



Photochemotherapy

I. Policy

University Health Alliance (UHA) will reimburse for photochemotherapy services when they are determined to be medically necessary and when they meet the medical criteria guidelines (subject to limitations and exclusions) indicated below.

II. Criteria/Guidelines

- A. Photochemotherapy utilizing UVA therapy is covered when submitted documentation supports its medical necessity (subject to Limitations/Exclusions and Administrative Guidelines) for the following diagnoses:
 1. Pinta
 2. Cutaneous T-cell lymphoma
 3. Chronic Graft-versus-Host Disease refractory to standard immunosuppressive drug treatment
 4. Psoriasis
 5. Parapsoriasis
 6. Vitiligo
 7. Atopic dermatitis
 8. Lichen planus
 9. Pityriasis Rosea
- B. Bath water PUVA is covered if all of the following are met:
 1. Patient has extensive, severe psoriasis.
 2. Patient had prior inability to tolerate systemic PUVA therapy and other conventional therapies.
 3. Patient had no prior treatment involving carcinogenic materials (with the exception of methotrexate) including tar and UVB treatments, radiation therapy, and arsenic therapy.
- C. Photochemotherapy utilizing UVB therapy is covered when submitted documentation supports its medical necessity (subject to Limitations/Exclusions and Administrative Guidelines) for the following diagnosis:
 1. Psoriasis
 2. Parapsoriasis
 3. Atopic dermatitis
 4. Mycosis fungoides
 5. Lichen planus
 6. Pityriasis rosea
- D. UVB units are covered for home use when a patient with a chronic condition is expected to need the unit for at least six months. The therapy should first be tried in the physician's office. Units should only

be ordered for home use if therapy is tolerated and if the physician believes the patient will be compliant with regular use in the home setting.

- E. Photochemotherapy (with UVB plus tar or PUVA) for patients with severe photoresponsive dermatoses requiring four to eight hours of care under the direct supervision of a physician is covered when submitted documentation supports its medical necessity (subject to Limitations/Exclusions and Administrative Guidelines) under the following conditions:
 - 1. If the therapy uses PUVA, the covered diagnoses are the same as those listed for criteria II.A. above
 - 2. If the therapy uses UVB plus tar, the covered diagnoses are the same as those listed for criteria II.C. above

NOTE:

This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine and it should not deter a provider from expressing his/her judgment.

Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or members' individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.

UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.

III. Limitations/Exclusions

- A. UVA treatments should be medically supervised and are not covered in the home setting.
- B. Coverage of bath water PUVA is limited to 30 treatments unless improvement is documented.
- C. Services that are primarily intended to improve a person's appearance, but which do not restore or materially improve a physical function, are not covered.

IV. Administrative Guidelines

- A. Prior authorization is not required.
- B. UHA reserves the right to perform retrospective review using the above criteria to validate if services rendered met payment determination criteria and to ensure proper reimbursement is made.

Photochemotherapy utilizing UVA therapy codes:

CPT Code	Description
96912	Photochemotherapy; psoralens and ultraviolet A (PUVA)

Photochemotherapy utilizing UVB therapy codes:

CPT Code	Description
96910	Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B

Home Ultraviolet B Therapy:

HCPCS Code	Description
E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 sq ft or less (when specified as UVB)
E0692	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 ft panel (when specified as UVB)
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 ft panel (when specified as UVB)
E0694	Ultraviolet multidirectional light therapy system in 6 ft cabinet, includes bulbs/lamps, timer, and eye protection (when specified as UVB)

Photochemotherapy utilizing UVB plus tar or PUVA therapy:

CPT Code	Description
96913	Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings)

V. Policy History

Policy Number: MPP-0002-111101

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