Medica Central Coverage Policy

Policy Name:	**Light Treatment and Laser Therapies for Benign Dermatologic Condition MP9057**
Effective Date:	**08/01/2024**

Important Information - Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

Coverage Policy

Note: This policy is no longer scheduled for routine review of the scientific literature.

NOTE: This coverage policy does not address cosmetic indications. Cosmetic procedures are excluded from coverage. Light treatment and laser therapy for dermatologic conditions that are unrelated to an underlying medical condition are considered cosmetic and therefore NOT COVERED.

Light Treatments

1. **Phototherapy** (Ultraviolet A [UVA] and Ultraviolet B [UVB] phototherapie**s** are **COVERED** for the following dermatologic conditions:
   A. Papulosquamous disorders, such as:
      1. Lichen planus
      2. Pityriasis (e.g., pityriasis rosea; pityriasis rotunda)
      3. Psoriasis (UV-A; UV-B with or without topical coal tar administration)
   B. Superficial mycoses (e.g., dermatophytosis [ringworm])
   C. Atopic dermatitis (atopic eczema)
   D. Prapsoriasis
   E. Repigmentation of the skin in patients with vitiligo

UVA and UVB phototherapies are investigative and unproven and therefore **NOT COVERED** for

all other indications, including but not limited to, treatment of:
A. Acne vulgaris
B. Rosacea
C. Cholestasis of pregnancy
D. Granuloma annulare
E. Hydradenitis suppurativa
F. Lichen simplex chronicus
G. Morphea (localized scleroderma)
H. Papular urticaria
I. Pruritis scleroderma.

There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

2. **Photochemotherapy** (psoralen plus UV-A [PUVA]) is **COVERED** for the following dermatologic conditions:
   A. Papulosquamous disorders, such as:
      1. Lichenplanus
      2. Pityriasis (e.g., pityriasis rosea; pityriasis rotunda)
      3. Psoriasis
   B. Superficial mycoses (e.g., dermatophytosis [ringworm])
   C. Atopic dermatitis (atopic eczema)
   D. Prapsoriasis
   E. Repigmentation of the skin in patients with vitiligo

   PUVA is investigative and unproven and therefore **NOT COVERED** for all other indications, including but not limited to, treatment of acne vulgaris. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

3. **Photodynamic therapy (PDT)** (e.g., light treatment in conjunction with 5-aminolevulinic acid or methyl aminolevulinate) is **COVERED** for the treatment of actinic keratosis (AK), non-hyperkeratotic.
   A. Actinic keratosis (AK), non-hyperkeratotic

   PDT is investigative and unproven and therefore **NOT COVERED** for all other indications, including but not limited to the treatment of acne vulgaris. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

4. **Intense pulsed light phototherapy** is investigative and unproven and therefore **NOT COVERED** for treatment of all benign dermatological indications, including but not limited to:
   A. Papulosquamous disorders, including:
      1. Lichen planus
      2. Pityriasis (e.g., pityriasis rosea; pityriasis rotunda)
   B. Superficial mycoses (e.g., dermatophytosis [ringworm])
   C. Acne vulgaris
   D. Atopic dermatitis (atopic eczema)
   E. Rosacea

There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

Laser Therapies

1. **Laser therapy** is **COVERED** for treatment of:
   A. Localized plaque psoriasis
   B. Vitiligo
   C. Atopic dermatitis
   D. Port wine stain (nevus flammeus), including Sturge-Weber syndrome

   Laser therapy is investigative and unproven and therefore **NOT COVERED** for all other indications, including but not limited to:
   A. Non-plaque forms of psoriasis
   B. Papulosquamous disorders such as:
      a. Lichen planus
      b. Pityriasis rosea (e.g., pityriasis rosea; pityriasis rotunda)
   C. Superficial mycoses (e.g., dermatophytosis [ringworm])
   D. Acne vulgaris
   E. Rosacea
   F. Onychomycosis
   G. Pilonidal sinus disease

   There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

Description

The type of light treatment or laser therapy used in dermatology depends upon the type of skin condition or disease being treated, pigmentation, depth, and body surface area involved. Light therapy is most often performed as an outpatient procedure. In addition, home units are also marketed for specified indications. Single or multiple treatments may be administered depending upon the type and severity of skin condition being treated. Therapies addressed in this position statement include the following.

Ultraviolet (UV) Treatments

Phototherapy uses non-ionizing ultraviolet (UV) light to penetrate the surface of the skin in order to slow formation of cells causing dermatologic lesions. Phototherapy has been used to treat atopic dermatitis, eczema, psoriasis, and vitiligo. Most commonly, UVA, broad-band UVB, or narrow-band UVB light is used. UVA lamps deliver light at a wavelength ranging from 320-400 nm, while UVB lamps function at wavelengths in the 290-320 nm range. Narrow-band UVB systems deliver light within a very narrow spectrum peaking between 311 nm and 313 nm. Selection and ongoing monitoring of UV light exposure is important due to increased risk of tissue injury and/or skin cancer.

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 waterbath. Similar to phototherapy, photochemotherapy has been used to treat atopic dermatitis, eczema, psoriasis, and vitiligo.

In **photodynamic therapy (PDT)** a photosensitive drug, usually 5-aminolevulinic acid (5-ALA) or

methyl aminolevulinate, is administered to the affected area(s) of the skin. The drug passes through the keratin layer overlying the lesion and is metabolized in the underlying tissue to produce concentrations of porphyrin, a powerful photosensitizer. Lesions are subsequently exposed to UV light, which causes activation of the porphyrin. This results in the production of oxygen radicals that destroy the lesion. PDT has been investigated as a treatment of actinic keratoses, as well as other dermatologic lesions.

Intense pulsed light (IPL) treatment is application of a high intensity broad-spectrum light administered over a very short time period. It uses special xenon flash lamps and focusing optics to direct the pulsed light to the affected area(s) of the skin. IPL systems target multiple components within cells such as water, melanin, and hemoglobin. The pulses produce selective photothermolysis, which leads to destruction of blood vessels and other structures, while leaving healthy surrounding tissue unaffected. IPL is suggested for: (1) hair removal, (2) treatment of skin imperfections caused by sun damage or aging (e.g., photorejuvenation), and (3) treatment of telangiectatic blood vessels.

Laser Therapies

Medical lasers can be classified either by (1) the medium used to produce the excited photons, or (2) the characteristic of wavelength administration. Examples of categorization by medium used include:

1. Gas lasers (e.g., carbon dioxide, argon, copper vapor)
2. Solid state lasers (e.g., QS ruby, Neodymium:Yttrium-Aluminum-Garnet [Nd:YAG], Erbium:YAG, KTP [potassium-titanyl-phosphate];)
3. Liquid lasers (dye lasers, pulsed dye lasers)
4. Diode lasers (e.g. injection laser diodes, optically pumped laser diodes)

Examples of categorization by wavelength administration include:

1. Continuous wave lasers (e.g., carbon dioxide; argon)
2. Quasi-continuous wave lasers (e.g., KTP krypton)
3. Pulsed lasers (e.g., pulsed dye; QS ruby; Erbium:YAG; pulsed carbon dioxide).

Two types of laser therapies currently being used for treatment of dermatologic conditions are (1) **excimer lasers** and (2) **pulsed dye lasers**.The **excimer laser** delivers highly coherent, focused UV laser light at a wavelength of 308 nm and has the same mechanism of action as UV phototherapy. Unlike UVB phototherapy, it is localized, thereby focusing on specifically targeted areas and reducing exposure to non-affected areas of the body. Excimer laser therapy has been used for the treatment of psoriasis and vitiligo. **Pulsed dye lasers** emit short pulses of coherent laser light in the infrared to yellow range of the light spectrum, causing the heating of water or oxyhemoglobin in target cells. This heating causes the destruction of the target tissue, or photothermolysis. The short pulses allow for less heat to be produced in the affected cells than is produced with a non-pulsed laser, thereby minimizing injury to adjacent healthy tissue. Pulsed dye laser therapy has been used for the treatment of localized plaque psoriasis.

FDA Approval

A number of standard **UVA and UVB phototherapy devices** have been approved by the FDA for dermatologic applications, including UVA/UVB lamps used for **photochemotherapy** in association with psoralen administration (PUVA). Various devices are marketed for use within the clinical setting or the home setting. Examples of standard phototherapy devices include, but are not limited to:

1. Houva 4™ System (National Biological)
2. Jordan UVB Light Source (Richmond Light Co. Inc.)
3. LH-75T Phototherapy System (Lerner Medical Devices Inc.)

4. Panosol II® Home Phototherapy Light (National Biological)
5. Resolve™ UVB Phototherapy System (Allux Medical Inc.)

Two **photodynamic therapy systems** (e.g., light treatment in conjunction with 5-aminolevulinic acid or methyl aminolevulinate) have received FDA approval for treatment of nonhyperkeratotic actinic keratosis of the face and scalp:

1. BLU-U™ Blue Light Photodynamic Therapy Illuminator (DUSA Pharmaceuticals) in conjunction with aminolevulinic acid (Levulan®, Kerastick®)
2. PhotoCure Aktilite® CL128 narrowband, red light lamp system, in conjunction with methyl aminolevulinate hydrochloride) cream (Metvixia™)

Several **excimer laser/excimer lamp systems** have been approved by the FDA for UVB phototherapy for specified indications (e.g., psoriasis, vitiligo). Examples of excimer lasers include, but are not limited to:

1. XTRAC® XL Plus Excimer Laser System (PhotoMedex Inc.)
2. PHAROS Excimer Laser EX-308 (RA Medical Systems Inc.)
3. 308 Excimer Lamp Phototherapy system (Quantel Medical Inc.).

Examples of UVB excimer lamps include, but are not limited to:

1. BClear lamp (Lumenis, Inc.)
2. VTRAC® lamp (PhotoMedex Inc.)
3. Excilite™ and Excilite µ™ XeCL lamps (National Biological).

Additional laser systems have been FDA approved for treatment of benign vascular lesions of the face and scalp. These include, but are not limited to:

1. Candela Corp. family of pulsed dye lasers (e.g., C-beam PDL system; V-beam PDL).
2. ClearLight Phototherapy System, Model CL 420 (ClearLight, Ltd.)
3. ClearTouch Intense Pulsed Light System (Radiancy, Inc.)
4. Lumenis Ltd. family of lasers (e.g., Nd: YAG Laser Wavelength [1064 nm]; LightSheer Diode Laser Wavelength [800 nm])
5. PhotoGenica V (Cynosure, Inc.)

Prior Authorization

Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Coding Considerations

Use the current applicable CPT/HCPCS code(s). 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 Codes:

- **96567** – Photo dyumanic therapy by external application of light to destroy premalignant and/or malignant lesions of the skin and adjacent mucosa (eg, lip) by activation of photosensitive drugs(s), each phototherapy exposure session
- **96900** – Actinotherapy (ultraviolet light)
- **96910** – Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B

- **96912** – Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B psoralens and ultraviolet A (PUVA)
- **96913** – Photochemotherapy (Goeckerman and /or PUVA) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (including application of medication and dressings)
- **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
- **96922** – Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm

HCPC Codes:

- **J7308** – Aminolevulinic acid HCL for topical administration, 20%, single unit dosage form (354 mg)
- **J7309** – Methyl aminolevulinate (MAL) for topical administration, 16.8%, 1g
- **J7345** – Aminolevulinic acid HCL for topical administration, 10% gel, 10 mg

	Committee/Source	Date(s)
Document Created:	UR/Management Committee	November 11, 1987
Revised:	–	
	Utilization Management Committee	November 13, 1991
	Utilization Management Committee/Medical Affairs	January 14, 1998
	Utilization Management Committee/ Medical Affairs/ Utilization Management DME Specialist/Dean	April 9, 2003
	Dermatology	March 9, 2005
	Utilization Management Committee/Medical Affairs	March 12, 2008
	Medical Director Committee/Medical Affairs	August 18, 2010
	Medical Policy Committee/Quality and Care Management Division	July 20, 2016
	Medical Policy Committee/Quality and Care Management Division	March 15, 2017
	Medical Policy Committee/Quality and Care Management Division	July 19, 2017
	Medical Policy Committee/Quality and Care Management Division	September 20, 2017
	Medical Policy Committee/Health Services Division	July 17, 2019
	Medical Policy Committee/Health Services Division	July 15, 2020
	Medical Policy Committee/Health Services Division	July 21, 2021
	Medical Policy Committee/Health Services Division	October 19, 2022
	Medical Policy Committee/Health Services Division	April 19, 2023
	Medical Policy Committee/Health Services Division	May 17, 2023
	Medical Policy Committee/Health Services Division	January 17, 2024
	Medical Policy Committee/Health Services Division	July 17, 2024
Reviewed:	Health Services	October 20, 1997
	Health Services	February 12, 1999
	UMC/CMO/Director Utilization Management	March 13, 2002
	UM Committee (UMC)/Director UM/ UMC Chair	March 12, 2003
	UM Committee (UMC)/Director UM/UMC Chair	March 10, 2004
	UM Committee (UMC)/Director UM/ UMC Chair	March 8, 2006

Medica Central Coverage Policy

	Committee/Source	Date(s)
Reviewed:	Reformatted	March 2006
	Utilization Management Committee/Medical Affairs	April 12, 2006
	UM Committee (UMC)/Director UM/ UMC Chair	March 14, 2007
	UM Committee (UMC)/Director UM/ UMC Chair	March 12, 2008
	UM Committee (UMC)/Director UM/UMC Chair	April 8, 2009
	Medical Director Committee/Medical Affairs	August 18, 2010
	Medical Director Committee/Medical Affairs	August 25, 2011
	Medical Director Committee/Medical Affairs	August 15, 2012
	Medical Director Committee/Medical Affairs	July 17, 2013
	Medical Director Committee/Medical Affairs	July 16, 2014
	Medical Director Committee/Medical Affairs	July 15, 2015
	Medical Policy Committee/Quality and Care Management Division	July 20, 2016
	Medical Policy Committee/Quality and Care Management Division	March 15, 2017
	Medical Policy Committee/Quality and Care Management Division	July 19, 2017
	Medical Policy Committee/Quality and Care Management Division/Pharmacy Services	September 20, 2017
	Medical Policy Committee/Health Services Division	July 17, 2019
	Medical Policy Committee/Health Services Division	July 15, 2020
	Medical Policy Committee/Health Services Division	July 21, 2021
	Medical Policy Committee/Health Services Division	October 19, 2022
	Medical Policy Committee/Health Services Division	April 19, 2023
	Medical Policy Committee/Health Services Division	May 17, 2023
	Medical Policy Committee/Health Services Division	January 17, 2024
	Medical Policy Committee/Health Services Division	July 17, 2024

Published: 08/01/2024
Effective: 08/01/2024