



Clinical Review Criteria Related to Photochemotherapy (PUVA) and Phototherapy

I. Criteria for Approval

- A. MHI considers Photochemotherapy (PUVA) for skin conditions medically necessary when conventional therapies have failed and the member has ONE of the following conditions.
1. MHI will allow an initial 36 visits without prior authorization for office or clinic based psoralens and ultraviolet light (PUVA).
 - a. Alopecia areata
 - b. Chronic palmoplantar pustulosis
 - c. Cutaneous T-cell lymphoma (mycosis fungoides)
 - d. Cutaneous manifestations of graft versus host disease
 - e. Eosinophilic folliculitis and other pruritic eruptions of HIV infection
 - f. Graft vs. host disease
 - g. Granuloma annulare
 - h. Morphea and localized skin lesions associated with scleroderma
 - i. Necrobiosis lipoidica
 - j. Photodermatoses
 - k. Pityriasis lichenoides
 - l. Severe lichen planus
 - m. Severe parapsoriasis
 - n. Severe refractory atopic dermatitis/eczema
 - o. Severe refractory pruritis of polycythemia vera
 - p. Severe urticaria pigmentosa (cutaneous mastocytosis)
 - q. Severely disabling psoriasis (i.e., psoriasis involving 10% or more of the body, or severe psoriasis involving, hands, feet, or scalp)
 - r. Vitiligo (widespread)
- B. Continued treatment requires prior authorization every 3 months which requires documentation of improvement.
- C. PUVA treatments are considered experimental/investigational for all other indications and are not covered for cosmetic purposes.
- D. MHI considers Phototherapy (UVA/UB) medically necessary when conventional therapies have failed and the member has ONE of the following conditions.
1. MHI will allow an initial 36 visits for office or clinic based Phototherapy treatments without prior authorization with **UVA and/or UVB** for these specific conditions.
 - a. Acne (severe)
 - b. Atopic dermatitis/eczema
 - c. Eosinophilic folliculitis and other pruritic eruptions of HIV infection
 - d. Lichen planus



- e. Parapsoriasis
- f. Photodermatoses
- g. Pityriasis lichenoides chronica
- h. Pityriasis rosea
- i. Pruritis
- j. Vitiligo of face, neck, and hands
- k. Psoriasis

E. Continued treatment requires prior authorization every 3 months which requires documentation of improvement.

CPT codes PUVA
96912
96913

CPT codes covered if criteria meet for UVA/UVB with additional topical coal tar
96900
96910
96913

II. What is Not Covered

- A. Phototherapy (including light boxes, panels, visors) are not covered for following conditions:
- 1. Jet lag
 - 2. Disorders related to shift work or irregular cycles
 - 3. Delayed or altered sleep phase syndromes
 - 4. Circadian rhythm disorders

REFERENCES

NCQA Standard, UM2, Clinical Criteria for Utilization Management Decisions, Element A

Photochemotherapy: Treatment of Psoriasis 250.1 (Rev.1,10-03-03) CIM 35-66
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[http://www.jaad.org/article/S0190-9622\(94\)70240-3/abstract](http://www.jaad.org/article/S0190-9622(94)70240-3/abstract)
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Sezer E, Erbil AH, Kurumulu Z, et al., Comparison of the efficacy of local narrowband ultraviolet B (NBUVB) phototherapy versus psoralen plus ultraviolet A (PUVA) paint for palmoplantar psoriasis. J Dermatol 2007; 34 (7):435-40.
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