

# Ultraviolet Light/Laser Therapy for Skin Conditions



INDEPENDENT CARE HEALTH PLAN

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## Medical Coverage Policy

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#### Disclaimer

The Coverage Summaries are reviewed by the iCare Medicare Utilization Management Committee. Policies in this document may be modified by a member's coverage document. Clinical policy is not intended to preempt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test, or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. References to CPT® codes or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee of claims payment. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from iCare.

## Related Medicare Advantage Medical/Pharmacy Coverage Policies

None

## Related Documents

Please refer to [CMS website](#) for the most current applicable National Coverage Determination (NCD)/Local Coverage Determination (LCD)/Local Coverage Article (LCA)/CMS Online Manual System/Transmittals.

Type	Title	ID Number	Jurisdiction Medicare Administrative Contractors (MACs)	Applicable States/Territories
NCD	Durable medical equipment reference list	<a href="#">280.1</a>		

NCD	Laser procedures	<a href="#">140.5</a>		
NCD	Treatment of psoriasis	<a href="#">250.1</a>		

## Description

Ultraviolet (UV) light therapy, including phototherapy and photochemotherapy, is used for the treatment of certain skin conditions. It involves exposing an individual’s skin to ultraviolet A (UVA) or ultraviolet B (UVB) radiation using a specialized light source. Additionally, targeted laser therapy may also be used to treat specific conditions that have not responded to standard therapies.

**Phototherapy** utilizes UVB light, categorized as either broadband (BB) or narrowband (NB), which refers to the wavelengths included in the UV light source. NB-UVB refers to wavelengths ranging from 311-313 nanometers (nm), which are used for the treatment of generalized plaque psoriasis. BB-UVB lamps emit a broad spectrum of wavelengths, ranging from 270-390 nm, and represent an older form of phototherapy which is also used to treat generalized plaque psoriasis. Because both remain in clinical use, for the purpose of this medical coverage policy the general term UVB phototherapy refers to either form.

**Photochemotherapy B** includes the application of petrolatum prior to UVB light exposure or the use of the Goeckerman regimen, which combines UVB treatments with coal tar applications.

Caution should be exercised when considering UVB phototherapy in individuals with Fitzpatrick skin types I and II who tend to burn easily, those with a history of arsenic intake (eg, Fowler solution) or previous treatment with ionizing radiation therapy (Grenz ray or X- ray) and those with a history of melanoma or multiple nonmelanoma skin cancers. NB-UVB should be used with caution in individuals with a history of recurrent oral herpes simplex virus infection and individuals with lupus erythematosus who do not have a history of photosensitivity and are SS-A-negative.

**Photochemotherapy A (also known as psoralen with ultraviolet A or PUVA)** utilizes UVA in conjunction with a photosensitizing medication called psoralen. Psoralen, which makes the skin more sensitive to the ultraviolet light may be applied topically (directly to the skin) or taken orally. PUVA is usually a second-line treatment, reserved for individuals who have failed to improve with conventional therapy. It may be used to treat psoriasis, atopic dermatitis (eczema) or other conditions. Complications of PUVA may include skin or nail damage, premature skin aging, cataracts and increased risk of skin cancers, such as melanoma, basal cell carcinoma and squamous cell carcinoma.

Photochemotherapy A (PUVA) should be used with caution in those 10 - 18 years of age, those with a history of dysplastic nevi, nonmelanoma skin cancer, history of photosensitivity or taking photosensitizing medications, previous exposure to carcinogenic agents (eg, ionizing radiation, arsenic) or individuals who have been previously treated with cyclosporine or methotrexate as well as those who are pregnant or nursing.

UVB phototherapy, photochemotherapy B and photochemotherapy A (PUVA) are generally performed in physician offices or other outpatient settings, but UVB phototherapy devices are also available for home

use. While UVA light devices may be available, home photochemotherapy A (PUVA) is not a common practice in the United States.

**Home UVB phototherapy** devices are available in a variety of sizes and configurations, depending on the body part and surface area to be treated. Treatment is prescribed and monitored by a health care practitioner (usually a dermatologist) and requires careful adherence to the treatment regimen. Home UVB phototherapy is generally considered safe and effective, although it may cause harm if not used appropriately. Please see [Appendix A](#) for examples of home UVB phototherapy devices.

The Zerigo Health Solution is an example of a handheld home/portable UVB device that uses a smartphone application (app)/mobile medical app in order for the prescribing provider to set dosing protocols and monitor adherence and response to therapy.

**Laser therapy** delivers intense UVB light to a limited area of skin, providing the potential benefit of more rapid clinical response from targeted therapy while avoiding the side effects of ultraviolet light exposure to unaffected skin. Therapy is usually provided by either an excimer laser or a pulsed dye laser. The excimer laser device utilizes xenon-chloride to emit a wavelength of 308 nm, which is similar to the light in narrowband UVB units. The pulsed dye lasers emit short bursts of high-intensity yellow light (wavelength of 585 nm) that destroy the targeted tissue.

Examples of excimer laser devices include, but may not be limited to, EX-308, XTRAC and 308 Excimer System. Examples of pulsed dye lasers include, but may not be limited to, V-beam, V-beam Prima and V-star.

**Grenz ray** is a form of electromagnetic radiation, classified as ultrasoft X-ray, with wavelength near the limit of extreme ultraviolet radiation. Because the rays have a very low penetrative power which does not extend deeply into the dermis of the skin, it was historically used to treat psoriasis and has been proposed as a treatment of various skin lesions. Like other radiation therapy, it must be administered under strict protocols and individuals being treated are limited to a lifetime exposure of no more than 5,000 rad.

**Photodynamic therapy** (blue light therapy) is another variation of phototherapy which generally includes the application of a topical agent (eg, Levulan) that is activated by light energy. The light energy purportedly causes the release of oxygen molecules, which is theorized to have the biologic effect of killing the bacteria responsible for acne and other skin conditions. Photodynamic therapy has been investigated as a treatment for nail psoriasis but is currently not recommended.

### Coverage Determination

*iCare follows the CMS requirements that only allows coverage and payment for services that are reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the functioning of a malformed body member except as specifically allowed by Medicare.*

*In interpreting or supplementing the criteria above and in order to determine medical necessity consistently, iCare may consider the following criteria:*

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*The use of the criteria in this Medicare Advantage Medical Coverage Policy provides clinical benefits highly likely to outweigh any clinical harms. Services that do not meet the criteria above are not medically necessary and thus do not provide a clinical benefit. Medically unnecessary services carry risks of adverse outcomes and may interfere with the pursuit of other treatments which have demonstrated efficacy.*

**Coverage Limitations**

[US Government Publishing Office. Electronic code of federal regulations: part 411 – 42 CFR § 411.15 - Particular services excluded from coverage](#)

**Coding Information**

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
77401	Radiation treatment delivery, superficial and/or ortho voltage, per day	
77499	Unlisted procedure, therapeutic radiology treatment management	
96567	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitive drug(s), per day	
96900	Actinotherapy (ultraviolet light)	
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 4-8 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	
96921	Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm	

96922	Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm	
CPT® Category III Code(s)	Description	Comments
No code(s) identified		
HCPCS Code(s)	Description	Comments
A4633	Replacement bulb/lamp for ultraviolet light therapy system, each	
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)	

## References

- Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD). Durable medical equipment reference list (280.1). <https://www.cms.gov>. Published May 5, 2005. Accessed November 9, 2023.
- Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD). Laser procedures (140.5). <https://www.cms.gov>. Published May 1, 1997. Accessed November 9, 2023.
- Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD). Treatment of psoriasis (250.1). <https://www.cms.gov>. Accessed November 9, 2023.

## Appendix

**Appendix A – Examples of Home Ultraviolet Light Therapy Devices**

(Device should be smallest size appropriate for the treatment area)

Company	Device Name	Description
<a href="#">Daavlin</a>	DermaPal	Handheld wand for scalp or skin
	1 Series	Small portable unit for localized areas
	7 Series	Full body panel
	3 Series UV Series	Full body surround cabinet, compact full body cabinet
	4 Series	Portable 4 foot panel
	M Series	Treatment of hands and/or feet
<a href="#">National Biological</a>	DermaLight 90	Handheld wand for scalp
	DermaLume 2X	Handheld wand for scalp or skin
	Handisol II	Single panel
	Panasol II 2-Foot	Single panel 2 foot
	Panasol II 6-Foot	Single panel 6 foot
	Panasol 3D	6 foot panel with 2 adjustable wing panels
<a href="#">SolarC Systems</a>	SolRx 100 Series	Handheld device for scalp or skin
	SolRx 500 Series	Small unit (18 inches x 13 inches) for feet, hands, spot treatments
	SolRx 1000 Series	Single panel 6 feet
	SolRx E Series	Single 6 foot panel for use by itself Single 6 foot panel expanded by adding similar units to build a multidirectional system
<a href="#">UVbioTek</a>	Handwand	Spot treatments to axilla, soles of feet, scalp, localized body treatment
	Mobile-Lite	Palms of hands or soles of feet
	Multidirectional	Single panel (6 ½ foot) with fold out wings
	Single Panel Systems (Models 20B, 40B, 60B, 80B, 100B)	6 foot single panels of varying widths (2 bulb, 4 bulb, 6 bulb, 8 bulb, 10 bulb)
	Full Body Systems	Full body cabinet <b>(Refer to Coverage Limitations section)</b>
<a href="#">Zerigo Health</a>	Handheld	Personal, handheld, portable smart light therapy device and application for treatment management and tracking

**Change Summary**

- 01/01/2024 New Policy.

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