

Corporate Medical Policy

Targeted Phototherapy for Psoriasis

File Name: targeted_phototherapy_for_psoriasis
Policy Number: MED1045
Origination: 9/2001
Last Review: 4/2007
Next Review: 4/2009

Description of Procedure or Service

Targeted [phototherapy](#) describes the use of ultraviolet light that can be focused on specific body areas or lesions to treat patients with psoriasis. Conventional phototherapeutic options for treatment of psoriasis include photochemotherapy with psoralen plus ultraviolet A (PUVA) and both broad and narrowband ultraviolet B (UVB). UVB therapy has been commonly used to treat patients with moderate to severe psoriasis. While PUVA therapy is considered more effective than UVB, the requirement of [systemic](#) exposure and the higher risk of adverse reactions (including a higher [carcinogenic](#) risk) have generally limited PUVA therapy to patients with severe [recalcitrant](#) psoriasis. UVB is typically directed to the whole body or large sections of the body with light panels or light cabinets, requiring multiple treatments given several times a week. Broadband UVB devices, which emit wavelengths from 290 to 320 nm have been largely replaced by narrowband UVB (NB-UVB) devices. NB-UVB devices eliminate wavelengths below 296 nm, which are considered [erythrogenic](#) and [carcinogenic](#) but not [therapeutic](#). NB-UVB is more effective than BB-UVB and approaches PUVA in efficacy.

Original NB-UVB devices consisted of a Phillips TL-01 fluorescent bulb with a maximum wavelength (lambda max) at 311 nm. Xenon chloride (XeCl) lasers and lamps have been developed as targeted NB-UVB treatment devices. These devices generate monochromatic or very narrow band radiation with a lambda max of 308 nm. In 2001, a XeCl excimer laser (XTRAC™ by PhotoMedex) received 510(k) clearance from the U.S. Food and Drug Administration (FDA) for the treatment of mild to moderate psoriasis. 510(k) clearance has subsequently been obtained for a number of targeted UVB lamps and lasers, including the XTRAC XL™ and VTRAC™ lamp (PhotoMedex), the BClear™ lamp (Lumenis), and the European manufactured Excilite™ and Excilite μ™ XeCL lamps. The indicated use of these devices is targeted UVB [phototherapy](#) for treatment of skin conditions including psoriasis, vitiligo, atopic dermatitis, and leukoderma.

This type of FDA approval does not require data regarding clinical efficacy; essentially, these devices are considered a different technique for generating UVB light. The proposed advantage of a hand-held device is that it specifically targets individual lesions, thus limiting exposure to the surrounding normal tissues. Targeted [phototherapy](#) may therefore allow higher dosages compared to a light box, which could result in fewer treatments to produce clearing. The original indication of the excimer laser was for patients with mild to moderate psoriasis, defined as involvement of less than 10% of the skin. Typically, these patients have not been considered candidates for light box therapy, since the risks of exposing the entire skin to the [carcinogenic](#) effects of UVB light may outweigh the benefits of treating a small number of lesions. Patients with mild localized psoriasis are treated primarily with topical therapy. A variety of agents may be used; calcipotriene (Dovonex®), tazarotene (Tazovac®), and fluocinonide (Lidex®) are examples.

NOTE: Please refer to separate policies number DME0130-Ultraviolet Light Box Therapy in the Home (UVB) and MED1345-PUVA (Psoralens with Ultraviolet Light A) Therapy.

Policy: Targeted Phototherapy for Psoriasis

Policy

BCBSNC will provide coverage for Targeted Phototherapy for Psoriasis when it is determined to be medically necessary because the medical criteria and guidelines shown below are met.

Benefits Application

Please refer to Certificate for availability of benefits. This policy relates only to the services or supplies described herein. Benefits may vary according to benefit design, therefore certificate language should be reviewed before applying the terms of the policy.

When Targeted Phototherapy for Psoriasis is covered

Targeted [phototherapy](#) may be considered **medically necessary** for the treatment of moderate to severe psoriasis comprising less than 20% body area for which NB-UVB or PUVA are indicated.

Targeted [phototherapy](#) may be considered **medically necessary** for the treatment of mild to moderate psoriasis comprising less than 20% body area that is unresponsive to conservative treatment.

When Targeted Phototherapy for Psoriasis is not covered

Targeted [phototherapy](#) is not covered for the first-line treatment of mild psoriasis. It is considered investigational and BCBSNC does not cover investigational services.

Targeted [phototherapy](#) is not covered for the treatment of generalized psoriasis or psoriatic arthritis. It is considered investigational and BCBSNC does not cover investigational services.

Policy Guidelines

Established treatments for psoriasis include use of topical ointments and ultraviolet light (“light lamp”) treatments. Lasers and targeted UVB lamps are considered to be equivalent devices; targeted ultraviolet devices are comparable to ultraviolet light panels for treatment purposes. First-line treatment of UV-sensitive lesions may involve around 6–10 office visits, treatment of [recalcitrant](#) lesions may involve around 24–30 office visits. Maintenance therapy or repeat courses of treatment may be required.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable codes: 96920, 96921, 96922

Policy: Targeted Phototherapy for Psoriasis

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Policy Key Words

Key Words: Skin Plaque, Psoriasis Plaque, Photomedex, XTRAK Laser, Excimer Laser, MED1045

Medical Term Definitions

Carcinogenic

causing cancer or contributing to the causation of cancer.

Erythmogenic

causing redness of the skin produced by congestion of the capillaries.

Phototherapy

treatment with light.

Recalcitrant

resistant to control.

Systemic

affects the entire body; as a whole.

Therapeutic

relating to therapeutics, that part of medicine concerned specifically with the treatment of disease. The therapeutic dose of a drug is the amount needed to treat a disease.

Scientific Background and Reference Sources

From policy entitled: Excimer Laser for the Treatment of Psoriasis

Asawanonda P, Anderson RR, Chang Y, Taylor CR. 308-nm Excimer laser for the treatment of psoriasis. Arch Dermatol. May 2000;136:619-624.

BCBSA Medical Policy Reference Manual, 2.01.47; 11/20/2001

BCBSA Medical Policy Reference Manual, 2.01.47; 12/18/02

Specialty Matched Consultant Advisory Panel - 3/2003

BCBSA Medical Policy Reference Manual [Electronic Version]. 2.01.47, 4/29/03

ECRI Hotline Response - Laser Treatment for Psoriasis (04/14/2004) retrieved on 5/24/04 from http://www.ta.ecri.org/Hotline/prod/summary/detail.aspx?doc_id+7114&q=psoriasis

BCBSA Medical Policy Reference Manual [Electronic Version]. 2.01.47, 11/9/04

Specialty Matched Consultant Advisory Panel - 2/11/2005

Policy: Targeted Phototherapy for Psoriasis

Policy retitled: Targeted Phototherapy for Psoriasis

BCBSA Medical Policy Reference Manual [Electronic Version]. 2.01.47, 12/12/06

Specialty Matched Consultant Advisory Panel review- 4/27/07.

Policy Implementation/Update Information

From policy entitled: Excimer Laser for the Treatment of Psoriasis

- 09/01 Original policy issued.
- 3/02 Policy statement unchanged. Scientific Reference updated.
- 6/03 Specialty Matched Consultant Advisory Panel review 3/27/2003. No changes to criteria. Description section revised with additional information. Added codes 96920, 96921 and 96922 to Billing/Coding section and removed 96999 since procedure specific CPT codes have been developed. Benefits Application section revised.
- 4/04 Billing/Coding section updated for consistency.
- 3/3/05 Specialty Matched Consultant Advisory Panel review 2/11/2005. No changes to criteria. Policy Guidelines and Reference Sources added.

Policy retitled: Targeted Phototherapy for Psoriasis

- 5/21/07 Policy titled "Excimer Laser for the Treatment of Psoriasis" renamed "Targeted Phototherapy for Psoriasis". Policy revised and rewritten to reflect targeted phototherapy rather than Excimer Laser specifically. Reference sources added.

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.

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