

Coverage of any medical intervention discussed in a Prevea360 Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or policy and to applicable state and/or federal laws.

Light Treatment and Laser Therapies for Benign Dermatologic Conditions

MP9057

Covered Service: Yes

Prior Authorization Required: No

Additional Information: Prevea360 Health Plan covers the purchase of one system per member per lifetime. The member is responsible for the cost of repairs or replacement lights

Prevea360 Health Plan Medical Policy:

1.0 **Phototherapy:** Ultraviolet A and Ultraviolet B (UVA; UVB) **does not** require prior authorization and may be considered medically necessary for **ANY** of the following dermatologic conditions:

- 1.1 Papulosquamous disorders, such as:
 - 1.1.1 Lichen planus
 - 1.1.2 Pityriasis (e.g. pityriasis rosea; pityriasis rotunda)
 - 1.1.3 Psoriasis
- 1.2 Superficial mycoses (e.g. dermatophytosis [ringworm])
- 1.3 Atopic dermatitis (atopic eczema)
- 1.4 Parapsoriasis
- 1.5 Repigmentation of the skin in members with vitiligo

2.0 **Phototherapies** (UVA and UVB) are considered experimental and investigational and therefore not medically necessary for **ALL** other indications, including but not limited to:

- 2.1 Acne vulgaris
- 2.2 Rosacea
- 2.3 Cholestasis of pregnancy
- 2.4 Granuloma annular
- 2.5 Hydradenitis suppurativa
- 2.6 Lichen simplex chronicus
- 2.7 Morphea (localized scleroderma)
- 2.8 Papular urticaria

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- 2.9 Pruritis scleroderma
- 3.0 **Photochemotherapy** (psoralen plus UV-A [PUVA]) **does not** require prior authorization is considered medically necessary for **ANY** of the following dermatologic conditions:
 - 3.1 Papulosquamous disorders, such as **ANY** of the following:
 - 3.1.1 Lichen planus
 - 3.1.2 Pityriasis (e.g. pityriasis rosea; pityriasis rotunda)
 - 3.1.3 Psoriasis
 - 3.2 Superficial mycoses (e.g. dermatophytosis [ringworm])
 - 3.3 Atopic dermatitis (atopic eczema)
 - 3.4 Parapsoriasis
 - 3.5 Repigmentation of the skin in members with vitiligo
- 4.0 **Photochemotherapy** (PUVA) is considered experimental and investigational, and therefore not medically necessary for all other indications, including but not limited to treatment of acne vulgaris.
- 5.0 **Photodynamic therapy** (PDT) (e.g. light treatment in conjunction with 5-aminolevulinic acid or methyl aminolevulinate) **does not** require prior authorization and is considered medically necessary for the treatment of actinic keratosis (AK), non-hyperkeratotic.
- 6.0 **Photodynamic therapy** (PDT) is considered experimental and investigational and therefore not medically necessary for all other indications, including but not limited to the treatment of acne vulgaris.
- 7.0 **Laser therapy** (excimer laser, pulsed dye laser) **does not** require prior authorization is considered medically necessary for the treatment of **ANY** of the following:
 - 7.1 Localized plaque psoriasis
 - 7.2 Vitiligo
 - 7.3 Atopic dermatitis
 - 7.4 Port wine stain (nevus Flammeus), including Sturge-Weber syndrome
- 8.0 **Laser therapy** is considered experimental and investigational and therefore not medically necessary for **ALL** other indications including but not limited to **ANY** of the following including:
 - 8.1 Non-plaque forms of psoriasis
 - 8.2 Papulosquamous disorders such as:
 - 8.2.1 Lichen planus
 - 8.2.2 Pityriasis rosea
 - 8.3 Superficial mycoses (e.g. dermatophytosis [ringworm])

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- 8.4 Acne vulgaris
- 8.5 Rosacea
- 8.6 Onychomycosis
- 8.7 Pilonidal sinus disease
- 9.0 **Intense pulsed light phototherapy** is considered experimental and investigational and therefore not medically necessary for treatment of all benign dermatological indications, including but not limited to:
 - 9.1 Papulosquamous disorders, including:
 - 9.1.1 Lichen planus
 - 9.1.2 Pityriasis (e.g. pityriasis rosea; pityriasis rotunda)
 - 9.2 Superficial mycoses (e.g. dermatophytosis [ringworm])
 - 9.3 Acne vulgaris
 - 9.4 Atopic dermatitis (atopic eczema)
 - 9.5 Rosacea
- 10.0 Commercial tanning beds do not qualify as an office trial, and are considered not medically necessary and therefore are not covered.
- 11.0 An **in-home** Ultraviolet B (UVB) light unit (HCPCS E0691, E0692, E0693, E0694) **does not require** prior authorization and may be considered medically necessary when the member will use home unit to treat **ANY** of the following diagnoses:
 - 11.1 Atopic dermatitis
 - 11.2 Eczema
 - 11.3 Parapsoriasis
 - 11.4 Psoriasis
 - 11.5 Vitiligo
 - 11.6 Mycoses Fungoides
 - 11.7 Lichen Planus
 - 11.8 Pityriasis

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