covered for treatment of intractable, disabling psoriasis, but only after the psoriasis has not responded to more conventional treatment. The Medicare Administrative Contractor should document this before paying for PUVA therapy.

In addition, reimbursement for PUVA therapy should be limited to amounts paid for other types of photochemotherapy; ordinarily, payment should not be allowed for more than 30 days of treatment, unless improvement is documented.

**National Coverage Determination (NCD) for Treatment of Psoriasis (250.1)**


**Prior Authorization Information**

Pre-service approval is required for all inpatient services for all products. See below for situations where prior authorization may be required or may not be required.

| Commercial Managed Care (HMO and POS) | No |
| Commercial PPO and Indemnity | No |
| Medicare HMO BlueSM | No |
| Medicare PPO BlueSM | No |

**CPT Codes / HCPCS Codes / ICD-9 Codes**

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member’s contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The above medical necessity criteria MUST be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:

**CPT Codes**

<table>
<thead>
<tr>
<th>CPT codes:</th>
<th>Code Description</th>
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<tbody>
<tr>
<td>96912</td>
<td>Photochemotherapy; psoralens, and ultraviolet A (PUVA)</td>
</tr>
<tr>
<td>96920</td>
<td>Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm</td>
</tr>
<tr>
<td>96921</td>
<td>Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm</td>
</tr>
<tr>
<td>96922</td>
<td>Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm</td>
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</tbody>
</table>
The following ICD Diagnosis Codes are considered medically necessary when submitted with the CPT codes above if medical necessity criteria are met:

### ICD-9 Diagnosis Codes

<table>
<thead>
<tr>
<th>ICD-9-CM diagnosis codes:</th>
<th>Code Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>696.1</td>
<td>Psoriasis</td>
</tr>
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</table>

### ICD-10 Diagnosis Codes

<table>
<thead>
<tr>
<th>ICD-10CM diagnosis codes:</th>
<th>Code Description</th>
</tr>
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<tbody>
<tr>
<td>L40.0</td>
<td>Psoriasis Vulgaris</td>
</tr>
<tr>
<td>L40.1</td>
<td>Generalized Pustular Psoriasis</td>
</tr>
<tr>
<td>L40.2</td>
<td>Acrodermatitis Continua</td>
</tr>
<tr>
<td>L40.3</td>
<td>Pustulosis Palmaris Et Plantaris</td>
</tr>
<tr>
<td>L40.4</td>
<td>Guttate Psoriasis</td>
</tr>
<tr>
<td>L40.8</td>
<td>Other Psoriasis</td>
</tr>
<tr>
<td>L40.9</td>
<td>Psoriasis, unspecified</td>
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</tbody>
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**Description**

Light therapy for psoriasis includes both targeted phototherapy and photochemotherapy with psoralen plus ultraviolet A (PUVA). Targeted phototherapy describes the use of ultraviolet light that can be focused on specific body areas or lesions. PUVA uses a psoralen derivative in conjunction with long wavelength ultraviolet A (UVA) light (sunlight or artificial) for photochemotherapy of skin conditions.

**Background**

Psoralens with UVA uses a psoralen derivative in conjunction with long wavelength UVA light (sunlight or artificial) for photochemotherapy of skin conditions. Psoralens are tricyclic furocoumarins that occur in certain plants and can also be synthesized. They are available in oral and topical forms. Oral PUVA is generally given 1.5 hours before exposure to UVA radiation. Topical PUVA therapy refers to directly applying the psoralen to the skin with subsequent exposure to UVA light. Bath PUVA is used in some European countries for generalized psoriasis, but the agent used, trimethylpsoralen, is not approved by the U.S. Food and Drug Administration (FDA). Paint PUVA and soak PUVA are other forms of topical application of psoralen and are often used for psoriasis localized to the palms and soles. In paint PUVA, 8-methoxypsoralen (8-MOP) in an ointment or lotion form is put directly on the lesions. With soak PUVA, the affected areas of the body are placed in a basin of water containing psoralen. With topical PUVA, UVA exposure is generally administered within 30 minutes of psoralen application.

PUVA has most commonly been used to treat severe psoriasis, for which there is no generally accepted first-line treatment. Each treatment option (eg, systemic therapies such as methotrexate, phototherapy, biologic therapies) has associated benefits and risks. Common minor toxicities associated with PUVA include erythema, pruritus, irregular pigmentation, and gastrointestinal tract symptoms; these generally can be managed by altering the dose of psoralen or UV light. Potential long-term effects include photaging and skin cancer, particularly squamous cell carcinoma and possibly malignant melanoma. PUVA is generally considered more effective than targeted phototherapy for the treatment of psoriasis. However, the requirement of systemic exposure and the higher risk of adverse reactions (including a higher carcinogenic risk) have generally limited PUVA therapy to patients with more severe cases.

Potential advantages of targeted phototherapy include the ability to use higher treatment doses and to limit exposure to surrounding tissue. Broadband ultraviolet B (BB-UVB) devices, which emit wavelengths from 290 to 320 nm, have been largely replaced by narrowband (NB)-UVB devices. NB-UVB devices eliminate wavelengths below 296 nm, which are considered erythemogenic and carcinogenic but not
therapeutic. NB-UVB is more effective than BB-UVB and approaches PUVA in efficacy. Original NB-UVB devices consisted of a Phillips TL-01 fluorescent bulb with a maximum wavelength (lambda max) at 311 nm. Subsequently, xenon chloride (XeCl) lasers and lamps were developed as targeted NB-UVB treatment devices; they generate monochromatic or very narrow band radiation with a lambda max of 308 nm. Targeted phototherapy devices are directed at specific lesions or affected areas, thus limiting exposure to the surrounding normal tissues. They may therefore allow higher dosages compared with a light box, which could result in fewer treatments to produce clearing.

The original indication of the excimer laser was for patients with mild to moderate psoriasis, defined as involvement of less than 10% of the skin. Typically, these patients have not been considered candidates for light box therapy, because the risks of exposing the entire skin to the carcinogenic effects of UVB light may outweigh the benefits of treating a small number of lesions. Newer XeCl laser devices are faster and more powerful than the original models, which may allow treatment of patients with more extensive skin involvement, 10% to 20% of body surface area. The American Academy of Dermatology does not recommend phototherapy for patients with mild localized psoriasis whose disease can be controlled with topical medications. (1) A variety of topical agents are available including steroids, coal tar, vitamin D analogs (eg, calcipotriol and calcitriol), tazarotene, anthralin).

Summary
Targeted phototherapy describes the use of ultraviolet light that can be focused on specific body areas or lesions. The literature supports the use of targeted phototherapy for the treatment of moderate to severe psoriasis comprising less than 20% body area for which narrowband ultraviolet B (NB-UVB) or photochemotherapy with psoralen plus ultraviolet A (PUVA) are indicated, and for the treatment of mild to moderate localized psoriasis that is unresponsive to conservative treatment. Based on this review, evidence is lacking for the use of targeted phototherapy for the first-line treatment of mild psoriasis or for the treatment of generalized psoriasis or psoriatic arthritis.

Evidence from randomized controlled trials suggests that PUVA is at least as effective as NB-UVB for patients with moderate to severe psoriasis. In addition, PUVA for severe treatment-resistant psoriasis is well-accepted and is recommended by the American Academy of Dermatology. There is a lack of evidence that home-based PUVA for treating psoriasis is as safe or effective as office-based treatment.

Policy History

<table>
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<tr>
<th>Date</th>
<th>Action</th>
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<tbody>
<tr>
<td>3/2015</td>
<td>New references added from BCBSA National medical policy.</td>
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<tr>
<td>3/2015</td>
<td>UV-B phototherapy indications clarified.</td>
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| 10/2014  | Language on Light Therapy for Psoriasis transferred from medical policy #059, Phototherapy to medical policy #698. Clarified:  
            o Treatment of vitiligo on the face, neck and hands transferred to medical policy #911, Light Therapy for Vitiligo.  
            o Home phototherapy for neonatal jaundice language removed, treatment is medically necessary.  
            o PUVA for graft versus host disease language for Medicare Advantage members removed. There is no Medicare Local Coverage Determination or National Coverage Determination. |
| 5/3/2012 | New references added from BCBSA National medical policy.               |
4/2010 BCBSA National policy references added with no change in policy statement.
6/2009 Clarified coverage for pityriasis lichenoides chronica.
11/2008 Added coverage for PUVA for dyshidrosis diagnosis.
4/2008 Added coverage for mild to moderate psoriasis that is unresponsive to conservative therapy and moderate to severe localized psoriasis, comprising less than 20% body areas.
12/2006 Coverage indications for UVB were clarified. Clarified coverage exclusion of xenon chloride excimer laser for phototherapeutic treatment of psoriasis.
1/2005 Clarified coverage statement for PUVA treatment for graft-versus-host disease for Medicare HMO Blue members.
2/1999 Added coverage for home UV-B booth for patients with severe psoriasis who require frequent ultraviolet light treatments but are unable to travel. Effective 3/1/1999.
8/1998 Clarified billing information for the following forms of phototherapy: lamp, light panel, or special blanket.
8/1997 Added coverage for PUVA treatment for graft-versus-host disease for Medicare HMO Blue members.

Information Pertaining to All Blue Cross Blue Shield Medical Policies
Click on any of the following terms to access the relevant information:
Medical Policy Terms of Use
Managed Care Guidelines
Indemnity/PPO Guidelines
Clinical Exception Process
Medical Technology Assessment Guidelines

References