I. ACTION

New Policy
X Revising Policy Number CMS16.02
Superseding Policy Number
Archiving Policy Number
Retiring Policy Number

II. POLICY DISCLAIMER

Johns Hopkins HealthCare LLC (JHHC) provides a full spectrum of health care products and services for Employer Health Programs, Priority Partners, Advantage MD and US Family Health Plan. Each line of business possesses its own unique contract and guidelines which, for benefit and payment purposes, should be consulted first to know what benefits are available for coverage.

Specific contract benefits, guidelines or policies supersede the information outlined in this policy.

III. POLICY

Cross Reference: CMS01.04 Treatment of Acne and Actinic Keratosis

For Advantage MD see: Medicare Coverage Database

- Local Coverage Determination (LCD) for Removal of Benign Skin Lesions (L34938)

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• National Coverage Determination (NCD) for Treatment of Psoriasis (250.1)

For USFHP see:
• TRICARE Policy Manual 6010.60-M, April 1, 2015, Dermatological Procedures-General: Chapter 7, Section 17.1
• TRICARE Policy Manual 6010.60-M, April 1, 2015, Laser Surgery: Chapter 4, Section 3.1

IV. POLICY CRITERIA

LASER TREATMENT

A. When benefits are provided under the member’s contract, JHHC considers laser treatment of select skin conditions medically necessary when ALL of the following criteria are met:
1. Standard medical therapy has been optimized for a minimum of three months (as confirmed through review of pharmacy claims and medical records), AND;
2. There is a confirmed diagnosis of:
   a. Localized plaque psoriasis affecting <10% of total body surface area.
   b. Port wine stains and other vascular (malformations) of the face and neck.
   c. Vitiligo of the face and hands
   d. Symptomatic scarring resulting from a therapeutic intervention (example: surgery), disease or trauma. (see CMS03.12, Cosmetic and Reconstructive Services);
   e. Treatment of vascular lesions when complication of medical condition (i.e. scleroderma, surgical scarring);
   f. Hidradenitis refractory to all medical treatment as reported in medical records;
   g. Hair growth in undesirable locations on skin graft or flap
   h. Targeted permanent removal of ingrown hairs may be considered medically necessary when the condition is recurrent and is causing symptomatic (e.g., infected, painful, tender) cysts or skin lesions such as pilonidal cysts and pseudofolliculitis barbae. Medical documentation is required to determine medical necessity.

B. Unless specific benefits are provided under the member’s contract, JHHC considers ultra-violet B (UVB) in conjunction with pulsed dye laser in the treatment of plaque psoriasis experimental and investigational as it does not meet Technology Evaluation Criteria (TEC).

C. Unless specific benefits are provided under the member’s contract, JHHC considers laser treatment cosmetic for all other conditions including, but not limited to the following:
1. Acne scarring;
2. Dyschromia;
3. Hair removal, (except when medically indicated, e.g., hidradenitis, hair in undesirable location on skin graft or flap);
4. Tattoo removal;
5. Removal of spider angiomata, (except when medically indicated, e.g., treatment of vascular lesions when complication of medical condition (i.e. scleroderma, surgical scarring);
6. Removal of telangiectasias;
7. Rosacea.

D. Unless specific benefits are provided under the member’s contract, JHHC considers laser treatment experimental and investigational for all other indications, as it does not meet Technology Evaluation Criteria (TEC).

DOCUMENTATION REQUIREMENTS:

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For the treatment of plaque psoriasis: Psoriasis Area and Severity Index (PASI) score or other objective response measurement is required to document treatment efficacy.

PHOTOTHERAPY:

A. **General Criteria**: When benefits are provided under the member’s contract JHHC considers phototherapy for skin conditions medically necessary when all the following are met:
   1. Topical therapies have been optimized, AND;
   2. The goal of therapy is not primarily cosmetic, defined as “carried out with the primary intent to change or improve appearance in the absence of specific functional deficit(s)”, AND;
   3. Therapy has a defined and measurable end-point, (or if continued improvement is documented, treatment may be considered indefinitely in order to maintain such improvement, See Letter C, 3, below), AND;
   4. Therapy is discontinued when the end-point is reached or there is limited or no measurable response to treatment.

B. **Psoralens and Ultraviolet A (PUVA)**: When benefits are provided under the member’s contract, JHHC considers psoralens and ultraviolet A (PUVA) treatments medically necessary for the following conditions when medical records demonstrate that conventional therapies have been optimized and failed:
   1. Vitiligo of the face and hands
   2. Severely disabling psoriasis (i.e., psoriasis involving 10% or more of the body, or severe psoriasis involving the hands, feet, or scalp);
   3. Severe urticaria pigmentosa (cutaneous mastocytosis);
   4. Severe refractory pruritus of polycythemia vera;
   5. Severe refractory atopic dermatitis/eczema;
   6. Severe parapsoriasis;
   7. Severe lichen planus;
   8. Pityriasis lichenoides;
   9. Photodermatoses;
   10. Necrobiosis lipoidica;
   11. Morphea and localized skin lesions associated with scleroderma;
   12. Granuloma annulare;
   13. Eosinophilic folliculitis and other pruritic eruptions of HIV infection;
   14. Cutaneous manifestations of graft versus host disease;
   15. Mycosis Fungoides;
   16. Chronic palmoplantar pustulosis;
   17. Alopecia areata;
   18. Pruritus of renal disease

C. A maximum of 3 treatments per week for 2 months may be considered on initial request;
   1. If no improvement is documented within the first 2 months of treatment, additional treatments are not considered medically necessary.
   2. If improvement is documented in the medical record, up to 3 treatments per week may be considered for an additional 4 months.
   3. If continued improvement is documented, and/or maintenance of improvement is documented, up to 2 treatments a week may be considered indefinitely.

D. Unless specific benefits are provided under the member’s contract, JHHC considers Home PUVA treatment experimental and investigational for all other medical diagnoses, as it does not meet Technology Evaluation Criteria (TEC).
E. Unless specific benefits are provided under the member’s contract, JHHC considers PUVA experimental and investigational for all other medical diagnoses, as it does not meet Technology Evaluation Criteria (TEC).

F. UVA, UVA1 and UVB to include narrow band UVB. When benefits are provided under the member’s contract, JHHC considers UVA or UVB medically necessary for the following conditions when medical records demonstrate that conventional therapies have been optimized and failed:
   1. Early stage mycosis fungoides
   2. Chronic eczematous dermatitis including atopic dermatitis;
   3. Vitiligo of the face and hands;
   4. Moderate to severe Psoriasis;
   5. Psoriasis.
   6. Prurigo nodularis;
   7. Pityriasis rosea;
   8. Pityriasis lichenoides;
   9. Photodermatoses;
   10. Parapsoriasis;
   11. Morphea (circumscribed scleroderma);
   12. Lichen planus;
   13. Eosinophilic folliculitis and other pruritic eruptions of HIV infection;
   14. Pruritus of renal disease
   15. Acne

G. When benefits are provided under the member’s contract, JHHC considers home phototherapy (UVB) treatment medically necessary DME for the following:
   1. Severe psoriasis with a history of frequent flares and member is unable to attend onsite therapy, OR;
   2. Patients with severe psoriasis requiring immediate therapy in order to suppress psoriasis flares.
   3. Vitiligo
   4. Chronic Eczematous Dermatitis including Atopic Dermatitis

H. Unless specific benefits are provided under the member’s contract, JHHC considers Narrow band UVB treatments experimental and investigational for all other medical diagnoses, as it does not meet Technology Evaluation Criteria (TEC).

V. DEFINITIONS

Home UVB phototherapy: Home phototherapy is a medical treatment that requires monitoring by a health care professional. When doing phototherapy at home it is critical to follow the physician’s instructions and to continue with regular check-ups. Like phototherapy in a clinic, it requires a consistent treatment schedule. Initially, patients are treated at a medical facility and then begin using a light unit at home. (National Psoriasis Foundation, 1996-2018).

Phototherapy: Phototherapy or light therapy, involves exposing the skin to ultraviolet light on a regular basis and under medical supervision. Treatments are done in a doctor's office or psoriasis clinic or at home with phototherapy unit. The key to success with light therapy is consistency. (National Psoriasis Foundation, 1996-2018).

Port-wine Stain: A port-wine stain is a birthmark in which swollen blood vessels create a reddish-purplish discoloration of the skin. It is caused by an abnormal formation of tiny blood vessels in the skin. In rare cases, port-wine stains are a sign of Sturge-Weber Syndrome or Klippel-Trenaunay-Weber Syndrome. (U.S. National Library of Medicine, 2019a).
Psoriasis: is a skin condition that causes skin redness, silvery scales, and irritation. Most people with psoriasis have thick, red, well-defined patches of skin with flaky, silver-white scales. This is called plaque psoriasis. (U.S. National Library of Medicine, 2019b).

1. Plaque Psoriasis: Plaque psoriasis is the most common form of the disease and appears as raised, red patches covered with a silvery white buildup of dead skin cells or scale. These patches or plaques most often appear on the scalp, knees, elbows and lower back. They are often itchy and painful, and they can crack and bleed. (National Psoriasis Foundation, 1996-2018c).

2. Guttate: Guttate psoriasis is a form of psoriasis that often starts in childhood or young adulthood. This is the second most common type of psoriasis, after plaque psoriasis. About 10 percent of people who get psoriasis develop guttate psoriasis. (National Psoriasis Foundation, 1996-2018c).

3. Inverse Psoriasis: Inverse psoriasis (also known as intertriginous psoriasis) shows up as very red lesions in body folds. It may appear smooth and shiny. Many people have another type of psoriasis elsewhere on the body at the same time. (National Psoriasis Foundation, 1996-2018c)

4. Pustular: Pustular psoriasis is characterized by white pustules (blisters of noninfectious pus) surrounded by red skin. The pus consists of white blood cells. It is not an infection, nor is it contagious. (National Psoriasis Foundation, 1996-2018c)

5. Erythrodermic Psoriasis: Erythrodermic psoriasis is a particularly inflammatory form of psoriasis that often affects most of the body surface. It may occur in association with von Zumbusch pustular psoriasis. It is a rare type of psoriasis, occurring once or more during the lifetime of 3 percent of people who have psoriasis. It generally appears on people who have unstable plaque psoriasis. This means the lesions are not clearly defined. Widespread, fiery redness and exfoliation of the skin characterize this form. Severe itching and pain often accompanies it. Individuals having an erythrodermic psoriasis flare should see a doctor immediately. This form of psoriasis can be life-threatening. (National Psoriasis Foundation, 1996-2018c).

PUVA: PUVA is a combination of psoralen (P) and long-wave ultraviolet radiation (UVA) that is used to treat psoriasis and some other severe skin conditions. Psoralen is a drug taken by mouth that makes the skin disease more sensitive to ultraviolet light. This allows the deeply penetrating UVA band of light to work on the skin. (American Osteopathic College of Dermatology, 2019)

Ultraviolet light B (UVB): Ultraviolet B (UVB) is an effective treatment for psoriasis. UVB penetrates the skin and slows the growth of affected skin cells. Treatment involves exposing the skin to an artificial UVB light source for a set length of time on a regular schedule. This treatment is administered in a medical setting or at home. There are two types of UVB treatment, broad band and narrow band. The major difference between them is that narrow band UVB light bulbs release a smaller range of ultraviolet light. Narrow-band UVB is similar to broad-band UVB in many ways. (National Psoriasis Foundation, 1996-2018)

Vitiligo: Vitiligo causes white patches on your skin. It can also affect your eyes, mouth, and nose. It occurs when the cells that give your skin its color are destroyed. No one knows what destroys them. It is more common in people with autoimmune diseases, and it might run in families. It usually starts before age 40. The white patches are more common where your skin is exposed to the sun. In some cases, the patches spread. Vitiligo can cause your hair to gray early. If you have dark skin, you may lose color inside your mouth. Using sunscreen will help protect your skin, and cosmetics can cover up the patches. Treatments for vitiligo include medicines, light therapy, and surgery. Not every treatment is right for everyone. Many have side effects. Some take a long time and some do not always work. (U.S. National Library of Medicine, 2019c).
VI. BACKGROUND
Numerous types of laser treatments are available to help treat a variety of skin conditions. Laser treatment, or phototherapy, is most commonly used in patients with psoriasis. Psoriasis is believed to be a result of an immunologic deficiency that increases the growth rate of skin cells. As a result, patients experience symptoms such as skin redness and irritation due to thick scaly patches that cover parts of their body.

There are several types of psoriasis: plaque, guttate, inverse, pustular, erythrodermic, nail, and psoriatic arthritis. Plaque psoriasis is present in the majority of patients that experience symptoms. Initial treatment options for the first several months often include various types of creams and ointments. Other treatment options include oral and biologic prescription drugs. For more severe cases of psoriasis, where creams and ointments are not sufficient, light therapy/phototherapy is recommended.

Phototherapy is a common form of treatment in patients with severe psoriasis. It is most effective when used in conjunction with prescribed creams and ointments. Dermatologists consider several types of phototherapy when treating patients. For patients with light to mild psoriasis, simply getting additional exposure to natural sunlight can help improve symptoms. More severe cases of psoriasis typically undergo Ultraviolet B (UVB) therapy or Psoralen plus Ultraviolet A (PUVA) therapy.

VII. CODING DISCLAIMER
CPT Copyright 2019 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association.

Note: The following CPT/HCPCS codes are included below for informational purposes and may not be all inclusive. Inclusion or exclusion of a CPT/HCPCS code(s) below does not signify or imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member’s specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee of payment. Other policies and coverage determination guidelines may apply.

Note: All inpatient admissions require preauthorization.

<table>
<thead>
<tr>
<th>Employer Health Programs (EHP)</th>
<th>Priority Partners (PPMCO)</th>
<th>US Family Health Plan (USFHP), TRICARE Medical Policy supersedes JHHC Medical Policy. If there is no Policy in TRICARE, apply the Medical Policy Criteria.</th>
<th>Advantage MD, LCD and NCD Medical Policy supersedes JHHC Medical Policy. If there is no LCD or NCD, apply the Medical Policy Criteria.</th>
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<tr>
<td>(EHP) refer to specific Summary Plan Description (SPD). If there is no criteria in the SPD, apply the Medical Policy criteria.</td>
<td>refer to COMAR guidelines then apply the Medical Policy criteria.</td>
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VIII. CODING INFORMATION

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<thead>
<tr>
<th>CPT CODES</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>17106</td>
<td>Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm</td>
</tr>
<tr>
<td>17107</td>
<td>Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm</td>
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</tbody>
</table>

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### Treatment for Skin Conditions

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>17108</td>
<td>Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm</td>
</tr>
<tr>
<td>96900</td>
<td>Actinotherapy (ultraviolet light)</td>
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<tr>
<td>96910</td>
<td>Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B</td>
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<td>96912</td>
<td>Photochemotherapy; psoralens and ultraviolet A (PUVA)</td>
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<td>96913</td>
<td>Photochemotherapy (Goeckerman and/or PUVA) for severe photo responsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings)</td>
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<td>96920</td>
<td>Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm</td>
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<tr>
<td>96921</td>
<td>Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm</td>
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<tr>
<td>96922</td>
<td>Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm</td>
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#### HCPCS Codes

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<tr>
<td>A4633</td>
<td>Replacement bulb/lamp for ultraviolet light therapy system</td>
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<tr>
<td>E0691</td>
<td>Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, treatment area 2 sq ft 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 ft panel</td>
</tr>
<tr>
<td>E0693</td>
<td>Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 ft panel</td>
</tr>
<tr>
<td>E0694</td>
<td>Ultraviolet multidirectional light therapy system in 6 ft cabinet, includes bulbs/lamps, timer, and eye protection.</td>
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#### ICD10 Codes

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<td>C84.0- C84.09</td>
<td>Mycosis Fungoides</td>
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<td>L20-L30.9</td>
<td>Dermatitis and eczema</td>
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<td>L40.0-L40.9</td>
<td>Psoriasis</td>
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<td>L70</td>
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<td>Localized scleroderma</td>
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**IX. REFERENCE STATEMENT**
Analyses of the scientific and clinical references cited below were conducted and utilized by the Johns Hopkins HealthCare LLC (JHHC) Medical Policy Team during the development and implementation of this medical policy. The Medical Policy Team will continue to monitor and review any newly published clinical evidence and revise the policy and adjust the references below accordingly if deemed necessary.

**X. REFERENCES**


XI. APPROVALS

Historical Effective Dates: 06/05/2015, 06/02/2017, 09/03/2019