

Light Treatment and Laser Therapies for Benign **Dermatologic Conditions**

MP9057

Covered Service: Yes

Prior Authorization

Required: Nο

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

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 Hydradentitis suppurativa
 - 2.6 Lichen simplex chronicus
 - 2.7 Morphea (localized scleroderma)
 - 2.8 Papular urticaria



- 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-hyerkeratotic.
- 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])



- 8.4 Acne vulgaris
- 8.5 Rosacea
- 8.6 Onychomyocosis
- 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



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