Medical Necessity Guidelines: UVB Home Units for Skin Disease

Effective: July 20, 2017

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<td>Applies to:</td>
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<tr>
<td>☒ Tufts Health Plan Commercial Plans products; Fax: 617.972.9409</td>
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<td>☒ Tufts Health Public Plans products</td>
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<td>☒ Tufts Health Direct – Health Connector; Fax: 888.415.9055</td>
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<td>☒ Tufts Health Together – A MassHealth Plan; Fax: 888.415.9055</td>
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<td>☐ Tufts Health Unify – OneCare Plan; Fax: 781.393.2607</td>
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<td>☐ Tufts Health RITogether – A Rhode Island Medicaid Plan; Fax: 857.304.6404</td>
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<tr>
<td>☒ Tufts Health Freedom Plan products; Fax: 617.972.9409</td>
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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). According to the National Psoriasis Foundation (NPF), home use of PUVA is controversial because it “is more complicated to administer, and it penetrates the skin more deeply than UVB. PUVA is more difficult to master, and has more potential for harm if it is used incorrectly.”

COVERAGE GUIDELINES
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 with treatment documented for at least 6 months, 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.

LIMITATIONS

- Home UVB may be considered in cases of chronic idiopathic hand and foot dermatitis refractory of other treatments and causing disability.
- Home UVB therapy for vitiligo is not covered.
- Home UVB therapy for cosmetic purposes, such as tanning, is not covered.

CODES

The following HCPCS code(s) require prior authorization:

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


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
• 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 RTTogether Plan product to template. For MNGs applicable to RTTogether, effective date is August 1, 2017

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 the 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.

Medical Necessity Guidelines apply to the fully insured Commercial and Medicaid products when Tufts Health Plan conducts utilization review unless otherwise noted in this guideline or in the Member’s benefit document, and may apply to Tufts Health Unify to the same extent as Tufts Health Together. This guideline does not apply to Tufts Medicare Preferred HMO, Tufts Health Plan Senior Care Options or to certain delegated service arrangements. 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. Applicable state or federal mandates or other requirements will take precedence. For CareLink Members, Cigna conducts utilization review so Cigna’s medical necessity guidelines, rather than these guidelines, will apply.

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.

Provider Services

UVB Home Units for Skin Disease