Blue Cross and Blue Shield of Minnesota medical policies do not imply that members should not receive specific services based on the recommendation of their provider. These policies govern coverage and not clinical practice. Providers are responsible for medical advice and treatment of patients. Members with specific health care needs should consult an appropriate health care professional.

PHOTOTHERAPY FOR THE TREATMENT OF PSORIASIS

Description: Psoriasis is a chronic, recurring skin disorder characterized by red, scaly, skin plaques.

Treatment generally involves a step approach based on disease severity and response to treatment. Topical medications such as corticosteroids, vitamin D analogues, tars, tacrolimus, and retinoid derivatives are generally the first line of therapy. When patients have psoriasis that is refractory to topical treatment or too widespread for topical treatment, phototherapy may be used. Phototherapy includes:

- broad-band or narrow-band ultraviolet B light (NB-UVB)
- psoralens with ultraviolet A (PUVA), and
- targeted NB-UVB phototherapy, including excimer laser or lamp devices such as the XTRAC™ laser, and the VTRAC™, BClear™, and Excilite™ systems.

For patients who do not respond to phototherapy or who cannot comply with frequent phototherapy sessions, several systemic drugs such as cyclosporine, methotrexate, and acitretin, are available.

Biologics [e.g., alefacept (Amevive®), adalimumab (Humira®), etanercept (Enbrel®), infliximab (Remicade®), or ustekinumab (Stelera®)] are reserved for patients with chronic, moderate-to-severe plaque psoriasis who have failed to respond to topical or systemic antipsoriatic agents. Response to various therapeutic modalities often varies, even for different plaques on a single patient. Thus, multiple treatment options may be needed for patients with moderate to severe disease.

Policy: I. Ultraviolet B Phototherapy
The use of phototherapy with ultraviolet B may be considered
**MEDICALLY NECESSARY** for the treatment of the psoriasis in
the outpatient clinic setting OR in the home setting (when conducted under a physician’s supervision.)

II. Psoralens with Ultraviolet A (PUVA) Phototherapy
The use of PUVA may be considered MEDICALLY NECESSARY for the treatment of psoriasis when used in the clinic or outpatient setting under physician supervision.

III. Targeted Phototherapy
A. The use of targeted NB-UVB phototherapy (e.g., excimer laser or lamp devices) may be considered MEDICALLY NECESSARY for the treatment of localized psoriasis when the following criteria are met:
   1. Psoriasis affects \( \leq 10\% \) of the patient’s body surface area OR
   2. Psoriasis affects \( >10\% \) of the patient’s body surface area AND
      a. targeted phototherapy is being used to treat resistant localized lesions; AND
      b. a preceding two-month trial of conservative treatment with topical agents, with or without standard phototherapy (UVB or PUVA), has not provided adequate results.

B. The use of phototherapy to treat psoriasis is considered INVESTIGATIVE for all other indications including but not limited to treatment of generalized psoriasis or psoriatic arthritis. Evidence does not permit conclusions due to the lack of clinical evidence demonstrating its impact on improved health outcomes.

Coverage:
Blue Cross and Blue Shield of Minnesota medical policies apply generally to all Blue Cross and Blue Plus plans and products. Benefit plans vary in coverage and some plans may not provide coverage for certain services addressed in the medical policies.

Medicaid products and some self-insured plans may have additional policies and prior authorization requirements. Receipt of benefits is subject to all terms and conditions of the member’s summary plan description (SPD). As applicable, review the provisions relating to a specific coverage determination, including exclusions and limitations. Blue Cross reserves the right to revise, update and/or add to its medical policies at any time without notice.

For Medicare NCD and/or Medicare LCD, please consult CMS or National Government Services websites.

Refer to the Pre-Certification/Pre-Authorization section of the Medical Behavioral Health Policy Manual for the full list of services, procedures, prescription drugs, and medical devices that require Pre-certification/Pre-Authorization. Note that services with specific coverage criteria may be reviewed retrospectively to determine if
criteria are being met. Retrospective denial of claims may result if criteria are not met.

**Coding:**

The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

**CPT:**

96900 Actinotherapy (ultraviolet light)
96910 Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B
96912 Photochemotherapy; psoralens and ultraviolet A (PUVA)
96913 Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least four to eight hours of care under direct supervision of the physician
96920 Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm
96921 Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm
96922 Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm

**HCPCS:**

E0691 Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; treatment area 2 square feet or less
E0692 Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 foot panel
E0693 Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 foot panel
E0694 Ultraviolet multidirectional light therapy system in 6 foot cabinet, includes bulbs/lamps, timer and eye protection

**Policy History:**

Developed March 10, 2004

**Most recent history:**

Reviewed January 12, 2011
Reviewed January 11, 2012
Revised January 8, 2013
Reviewed/Updated, no policy statement changes January 8, 2014

**Cross Reference:**

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