Phototherapy: Light Therapy and Home Phototherapy for Dermatologic Conditions

Policy Number:	**M20130715057**
Effective Date:	**9/1/2013**
Sponsoring Department:	**Health Care Services**
Impacted Department(s):	**Health Care Services**

Type of Policy: ☒ Internal ☒ External

Data Classification: ☐Confidential ☐Restricted ☒Public

Applies to (Line of Business):

☐ Corporate (All)
☒ State Products, if yes which plan(s): ☒MediSource; ☒ MediSource Connect; ☒Child Health Plus; ☒Essential Plan
☒ Medicare, if yes, which plan(s): ☒MAPD; ☐PDP; ☒ISNP; ☒CSNP
☒ Commercial, if yes, which type: ☒Large Group; ☒Small Group; ☒Individual
☒ Self-Funded Services *(Refer to specific Summary Plan Descriptions (SPDs) to determine any pre-authorization or pre-certification requirements and coverage limitations. In the event of any conflict between this policy and the SPD of a Self-Funded Plan, the SPD shall supersede the policy.)*

Excluded Products within the Selected Lines of Business (LOB)

N/A

Applicable to Vendors? Yes ☐ No☒

Purpose and Applicability:

To set forth the medical necessity criteria for **light therapy** and home **phototherapy** for dermatologic conditions.

Policy:

Commercial, Self-Funded, and Medicare Advantage:

I. Light Treatment:

A. Ultraviolet A & B light therapy alone or in combination with other modalities is utilized for, but not limited to, the following indications:

- Severe **psoriasis**, eczema/atopic dermatitis, not responsive to topical or systemic drug therapies alone
- Cutaneous T-cell lymphoma;
- Vitiligo

B. Psoralen Ultraviolet A (PUVA) is utilized for the following:

- Severe, disabling psoriasis, not responsive to conservative therapy or UVB therapy;
- Severe, disabling eczema/atopic dermatitis, not responsive to conservative therapy or UVA/UVB therapy;
- Cutaneous T-cell lymphoma
- Vitiligo

C. Contraindications for PUVA:

- Xeroderma pigmentosum
- Disorders with significant light sensitivity (i.e., albinism)
- Lupus erythematosus
- Breast feeding
- Pregnancy
- Uremia and hepatic failure

** Pre-authorization is not required for PUVA or Ultraviolet A and/or B therapy.

II. Home phototherapy (UVB light therapy) is considered medically necessary for:

- Treatment of moderate-to-severe psoriasis with treatment documented for at least 6-12 months, and a history of frequent psoriasis flares that require home therapy for suppression; or
- Diagnosis of severe atopic dermatitis/eczema for Members who have failed first line therapies; and
- A history of prior UVB treatment that was effective in clearing the skin condition; and
- Communication from the Member's physician, which includes the following:
  - A statement of medical necessity for home therapy versus office-based therapy;
  - A description of the severity of psoriasis.
    Note: If the psoriasis involves the palms, soles, or intertriginous areas, this description should include the percentage of the affected area involved, and the associated disability.
  - A prescription from the physician describing the UVB exposure protocol.
  - A plan describing planned follow-up with the physician (i.e., the physician will need to see the patient periodically to determine effectiveness of therapy and the need for continuing treatment); and

- Patient has been trained in the use of UVB Phototherapy and understands the need to communicate with the physician regarding any unexpected side effects; and
- The patient is competent to use the treatment regimen appropriately; and
- The patient has failed treatment with multiple topical agents or developed side effects from such agents as documented by the treating physician.

MediSource, MediSource Connect, Child Health Plus and Essential Plan:
MediSource covers Ultraviolet B phototherapy for dermatologic conditions utilizing the criteria above.

MediSource covers photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B for diagnosis of Cutaneous T-Cell Lymphoma.

MediSource does not cover Ultraviolet Phototherapy Psoralen Ultraviolet A (PUVA) and home phototherapy.

Background:
Psoriasis is a common chronic skin disorder usually characterized by erythematous papules and plaques with a silver scale. Treating psoriasis is important for effective disease management, reducing risk for comorbidities and improving overall health and quality of life. There are several topical and systemic therapies are available for psoriasis treatment, including biologics, oral treatments, phototherapy, and topical treatments. Treatment options are selected on the basis of disease severity, relevant comorbidities, patient preference (including cost and convenience), efficacy, and evaluation of individual patient response.

Phototherapy is typically administered three times per week during the treatment phrase. Upon achievement of a satisfactory response, the frequency of treatment may be tapered to the lowest frequency required to maintain improvement. An alternative to office-based phototherapy is the use of a home UVB phototherapy unit prescribed by the treating clinician. Phototherapy involves exposing the skin to wavelengths of ultraviolet A light (UVA) or ultraviolet B light (UVB) under the supervision of a health care provider. Home phototherapy may be preferred by patients who are not in close proximity to an office-based phototherapy center, whose schedules do not permit frequent office visits, or for whom the costs of in-office treatment exceed those of a home phototherapy unit.

An evaluation of the peer-reviewed scientific literature, including but not limited to subscription materials, has provided Independent Health the basis for its medical necessity coverage outlined above.

Pre-Authorization Required? Yes ☐ No ☐ Other ☒

Preauthorization is required for home phototherapy treatment.
Pre-authorization is not required for office based PUVA or office based Ultraviolet A and/or B therapy.
Criteria above will be utilized upon retro-review.

Definitions

Light therapy is the controlled delivery of artificial UV light administered by a doctor. Types of light therapy include Ultraviolet B (UVB) phototherapy, and psoralen used with ultraviolet A (UVA) phototherapy (PUVA). Photodynamic Therapy (PDT) is a multi-step (usually 2 day) process that consists of the application of an intravenous drug, a topical photosensitizer cream or the administration of a light sensitizing liquid followed by a laser light source that activates the sensitizing agent.

Phototherapy (Actinotherapy) is the application of ultraviolet light. The treatment may involve exposure to ultraviolet B (UVB), ultraviolet A (UVA) or various combinations of UVB and UVA that is delivered using a broad or narrow-beamed laser.

Psoralen Ultraviolet A (PUVA) Therapy is the use of a drug in combination with ultraviolet "A" light. PUVA is also known as Photochemotherapy.

Psoriasis is a chronic inflammatory disorder of the skin that is characterized by patches, scaly plaques, and papules that are often painful or pruritic. Plaque psoriasis is the most common form of psoriasis, affecting 80% to 90% of patients with well-defined plaques that vary in size from one to several centimeters, and may range in severity from only a few plaques to plaques covering almost the entire body surface.

Vitiligo is a skin condition in which there is a loss of brown color [pigment] from areas of skin, resulting in irregular white patches of sun exposed regions (i.e., face, neck back of hands) – subject to severe sunburn and increased risk for skin cancer.

References

Related Policies, Processes and Other Documents

N/A

Non-Regulatory references

Elmets CA, Lim HW, Stoff B, et al. Joint American Academy of Dermatology-National Psoriasis Foundation guidelines of care for the management and treatment of psoriasis with phototherapy. J Am Acad Dermatol. 2019 Sep;81(3):775-804.

Goulden V, Ling TC, Babakinejad P, et al ; British Association of Dermatologists' Clinical Standards Unit. British Association of Dermatologists and British Photodermatology Group guidelines for narrowband ultraviolet B phototherapy 2022. Br J Dermatol. 2022 Sep;187(3):295-308.

Halpern SM, Anstey AV, Dawe RS, et al. Guidelines for topical PUVA: a report of a workshop of the British photodermatology group. Br J Dermatol. 2000 Jan;142(1):22-31.

Hayes, Inc. Evidence Analysis Research Brief Home Ultraviolet B Phototherapy for Psoriasis; Lansdale, PA: October 2023.

Hayes, Inc. Health Technology Brief Home Ultraviolet B Phototherapy for Psoriasis; Lansdale, PA: December 2013.

Hönigsmann H. UVB therapy (broadband and narrowband). In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. (Accessed on September 11, 2024).

Menter A, Korman NJ, Elmets CA, et al. Guidelines of care for the management of psoriasis and psoriatic arthritis. Section 5. Guidelines of care for the treatment of psoriasis with phototherapy and photochemotherapy. J Am Acad Dermatol. 2010 Jan;62(1):114-35.

National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) [web site]. Overview of Psoriasis.; Updated October 2023. Available at: http://www.niams.nih.gov/Health_Info/Psoriasis/default.asp Accessed September 11, 2024.

National Institute of Clinical Excellence (NICE) [web site]. Psoriasis: assessment and Management. CG153. 2012 Oct; updated 2017. Available at: https://www.nice.org.uk/guidance/cg153/resources/psoriasis-assessment-and-management-pdf-35109629621701 Accessed September 11, 2024.

Regulatory References

Centers for Medicare and Medicaid (CMS) [web site]. National Coverage Determination (NCD) for Treatment of Psoriasis (250.1). Available at: https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=88&ncdver=1&DocID=250.1&kq=true&bc=gAAAABAAAAAA& Accessed September 11, 2024.

Centers for Medicare and Medicaid (CMS) [web site]. National Coverage Determination (NCD) for Treatment of Actinic Keratosis (250.4). Available at: https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=129&ncdver=1&CoverageSelection=Both&ArticleType=All&PolicyType=Final&s=New+York+-+Upstate&KeyWord=actinic&KeyWordLookUp=Title&KeyWordSearchType=And&bc=gAAAABAAAAAAAA%3d%3d& Accessed September 11, 2024.

New York State Department of Health, Division of Managed Care Response to Coverage Question (CovQuest). Email response September 16, 2014.

New York State Department of Health, Division of Managed Care Response to Coverage Question (CovQuest). Email response November 3, 2016.

This policy contains medical necessity criteria that apply for this service. Please note that payment for covered services is subject to eligibility criteria, contract exclusions and the limitations noted in the member's contract at the time the services are rendered.

Version Control

Signature / Approval on File? Yes ☒ No☐

Revision Date	Owner	Notes
11/1/2024	Health Care Services	Reviewed
1/1/2024	Health Care Services	Revised
11/1/2023	Health Care Services	Reviewed
11/1/2022	Health Care Services	Reviewed
11/1/2021	Health Care Services	Reviewed
12/1/2020	Health Care Services	Revised
2/1/2020	Medical Management	Revised
3/1/2019	Medical Management	Reviewed
3/1/2018	Medical Management	Reviewed
3/1/2017	Medical Management	Revised
1/1/2017	Medical Management	Revised
1/1/2016	Medical Management	Revised
12/1/2014	Medical Management	Revised
2/1/2014	Medical Management	Revised