Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

Note: This policy addresses phototherapy for dermatological conditions and laser therapy relating to psoriasis. It should not be confused with laser treatment for vascular lesions.

Description:
Psoriasis is a chronic immune-mediated inflammatory skin condition. There are several conventional methods of treatment, including topical application of steroids or other drugs, ultraviolet light (actinotherapy), and coal tar alone or in combination with ultraviolet light B. Severe psoriasis, which has not been responsive to conventional therapies, may be effectively treated with either phototherapy or photochemotherapy.

Phototherapy is the use of ultraviolet light B (UVB) or A (UVA) for the treatment of severe cases of psoriasis. Ultraviolet (UV) light induces biologic reactions in the skin’s cells that decrease the number of skin cells that grow too quickly and kills T-cells in the skin, which can result in the clearing of psoriatic lesions.

Photochemotherapy, also called PUVA therapy, utilizes ultraviolet light A (UVA) in combination with the photosensitizing agent psoralen. Treatment requires the patient to ingest, topically apply, or bathe in psoralen before being exposed to UVA rays. PUVA therapy is used in the treatment of intractable, disabling psoriasis by combining the psoralen and UVA, which slows the rapid growth of skin cells and kills T-cells in the skin. PUVA therapy is considered more effective than UVB. However, the requirement of systemic exposure and the higher risk of adverse reactions have generally limited PUVA therapy to patients with severe forms of psoriasis.

Laser treatment, also called ultraviolet B laser therapy or targeted laser therapy is essentially a different technique of narrow-band UVB therapy which has its effect through highly concentrated radiation beams interrupting the cellular process that causes over production of skin cells. The unique aspect of the laser therapy is that it allows for specific targeting of individual skin lesions, limiting UV exposure of normal
skin and permitting higher treatment dosages when compared to light box phototherapy. It is proposed that these benefits will ultimately result in fewer treatments to produce clearing with fewer side effects. Examples of these devices are the XeCL excimer laser (XTRAC), XRACxl, VTRAC lamp (PhotoMedex), the BClear lamp (Lumenis).

Phototherapy and photochemotherapy (PUVA) are generally used for the treatment of severe psoriasis, eczema, and neoplastic disease (i.e., cutaneous T-cell lymphoma) when the skin disease has not responded to conventional methods of treatments.

Laser therapy is normally used for the treatment of moderate to severe psoriasis when the skin disease has not responded to conventional methods of treatments.

**Medical Criteria:**
Not applicable.

**Policy:**
Phototherapy and photochemotherapy (PUVA) for the treatment of psoriasis, eczema, and neoplastic disease (i.e., cutaneous T-cell lymphoma) is a covered benefit when the skin disease has not responded to conventional methods of treatments.

Laser therapy for the treatment of moderate to severe psoriasis is a covered benefit when the skin disease has not responded to conventional methods of treatments.

Treatment of vitiligo by laser therapy or photochemotherapy (PUVA) is considered not medically necessary as it is cosmetic in nature.

**Coverage:**
Benefits may vary between groups/contracts. Please refer to the appropriate member certificate/subscriber agreement for applicable medical services benefits/coverage.

**Coding:**
The following dermatological services are covered:
96900 96910 96912 96913 96920 96921 96922

**Also Known As:**
PUVA
Phototherapy in the treatment of psoriasis
XTRAC laser
Xenon chloride ultraviolet B laser
Excimer laser
Psoralen
EX-308 laser

**Related Topics:**
NA
This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member’s subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.