Medical Necessity Guidelines: UVB Home Units for Skin Disease

Effective: December 16, 2020

Prior Authorization Required If REQUIRED, submit supporting clinical documentation pertinent to service request.	**Yes ☒ No ☐**

Applies to:

COMMERCIAL Products

☒Tufts Health Plan Commercial products; Fax: 617.972.9409

☒Tufts Health Freedom Plan products; Fax: 617.972.9409

- CareLink℠ – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization

TUFTS HEALTH PUBLIC PLANS Products

☒Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax:888.415.9055

☒Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; Fax: 888.415.9055

☒Tufts Health RITogether – A Rhode Island Medicaid Plan; Fax: 857.304.6404

☒Tufts Health Unify* – OneCare Plan (a dual-eligible product); Fax: 857.304.6304

*The MNG applies to Tufts Health Unify members unless a less restrictive LCD or NCD exists.

SENIOR Products

- Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product) – Refer to the Tufts Health Plan SCO Prior Authorization List
- Tufts Medicare Preferred HMO, (a Medicare Advantage product) – Refer to the Tufts Medicare Preferred HMO Prior Authorization and Inpatient Notification List

Note: While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to make sure that prior authorization has been obtained.

OVERVIEW

Psoriasis is a chronic skin condition, which involves both thickening of the skin, redness, and silvery scales or plaques. Psoriasis is thought to be a disorder of the immune system, which causes overproduction of T cells in the skin.

Treatment is directed towards slowing the overproduction of skin cells. Phototherapy is one of several treatments, which may be tried to treat the disorder. The choice of treatment is dependent upon the severity of the disease and the patient's response to treatment. Ultraviolet light from the sun stimulates production of vitamin D by the skin, which slows the excessive development of skin cells. Artificial light treatment rather than natural sunlight provides a more controlled treatment method and is often used in psoriasis (UVB Phototherapy). For more severe cases in which the plaques cover a greater expanse of body surface, Ultraviolet A in combination with the drug Psoralen (also called PUVA) may be used.

UVB Phototherapy: Uses artificial light, type B (UVB). The treatment may be provided in a hospital, outpatient facility, physician's office, and in the home. A patient initiating home UVB therapy should be reliable and able to comply with the treatment protocol prescribed by the physician.

PUVA Phototherapy: Uses ultraviolet light, type A, combined with a psoralen medication (a medication which increases the skin's sensitivity to UVA). There is a greater risk of adverse effects with PUVA treatment when compared to UVB phototherapy; PUVA is more complicated to administer and has potential for harm if it is used incorrectly.

CLINICAL COVERAGE CRITERIA

Tufts Health Plan may authorize coverage for the purchase of a **home** UVB phototherapy unit when all the following criteria are met:

- Diagnosis of moderate-to-severe psoriasis and a history of frequent psoriasis flares that require home therapy for suppression **OR**
- Diagnosis of severe atopic dermatitis/eczema for members who have failed first line therapies.

AND ALL the following criteria:

- A positive response or a history of a positive response to the UVB treatment of psoriasis as demonstrated by at least 50% improvement based on any of the following objective measurement tool scores: Psoriasis Area and Severity Index (PASI), Physician Static/Dynamic Global Assessment or Body Surface Area.
- Communication from the member's physician, which includes the following:
  - A description of the severity of psoriasis or atopic dermatitis/eczema.
    Note: If the psoriasis or atopic dermatitis/eczema involves the palms, soles, or intertriginous areas, this description should include the percent of the affected area involved, and the associated disability.
  - A prescription from the physician describing the UVB exposure protocol.
  - A plan describing planned follow-up with the physician (i.e., the physician will need to see the patient periodically to determine effectiveness of therapy and the need for continuing treatment).
- Patient has been trained in the use of UVB Phototherapy and understands the need to communicate with the physician regarding any unexpected side effects.
- The patient is competent to use the treatment regimen appropriately.
- The patient has failed treatment with multiple topical agents or developed side effects from such agents as documented by the treating physician.

- Home UVB may be considered in cases of chronic idiopathic hand and foot dermatitis refractory of other treatments and causing disability.

LIMITATIONS

- Home UVB therapy for vitiligo is not covered and it is considered investigational.[10]
- Home UVB therapy for cosmetic purposes, such as tanning, is not covered.

CODES

The following HCPCS code(s) require prior authorization:

Code	Description
E0691	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; treatment area 2 square feet or less
E0692	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 foot panel
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 foot panel
E0694	Ultraviolet multidirectional light therapy system in 6 foot cabinet, includes bulbs/lamps, timer and eye protection

REFERENCES

1. Smith MP, Ly K, Thibodeaux Q, Bhutani T, Nakamura M. Home phototherapy for patients with vitiligo: challenges and solutions. Clin Cosmet Investig Dermatol. 2019;12:451-459. Published 2019 Jun 28. doi:10.2147/CCID.S185798.
2. Elmets CA, Leonardi CL, Davis DMR, et al. Joint AAD-NPF guidelines of care for the management and treatment of psoriasis with awareness and attention to comorbidities. J Am Acad Dermatol. 2019;80(4):1073-1113. doi:10.1016/j.jaad.2018.11.058.
3. National Psoriasis Foundation, Psoriasis treatment: Phototherapy. https://www.psoriasis.org/about-psoriasis/treatments/phototherapy#puva. Accessed August 7, 2020.
4. Sidbury R, Davis DM, Cohen DE, et al. Guidelines of care for the management of atopic dermatitis: section 3. Management and treatment with phototherapy and systemic agents. J Am Acad Dermatol. 2014;71(2):327-349. doi:10.1016/j.jaad.2014.03.030.
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6. Robinson A, Kardos M, Kimball AB. Physician Global Assessment (PGA) and Psoriasis Area and Severity Index (PASI): why do both? A systematic analysis of randomized controlled trials of biologic agents for moderate to severe plaque. Am Acad Dermatol. 2012 Mar; 66(3):369-75.

7. Carlin CS, Feldman SR, Krueger JG, Menter A, Krueger GG. A 50% reduction in the Psoriasis Area and Severity Index (PASI 50) is a clinically significant endpoint in the assessment of psoriasis. J Am Acad Dermatol. 2004 Jun; 50(6):859-66.
8. Treatment of psoriasis in adults. UpToDate.com/login [via subscription only]. Published May 29, 2020. Accessed August 7, 2020.
9. National Institute for Healthcare and Excellence. Psoriasis: assessment and management. Clinical guidelines, CG 153, October 24, 2012. nice.org.uk/guidance/cg153. Updated September 1, 2017. Accessed August 7, 2020.
10. Home ultraviolet B phototherapy for vitiligo. Hayesinc.com/login [via subscription only]. Published July 23, 2020. Accessed December 1, 2020.

APPROVAL HISTORY

March 2002: Reviewed by the Clinical Coverage Criteria Committee

Subsequent endorsement date(s) and changes made:

- May 27, 2003: Renewed, changes made to format only
- August 2, 2004: Guideline title changed from 'Ultraviolet Light (UVB) Home Units for Psoriasis Therapy' to reflect UVB use for other diseases of the skin. Homebound requirements removed from Clinical Coverage Criteria
- August 19, 2005: Reviewed and renewed without changes
- October 2, 2006: Reviewed and renewed without changes
- October 1, 2007: Reviewed and renewed without changes
- June 9, 2008: Reviewed and renewed without changes
- December 2009: Reviewed by Medical Policy, no changes
- August 2010: Reviewed by Medical Policy, atopic dermatitis/eczema added to covered diagnoses
- October 12, 2011: Reviewed by Integrated Medical Policy Advisory Committee (IMPAC), no changes
- October 10, 2012: Reviewed by IMPAC, no changes
- December 12, 2012: Reviewed by IMPAC, no changes
- December 11, 2013: Reviewed by IMPAC, renewed without changes
- September 17, 2014: Adopted by Tufts Health Plan – Network Health Commercial Plans and Tufts Health Plan – Network Health Medicaid Plans.
- November 19, 2014: Reviewed by IMPAC, renewed without changes
- March 11, 2015: Clarification of criteria to include psoriasis and/or atopic dermatitis/eczema.
- August 12, 2015: Reviewed by IMPAC, renewed without changes
- September 2015: Branding and template change to distinguish Tufts Health Plan products in "Applies to" section. Added Tufts Health Freedom Plan products, effective January 1, 2016.
- August 10, 2016: Reviewed by IMPAC. Change to criteria for response to UVB treatment for psoriasis to require 50% improvement based on objective measurement tool scores rather than complete clearing of psoriasis.
- July 20, 2017: Reviewed by IMPAC. Criteria for documentation of treatment changed from 6-12 months to 6 months.
- July 2017: Added RITogether Plan product to template. For MNGs applicable to RITogether, effective date is August 1, 2017
- May 9, 2018: Reviewed by IMPAC. Criteria requirement "treatment documented for at least 6 months" removed. For effective date October 1, 2018, MNG is applicable to RITogether product.
- August 22, 2018: Reviewed by IMPAC, renewed without changes
- October, 2018: Template and disclaimer updated
- September 18, 2019: Reviewed by IMPAC, renewed without changes
- October 21, 2020: Reviewed by IMPAC, renewed without changes
- November 24, 2020: Fax number for Unify updated
- December 16, 2020: Under limitations, changed UVB therapy for vitiligo is not covered to UVB therapy for vitiligo is not covered and is "considered investigational"

BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION

Medical Necessity Guidelines are developed to determine coverage for benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.