

Clinical Review Criteria Related to Photochemotherapy (PUVA) and Phototherapy

I. Criteria for Approval

- A. Minuteman Health Insurance (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. Home PUVA treatment is considered experimental and investigational because of insufficient evidence of its safety and effectiveness.

- E. 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

II. Required Documentation

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

III. 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

IV. CPT/ ICD-10/ HCPCS Codes

Applicable Coding: Codes may not be all inclusive as the American Medical Association (AMA) code updates may occur more frequently or at different intervals than policy updates. These codes are not intended to be used for coverage determinations.

CPT Codes

CPT codes PUVA

96912

96913

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

96900

96910

96913

V.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

http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/ncd103c1_Part4.pdf

(Last Accessed 12/23/16)

Honig, Barbara, Morison, Warwick L. Karp, Debra, Photochemotherapy beyond Psoriasis November 1994 Journal of American Academy of Dermatology Vol 31, Issue 5, Part 1, Pages 775-790

[http://www.jaad.org/article/S0190-9622\(94\)70240-3/abstract](http://www.jaad.org/article/S0190-9622(94)70240-3/abstract)

(Last Accessed 12/23/16)

Sezer E, Erbil AH, Kurumulu Z, et al., Comparison of the efficacy of local narrowband ultraviolet B (NBUBV) phototherapy versus psoralen plus ultraviolet A (PUVA) paint for palmoplantar psoriasis. J Dermatol 2007; 34 (7):435-40.

<http://onlinelibrary.wiley.com/doi/10.1111/j.1346-8138.2007.00306.x/abstract>

(Last Accessed 12/23/16)

VI.Summary of Changes

04/13/2017

- New criteria under I., Criteria for Approval:
 - D. Home PUVA treatment is considered experimental and investigational because of insufficient evidence of its safety and effectiveness.

VII.Review Dates

HNE Review Dates: 2/11/2014, 4/8/2014, 4/14/2015, 4/12/16, 04/04/2017

MHI Review Dates: 01/01/2014, 10/23/2014, 07/02/2015, 4/21/2016, 04/13/2017