GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

SCOPE
X Professional
 _ Facility

DESCRIPTION
Ultraviolet (UV) light therapy, including phototherapy and photochemotherapy, is used for the treatment of certain skin conditions. It involves exposing an individual’s skin to ultraviolet A (UVA) or ultraviolet B (UVB) radiation using a specialized light source. Additionally, targeted laser therapy may also be used to treat specific conditions that have not responded to standard therapies.

Phototherapy utilizes UVB light, categorized as either wideband or narrowband, which refers to the wavelengths included in the UV light source. The Goeckerman regimen combines UVB treatments with coal tar applications.

Photochemotherapy (PUVA) involves administration of a phototoxic drug (e.g., Psoralen) along with subsequent exposure to UVA light. Psoralen makes the skin more sensitive to light, thus more responsive to UVA light therapy. Psoralen can be administered orally, applied topically, or in a Psoralen solution water bath. PUVA therapy is covered for treatment of intractable, disabling psoriasis, but only after the psoriasis has not responded to treatment that is more conventional. Complications of PUVA may include skin damage, premature skin aging, cataracts and increased risk of melanoma and squamous cell carcinoma.

Examples of phototherapy and photochemotherapy devices include, but may not be limited to, ClearLight, Daavlin Ultraviolet Phototherapy Cabinet, Derma-Wand, Houva Phototherapy System with PhotoSense II, LH-75T Phototherapy System, Lumenis BClear UVB Phototherapy System, Multiclear XL, Phototherapeutix and TheraLight (VersaClear Skin Therapy System).

Excimer laser is a form of ultraviolet laser proposed for the treatment of various dermatologic conditions including, atopic dermatitis, psoriasis and vitiligo. Laser therapy provides intense UVB light to a limited area of skin, providing the potential benefit of more rapid clinical response from targeted therapy while avoiding the side effects of ultraviolet light exposure to unaffected skin. Treatments are typically given two to three times a week on nonconsecutive days, last for 15-30 minutes and are given for 4–36 weeks resulting in improvement of the condition. Examples of excimer laser devices include, but may not be limited to, BClear Targeted PhotoClearing System, EX-308 Excimer Laser System, XTRAC Excimer Laser Treatment System and 308 Excimer System.
POLICY

HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage

Office-based Phototherapy (96900, 96910), Photochemotherapy (PUVA) (96912, 96913), & Excimer Laser (96920-96922) do not require prior authorization.

Refer to PG02383 Home Phototherapy for Dermatologic Conditions for coverage determination for codes E0691-E0694.

Refer to PG0308 Pulsed Dye Laser Therapy for Cutaneous Vascular Lesions for coverage determination for codes 17106-17108.

COVERAGE CRITERIA

HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage

Office-based UVB Phototherapy and Photochemotherapy (PUVA) is considered medically necessary after failure of, intolerance to, or contraindication to treatment using conventional medical management (topical or oral medication) for the following indications:

- Cutaneous manifestations of graft versus host disease
- Eczema (atopic dermatitis)
- Eosinophilic folliculitis
- Lichen planus
- Mycosis fungoides
- Parapsoriasis
- Photodermatoses
- Pityriasis lichenoides
- Pruritus (eg, symptom of underlying condition including, but may not be limited to, chronic renal failure, hepatic disease, malignancies, polycythemia vera)
- Psoriasis

Coverage limitations:

- Use of phototherapy and photochemotherapy is non-covered for cosmetic treatment, including alopecia areata and vitiligo.
- Use of phototherapy and photochemotherapy is non-covered in any setting for any other dermatologic condition because it is considered experimental, investigational, or unproven.
- The initial 30 days of treatment should result in a significant documented improvement to the target area and documentation must be provided to Paramount upon request.

Office-based Excimer Laser is covered for psoriasis when all of the following are met:

- Area for proposed treatment is less than 10% of the total body surface area.
- Documentation must indicate that prior to treatment the patient had a sub optimal response to an adequate trial (6 months of conservative therapy by a Dermatologist) of topical or intralesional therapy or otherwise had a medical contraindication to such treatment.
- Psoriasis plaques have been present and unchanged for a minimum of 2 months.
- Excimer laser device is FDA approved for treating psoriasis.

Coverage limitations:

- Use of excimer laser is non-covered for cosmetic treatment, including alopecia areata and vitiligo.
- Use of excimer laser is non-covered in any setting for any other dermatologic condition because it is considered experimental, investigational, or unproven, including atopic eczema, lichen planus, and onychomycosis.
- Restriction to practitioners with training in the surgical management of the disease.
- The initial course of treatment should result in a significant documented improvement to the target area and documentation must be provided to Paramount upon request. The use of standardized instruments, such as the PASI (Psoriasis Area and Sensitivity Index) score can be used to support the ongoing need for treatment.
A single course of treatment consists of a maximum of 10 sessions performed over three to four weeks, with a course of treatment administered no more frequently than once in a four-month period. A session should include all areas treated on a date of service.

CODING/BILLING INFORMATION
The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

<table>
<thead>
<tr>
<th>CPT CODES</th>
<th>Description</th>
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<tbody>
<tr>
<td>96900</td>
<td>Actinotherapy (ultraviolet light)</td>
</tr>
<tr>
<td>96910</td>
<td>Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B</td>
</tr>
<tr>
<td>96912</td>
<td>Photochemotherapy; psoralens and ultraviolet A</td>
</tr>
<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 medical dressings)</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>
</tr>
</tbody>
</table>

REVISION HISTORY EXPLANATION
ORIGINAL EFFECTIVE DATE: 04/15/2008
05/15/09: Updated
03/21/14: Excimer laser is now a covered service with prior authorization for Advantage and Elite members per TAWG review. Policy reviewed and updated to reflect most current clinical evidence.
02/26/15: Excimer laser for psoriasis is now a covered service without prior authorization for all product lines. Policy reviewed and updated to reflect most current clinical evidence per the Technology Assessment Working Group (TAWG).
05/26/17: Changed title from Excimer Laser to Phototherapy, Photochemotherapy, and Excimer Laser for Dermatologic Conditions. Added codes 96900, 96910, 96912, & 96913 as covered without prior authorization for all product lines. Policy reviewed and updated to reflect most current clinical evidence per the Technology Assessment Working Group (TAWG).
12/15/2020: Medical policy placed on the new Paramount Medical Policy Format

REFERENCES/RESOURCES
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid
American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
Industry Standard Review
Hayes, Inc.