MEDICAL MUTUAL®

Medical Policy

Policy:	**94057**	**Effective Date:**	**07/08/2025**
SUBJECT:	**Light Therapies for Dermatological Conditions** **- Phototherapy** **- Photochemotherapy** **- Laser Therapy**	**Annual Review Date:**	**06/30/2025**
		Last Revised Date:	**06/30/2025**

Prior approval is required for some or all procedure codes listed in this Corporate Medical Policy. Some or all procedure codes listed in this Corporate Medical Policy may be considered experimental/investigational.

Definition: *Phototherapy* (*actinotherapy*) refers to light source ultraviolet (UV) irradiation of skin by either ultraviolet A (UVA 320-400 nm) or ultraviolet B (UVB 295-320 nm) without the concomitant use of photochemotherapeutic agents or drugs.

Photochemotherapy involves application of a topical agent to the targeted skin area or systemic administration of a drug prior to exposure to a UVA or UVB light source.

Photochemotherapy includes the following:

- Topical tar or petrolatum in combination with ultraviolet B (Goeckerman treatment) therapy; or
- Oral or topical psoralen in combination with ultraviolet A (PUVA) therapy.

Laser therapy involves use of a hand-held, high energy, excimer laser light source to generate UVB radiation at a wavelength of 308 nm to target focal skin lesions. Laser therapy permits administration of larger doses of UVB radiation to specific areas with less exposure to surrounding, uninvolved skin.

A. Medical Necessity: The Company considers phototherapy (actinotherapy) **(CPT Code 96900) medically necessary** and eligible for reimbursement providing that one of the following medical criteria is met:

- Generalized skin involvement, refractory to conservative conventional medical therapy

AND

At least one of the following clinical conditions is present:

- Mycosis fungoides
- Sézary's disease
- Other atopic dermatitis and related conditions
- Contact dermatitis and other eczema; unspecified cause

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- Other psoriasis
- Parapsoriasis
- Pityriasis rosea
- Lichen planus
- Pruritus of genital organs
- Intractable pruritus from liver or kidney disease
- Prurigo nodularis
- Unspecified pruritic disorder
- Other specified diseases of hair and hair follicles
- Other specified anomalies of skin
- Vitiligo of sun exposed skin

Home phototherapy: The Company considers use of an ultraviolet B (UVB) home phototherapy unit **(HCPCS Codes A4633, E0691, E0692, E0693 and E0694) medically necessary** and eligible for reimbursement providing that the above phototherapy medical criterion is met in the presence of ***all*** of the following:

- Phototherapy treatment has demonstrated efficacy for the previous one month or longer; and
- Phototherapy treatment is expected to be required indefinitely; and
- Ongoing physician supervision is present, including periodic examinations and regular monitoring; and
- Either frequent phototherapy treatments (≥2 per week) are required or office visits for phototherapy treatments are not feasible or would be unduly burdensome (e.g., remote location, homebound status)

AND

At least one of the following clinical conditions is present:

- Mycosis fungoides
- Sézary's disease
- Other atopic dermatitis and related conditions
- Contact dermatitis and other eczema; unspecified cause
- Other psoriasis
- Parapsoriasis
- Pityriasis rosea
- Lichen planus
- Pruritus of genital organs
- Intractable pruritus from liver or kidney disease
- Prurigo nodularis
- Unspecified pruritic disorder

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- Other specified diseases of hair and hair follicles
- Other specified anomalies of skin

NOTE: The Company considers ultraviolet B (UVB) home phototherapy unit **(HCPCS Codes A4633, E0691, E0692, E0693 and E0694)** for treatment of clinical conditions not listed above **investigational** and **not** eligible for reimbursement. The use of Ultraviolet A (UVA) phototherapy in the home setting **not standard of care** for all indications.

Benefits for investigational services are subject to each specific benefit plan.

B. Photochemotherapy:

- **Ultraviolet B:** The Company considers photochemotherapy using tar and ultraviolet B (Goeckerman treatment) therapy or petrolatum and ultraviolet B therapy **(CPT Codes 96910 and 96913) medically necessary** and eligible for reimbursement providing that the following medical criterion is met:

1. Generalized, intractable disease, refractory to conservative standard medical therapy.

AND

At least one of the following clinical conditions is present:

- Mycosis fungoides
- Other erythematosquamous dermatosis
- Other atopic dermatitis and related conditions
- Contact dermatitis and other eczema; unspecified cause
- Psoriatic arthropathy
- Other psoriasis
- Parapsoriasis
- Lichen planus
- Pruritus of genital organs
- Intractable pruritus from liver or kidney disease
- Unspecified pruritic disorder
- Mastocytosis
- Granuloma annulare
- Vitiligo of sun exposed skin

- **Ultraviolet A (PUVA):** The Company considers photochemotherapy using psoralens and ultraviolet A **(CPT Codes 96912 and 96913**) **medically necessary** and eligible for reimbursement providing that the following medical criterion is met:

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1. Generalized skin involvement, refractory to conservative standard medical therapy.

AND

At least one of the following clinical conditions is present:

- Mycosis fungoides
- Sézary's disease
- Malignant mast cell tumors
- Mastocytosis
- Other lymphomas
- Regional enteritis; unspecified site
- Other atopic dermatitis and related conditions
- Contact dermatitis and other eczema; unspecified cause
- Sub-corneal pustular dermatosis
- Other specified bullous dermatoses
- Other specified erythematous conditions
- Other psoriasis
- Parapsoriasis
- Lichen planus
- Pruritus of genital organs
- Intractable pruritus from liver or kidney disease
- Lichenification and lichen simplex chronicus
- Other specified pruritic conditions
- Unspecified pruritic disorder
- Circumscribed scleroderma
- Alopecia
- Systemic sclerosis
- Other specified anomalies of skin
- Complications of transplanted organ
- Vitiligo of sun exposed skin

C. Laser therapy: The Company considers laser therapy **(CPT Codes 96920, 96921, 96922 and 96999*) medically necessary** and eligible for reimbursement providing that ***at least one*** of the following medical criteria are met:

- Vitiligo refractory to conventional medical therapy, narrow-band ultraviolet B phototherapy and/or psoralens and ultraviolet A light therapy (PUVA); **OR**

- Mild to moderate, localized, plaque psoriasis affecting body area ≤10%; and

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- Failure of, intolerance to or unable to receive a ***≥3-month*** course of standard topical medical therapy, including ***at least three*** of the following:

    1. Topical corticosteroids (e.g., fluocinonide cream, betamethasone dipropionate ointment); or
    2. Vitamin D derivatives (e.g., calcipotriene); or
    3. Retinoids (e.g., tazarotene); or
    4. Anthralin; or
    5. Tar preparations; and/or
    6. Keratolytic agents (e.g., salicylic acid, lactic acid, urea).

AND

At least one of the following clinical conditions is present:

- Psoriasis
- Vitiligo of sun exposed skin

Frequency Limitations: The frequency of phototherapy is limited to 4 sessions within a seven-day period.

Frequency limitations: The frequency of laser therapy for the treatment of **psoriasis** is limited to three episodes of care within a 365-day period. Each care episode should consist of ≤10 laser treatments. Additional laser therapy for conditions refractory to the initial three episodes of care is considered **not standard of care** and **not** eligible for reimbursement. The frequency of laser therapy for the treatment of **vitiligo** is limited to three months treatment with eight to ten sessions per month. The Company will provide continuation of coverage for excimer laser therapy for treatment of vitiligo for an additional three months if documentation demonstrates at least moderate re-pigmentation over the previous three-month period.

***NOTE: CPT Code 96999 (unlisted special dermatological service or procedure) should be used for reimbursement of excimer laser therapy for treatment of vitiligo.**

Documentation Requirements:

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member, and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results, and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply, and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

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Prior approval is required for CPT Codes 96920, 96921, 96922, 96999† and HCPCS Codes A4633, E0691, E0692, E0693 and E0694.

†When unlisted special dermatological service or procedure (96999) is determined to be laser therapy for treatment of vitiligo.

HCPCS Codes A4633, E0691, E0692, E0693 and E0694 are considered investigational and not eligible for reimbursement when home phototherapy is determined to be for treatment of vitiligo.

NOTE: After reviewing the relevant documentation, the Company reserves the right to apply this policy to the service, or procedure, supply, product, or accommodation performed or furnished regardless of how the service, or procedure, supply, product, or accommodation was coded by the Provider.

Approval or clearance by the U.S. Food and Drug Administration alone is not a basis for coverage.

Coverage may differ for Medicare Advantage plan members; please see any applicable national and/or local coverage determinations for details. This information may be available at the Centers for Medicare & Medicaid Services (CMS) website.

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Applicable Code(s):	
CPT:	**96900, 96910, 96912, 96913, 96920, 96921, 96922, 96999**
HCPCS:	**A4633, E0691, E0692, E0693, E0694**
ICD10 Procedure Codes:	

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