

Medical Policy: Phototherapy, Photochemotherapy and Photodynamic Therapy for Dermatologic Conditions



POLICY NUMBER	EFFECTIVE DATE	APPROVED BY
MG.MM.ME.27	3/14/2025	MPC (Medical Policy Committee)

IMPORTANT NOTE ABOUT THIS MEDICAL POLICY:

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Definitions

Phototherapy	The application of ultraviolet light, or actinotherapy — consists of exposure to nonionizing radiation. The treatment may involve exposure to any: <ul style="list-style-type: none"> - Ultraviolet B (UVB) - Ultraviolet A (UVA) - Combined UVB and UVA delivered using a broad or narrow-beamed laser
Photochemotherapy Psoralen and ultraviolet A (PUVA)	PUVA utilizes UVA radiation in combination with a photosensitizing chemical that increases the skin's sensitivity to the UVA.
Photodynamic Therapy (PDT)	PDT is a multi-step (typically 2-day) process that consists of the application of a topical photosensitizer cream followed by a laser light source (e.g., methyl aminolevulinate hydrochloride [MAL] that is accompanied by a red light; 5-aminolevulinic acid [5-ALA] or by a blue).

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Guideline

Phototherapy, PUVA and PDT are considered medically necessary for certain dermatologic conditions refractory to topical or systemic drug therapies when any of the applicable criteria sets in Tables 1–4 are met.

(Note: For case-by-case consideration of vitiligo treatment; see [Table 4](#))

Table 1 – Phototherapy

1. Allergic contact dermatitis
2. Atopic dermatitis (moderate–severe)
3. Chronic urticaria
4. Dermatologic manifestations of graft vs host disease
5. Eczema
6. Granuloma annulare
7. Hydroa vacciniforme
8. Lichen planus
9. Mycosis fungoides (cutaneous T-cell lymphoma)
10. Nummular dermatitis
11. Palmoplantar pustulosis
12. Photodermatosis
13. Pityriasis lichenoides
14. Pityriasis rosea
15. Pruritic eruptions of HIV infection
16. Pruritus
17. Parapsoriasis
18. Psoriasis
Home Phototherapy (UVB) Units (DME benefit required)
Coverage for members with moderate to severe persistent psoriasis covering at least 20% of the body surface may be provided for the purchase of a home UVB Phototherapy unit. All of the following criteria must be met:
1. Documentation of effective psoriasis suppression as a result of at least 6 months of UVB treatment, whereby the continuation of home-UVB would be construed as a reasonable means to deter exacerbations.
2. Physician documentation of medical necessity, which includes: <ul style="list-style-type: none">▪ Severity description, e.g., if there is involvement of the palms, soles, or intertriginous areas, the percent of the affected area involved, and the associated disability should be part of the record.

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- A prescription describing the UVB exposure protocol.
 - A follow-up plan to determine treatment effectiveness, i.e., office visit frequency.
3. Demonstration of patient proficiency in the use of UVB with the understanding of the necessity of physician communication with the occurrence of any unexpected side effects.
 4. History of ineffective (or intolerance to) treatments with multiple topical agents or systemic therapy.

Table 2 – PUVA

1. Acute/chronic pityriasis lichenoides
2. Atopic dermatitis (moderate – severe)
3. Chronic urticaria
4. Dermatologic manifestations of graft-versus-host disease
5. Eczema (severe)
6. Granuloma annulare
7. Lichen planus
8. Morphea and localized skin lesions associated with scleroderma
9. Mycosis fungoides (cutaneous T-cell lymphoma)
10. Parapsoriasis (severe)
11. Psoriasis (severe)
12. scleromyxedema

Table 3 – PDT

Presence of any of the following lesions that have failed to adequately respond to ≥ 3 weeks of topical 5-fluorouracil, imiquimod, Diclofenac or cryosurgery:

1. Non-hyperkeratotic actinic keratoses lesions on the face or scalp
2. Actinic cheilitis, also known as solar cheilitis, sailor’s lip or farmer’s lip
3. Superficial basal cell carcinoma
4. Squamous cell carcinoma in situ

Note: A 2nd treatment post 8 weeks of the initial therapy may be necessary for any lesions that fail to respond to therapy.

Table 4 – Treatment of Vitiligo

Coverage consideration will be given for excimer laser, PUVA, UVB light (alone or in combination with other treatment modalities) for treatment of the face, neck, hands or $\geq 10\%$ body surface area, as well as rapidly progressing disease, as manifest in segmental, confetti-like, inflammatory, or trichome vitiligo, or with new spots appearing within 2 months, regardless of site. Prior to Medical Director consideration, substantiating documentation must first be submitted for review; these include:

1. Progress notes indicative of the following:

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- a. Lesion(s) description
 - b. Baseline skin color
 - c. Treatment history; documented failure of adherent 3-month trial of both:
 - i. high potency (Class II steroids)
 - ii. Protopic
 - d. Extent and distribution of vitiligo to the face, neck and or hands.
2. Photographic evidence

Limitations/Exclusions

1. Phototherapy, PUVA or PDT is not considered medically necessary for any indications other than those listed above.
2. More than 2 courses of PDT treatments per year are not considered medically necessary, as effectiveness beyond this timeframe has not been established.
3. Requests for coverage of more than 30 units of Phototherapy, PUVA or PDT per course of treatment must be accompanied by documentation that substantiates medical necessity.
4. Grenz ray therapy is not considered medically necessary for any indications, as it is considered investigational.

Procedure Codes

96567	Photodynamic therapy by external application of light to destroy premalignant and/or malignant lesions of the skin and adjacent mucosa (eg, lip) by activation of photosensitive drug(s), each phototherapy exposure session
96573	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day
96910	Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B
96912	Photochemotherapy; psoralens and ultraviolet A (PUVA)
96913	Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least four to eight hours of care under direct supervision of the physician (includes application of medication and dressings)
96920	Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm <i>(The appropriate ICD-10 codes to use are: L40.0, L40.1, L40.2, L40.4, L40.8, L40.9, L41.3, L41.4, L41.5, L41.8 and L41.9)</i>
96921	Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm <i>(The appropriate ICD-10 codes to use are: L40.0, L40.1, L40.2, L40.4, L40.8, L40.9, L41.3, L41.4, L41.5, L41.8 and L41.9)</i>

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96922	Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm (The appropriate ICD-10 codes to use are: L40.0, L40.1, L40.2, L40.4, L40.8, L40.9, L41.3, L41.4, L41.5, L41.8 and L41.9)
96999	Unlisted special dermatological service or procedure
E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 sq ft or less
E0692	Ultraviolet light therapy system panel, includes bulbs/lamps, timer, and eye protection, 4 ft. panel
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer, and eye protection, 6 ft. panel
E0694	Ultraviolet multidirectional light therapy system in 6 ft. cabinet, includes bulbs/lamps, timer, and eye protection
J7308	Aminolevulinic acid HCl for topical administration, 20%, single unit dosage form (354 mg)
J7309	Methyl aminolevulinate (MAL) for topical administration, 16.8%, 1 g
J7345	Aminolevulinic acid hcl for topical administration, 10% gel, 10 mg

Diagnosis Codes

C44.01	Basal cell carcinoma of skin of lip
C44.02	Squamous cell carcinoma of skin of lip
C44.11	Basal cell carcinoma of skin of eyelid, including canthus
C44.111	Basal cell carcinoma skin/ unsp eyelid, including canthus
C44.112	Basal cell carcinoma skin/ right eyelid, including canthus
C44.1121	Basal cell carcinoma skin/ right upper eyelid, inc canthus
C44.1122	Basal cell carcinoma skin/ right lower eyelid, inc canthus
C44.119	Basal cell carcinoma skin/ left eyelid, including canthus
C44.1191	Basal cell carcinoma skin/ left upper eyelid, inc canthus
C44.1192	Basal cell carcinoma skin/ left lower eyelid, inc canthus
C44.12	Squamous cell carcinoma of skin of eyelid, including canthus
C44.121	Squamous cell carcinoma skin/ unsp eyelid, including canthus
C44.122	Squamous cell carcinoma skin/ right eyelid, inc canthus
C44.1221	Squamous cell carcinoma skin/ r upper eyelid, inc canthus
C44.1222	Squamous cell carcinoma skin/ right low eyelid, inc canthus

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C44.129	Squamous cell carcinoma skin/ left eyelid, including canthus
C44.1291	Squamous cell carcinoma skin/ left upper eyelid, inc canthus
C44.1292	Squamous cell carcinoma skin/ left lower eyelid, inc canthus
C44.21	Basal cell carcinoma skin/ ear and external auricular canal
C44.211	Basal cell carcinoma skin/ unsp ear and external auric canal
C44.212	Basal cell carcinoma skin/ r ear and external auric canal
C44.219	Basal cell carcinoma skin/ left ear and external auric canal
C44.22	Squamous cell carcinoma skin/ ear and external auric canal
C44.221	Squamous cell carcinoma skin/ unsp ear and extrn auric canal
C44.222	Squamous cell carcinoma skin/ r ear and external auric canal
C44.229	Squamous cell carcinoma skin/ left ear and extrn auric canal
C44.31	Basal cell carcinoma of skin of other and unsp parts of face
C44.310	Basal cell carcinoma of skin of unspecified parts of face
C44.311	Basal cell carcinoma of skin of nose
C44.319	Basal cell carcinoma of skin of other parts of face
C44.32	Squamous cell carcinoma of skin of and unsp parts of face
C44.320	Squamous cell carcinoma of skin of unspecified parts of face
C44.321	Squamous cell carcinoma of skin of nose
C44.329	Squamous cell carcinoma of skin of other parts of face
C44.41	Basal cell carcinoma of skin of scalp and neck
C44.42	Squamous cell carcinoma of skin of scalp and neck
C44.51	Basal cell carcinoma of skin of trunk
C44.510	Basal cell carcinoma of anal skin
C44.511	Basal cell carcinoma of skin of breast
C44.519	Basal cell carcinoma of skin of other part of trunk
C44.52	Squamous cell carcinoma of skin of trunk
C44.520	Squamous cell carcinoma of anal skin
C44.521	Squamous cell carcinoma of skin of breast
C44.529	Squamous cell carcinoma of skin of other part of trunk
C44.61	Basal cell carcinoma skin/ upper limb, including shoulder
C44.611	Basal cell carcinoma skin/ unsp upper limb, inc shoulder
C44.612	Basal cell carcinoma skin/ right upper limb, inc shoulder

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C44.619	Basal cell carcinoma skin/ left upper limb, inc shoulder
C44.62	Squamous cell carcinoma skin/ upper limb, including shoulder
C44.621	Squamous cell carcinoma skin/ unsp upper limb, inc shoulder
C44.622	Squamous cell carcinoma skin/ right upper limb, inc shoulder
C44.629	Squamous cell carcinoma skin/ left upper limb, inc shoulder
C44.71	Basal cell carcinoma of skin of lower limb, including hip
C44.711	Basal cell carcinoma skin/ unsp lower limb, including hip
C44.712	Basal cell carcinoma skin/ right lower limb, including hip
C44.719	Basal cell carcinoma skin/ left lower limb, including hip
C44.72	Squamous cell carcinoma of skin of lower limb, including hip
C44.721	Squamous cell carcinoma skin/ unsp lower limb, including hip
C44.722	Squamous cell carcinoma skin/ right lower limb, inc hip
C44.729	Squamous cell carcinoma skin/ left lower limb, including hip
C44.81	Basal cell carcinoma of overlapping sites of skin
C44.82	Squamous cell carcinoma of overlapping sites of skin
C44.91	Basal cell carcinoma of skin, unspecified
C44.92	Squamous cell carcinoma of skin, unspecified
C84.A0	Cutaneous T-cell lymphoma, unspecified, unspecified site
C84.00	Mycosis fungoides, unspecified site
C84.01	Mycosis fungoides, lymph nodes of head, face, and neck
L20.81	Atopic neurodermatitis
L20.82	Flexural eczema
L20.84	Intrinsic (allergic) eczema
L20.89	Other atopic dermatitis
L20.9	Atopic dermatitis, unspecified
L23.1	Allergic contact dermatitis due to adhesives
L23.3	Allergic contact dermatitis due to drugs in contact with skin
L23.5	Allergic contact dermatitis due to other chemical products
L24.4	Irritant contact dermatitis due to drugs in contact with skin
L24.5	Irritant contact dermatitis due to other chemical products
L25.1	Unspecified contact dermatitis due to drugs in contact with skin
L25.3	Unspecified contact dermatitis due to other chemical products

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L29.81	Cholestatic pruritus
L29.89	Other pruritus
L29.9	Pruritus, unspecified
L30.0	Nummular dermatitis
L30.4	Erythema intertrigo
L30.5	Pityriasis alba
L40.0	Psoriasis vulgaris
L40.1	Generalized pustular psoriasis
L40.2	Acrodermatitis continua
L40.3	Pustulosis palmaris et plantaris
L40.4	Guttate psoriasis
L40.8	Other psoriasis
L40.9	Psoriasis, unspecified
L41.0	Pityriasis lichenoides et varioliformis acuta
L41.1	Pityriasis lichenoides chronica
L41.3	Small plaque parapsoriasis
L41.4	Large plaque parapsoriasis
L41.5	Retiform parapsoriasis
L41.8	Other parapsoriasis
L41.9	Parapsoriasis, unspecified
L42	Pityriasis rosea
L43.1	Bullous lichen planus
L43.3	Subacute (active) lichen planus
L43.8	Other lichen planus
L43.9	Lichen planus, unspecified
L50.6	Contact urticaria
L50.8	Other urticaria
L56.2	Photocontact dermatitis [berloque dermatitis]
L56.3	Solar urticaria
L56.4	Polymorphous light eruption
L56.5	Disseminated superficial actinic porokeratosis (DSAP)
L56.8	Other specified acute skin changes due to ultraviolet radiation

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L56.9	Acute skin change due to ultraviolet radiation, unspecified
L57.0	Actinic keratosis
L66.10	Lichen planopilaris, unspecified
L66.11	Classic lichen planopilaris
L66.12	Frontal fibrosing alopecia
L66.19	Other lichen planopilaris
L80	Vitiligo
L90.0	Lichen sclerosus et atrophicus
L92.0	Granuloma annulare
L94.0	Localized scleroderma [morphea]
L98.5	Mucinosis of the skin

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Revision History

Company(ies)	DATE	REVISION
ConnectiCare	Mar 14, 2025	Transferred policy content to individual company branded template
EmblemHealth ConnectiCare	Mar 14, 2025	Added coverage hydroa vacciniform and palmoplantar pustulosis as covered indications for ultraviolet phototherapy Added basal and squamous cell carcinomas as covered indications for photodynamic therapy Added rapidly progressing disease as a covered indication for the treatment of vitiligo and removed case-by-case language
EmblemHealth ConnectiCare	Dec. 11, 2020	Added scleromyxedema to PUVA
ConnectiCare	Jan. 1, 2020	Removed under Exclusions/Limitations-#5 Prior authorization is required for all procedures listed in this policy
EmblemHealth ConnectiCare	Dec. 13, 2019	Added case-by-case language for vitiligo involving 10% body surface area
ConnectiCare	Oct. 2019	Reformatted and reorganized policy, transferred content to new template
EmblemHealth ConnectiCare	Oct. 12, 2018	Added allergic contact dermatitis and nummular dermatitis to phototherapy table
EmblemHealth ConnectiCare	Sept. 21, 2017	Clarified that medical documentation substantiating medical necessity must be submitted for coverage consideration of > 30 units per course of treatment for phototherapy/photochemotherapy
EmblemHealth ConnectiCare	Feb. 10, 2017	Added PUVA and UVB light to vitiligo table for case-by-case consideration