



Utilization *ALERT*

- Prior to use of this MCP for evaluation of medical necessity, benefit coverage **MUST** be verified in the member's EOC or benefit document.
 - Effective January 1, 2021, Kaiser Permanente will provide supplemental benefit coverage for Medicare' Senior Advantage, Maryland Medicaid, and Virginia Medicaid members, to expand the clinical indication for home phototherapy. Medicare Advantage patients have coverage of Home Ultraviolet B (UVB) treatment when the indication meets the medical coverage criteria in Home Ultraviolet (UVB) Phototherapy medical coverage policy
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I. Procedure/Service: Home UVB phototherapy unit

II. Specialty: Dermatology

III. Clinical indications for referral

- A. Phototherapy treatment is indicated for the following conditions
1. Cutaneous T-cell lymphoma (CTCL) (e.g., mycosis fungoides);
 2. Psoriasis;
 3. Pityriasis lichenoides chronica (PLC)/PLEVA;
 4. Recalcitrant prurigo and pruritis;
 5. Lichen planus;
 6. Severe widespread eczema that has failed topical treatments;
 7. Inflammatory dermatoses NOS, not responsive to standard therapy; or
 8. Home phototherapy is also covered under some circumstances for Vitiligo. See Vitiligo Medical Coverage Policy.
- B. Members may be eligible for home phototherapy when conducted under a physician's supervision with regular visits scheduled every three to six months, for the diagnoses listed in section III.A.
- C. The ordering provider must document that member is informed that the treatment is expected to be long term to life-long and that the patient has the cognitive ability to use home phototherapy.
- D. Home phototherapy is considered medically necessary for patients who meet the criteria who are unable to attend on-site therapy.

IV. Therapeutic and administrative measures prior to referral for home therapy

- A. Patient must have a documented improvement in symptoms and decreased disease activity as measured by total body surface area (TBSA) after 1-3 months of in office phototherapy OR



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- B. There must be sufficient documentation from the treating dermatologist that the device will be effective, will provide long term use/benefit, and is medically necessary to treat the covered conditions. Documentation requirements include **one** of the below:
1. History of improvement with sun exposure, e.g., patient has history of improvement during summer months or with sun exposure;
 2. That there is a reasonable expectation of improvement with exposure to sun exposure or phototherapy (especially in scalp areas) and there is no evidence of worsening disease with sun exposure or phototherapy.

V. Documentation and Coverage requirements

- A. Patient must have the cognitive abilities to safely manage their home phototherapy, AND
- B. Prior to referral, documentation of the risks and benefits of home phototherapy must be discussed with the patient and noted in the chart. A written signed consent form is recommended.
- C. DME coverage should be verified prior to submitting a referral for home phototherapy equipment; DME cost shares and plan deductibles vary widely and could prohibit members from receiving home phototherapy treatment. Please advise members to verify their DME cost share and their outstanding deductible amount, as applicable, with Member Services if they meet criteria for home light therapy.
- D. Home UVB phototherapy DME includes home ultraviolet light booths or ultraviolet lamps, and replacement bulbs, sold by prescription only



References

1. Cameron H, Yule S, Dawe RS, Ibbotson SH, Moseley H. [Review of an established UK home phototherapy service 1998–2011: improving access to a cost-effective treatment for chronic skin disease](#) _J of [Public Health](#). Apr 2014. 128(4); 317-24.
2. Carter J. Phototherapy for cutaneous T-cell lymphoma: online survey and literature review. - J Am Acad Dermatol – Jan 2009; 60(1): 39-50.
3. Marqueling AL. [Systemic treatments for severe pediatric psoriasis: a practical approach](#). - Dermatol Clin Apr 2013; 31(2): 267-88.
4. Menter A, Korman NJ, Elmets CA et al. [Guidelines of care for the management of psoriasis and psoriatic arthritis: Section 5. Guidelines of care for the treatment of psoriasis with phototherapy and photochemotherapy](#). - J Am Acad Dermatol - Jan 2010; 62(1): 114-35.
5. Mudigonda T, Dabade TS, Feldman SR. A review of targeted ultraviolet B phototherapy for psoriasis, J Am Acad Dermatol - April 2012; 66(4) 664-72.
6. Nolan BV. A review of home phototherapy for psoriasis. - Dermatol Online J – Jan 2010; 16(2).
7. Ponte P. Efficacy of narrowband UVB vs. PUVA in patients with early-stage mycosis fungoides. - J Eur Acad Dermatol Venereol – Jun 2010; 24(6): 716-21.
8. Potts GA. [Psoriasis in the geriatric population](#). - Clin Geriatr Med – May 2013; 29(2): 373-95.
9. Ring J, et al. Guidelines for treatment of atopic eczema (atopic dermatitis) Part II. Journal of the European Academy of Dermatology and Venereology: JEADV. 2012;26(9):1176-1193.
10. Pugashetti R, Koo J. Phototherapy in pediatric patients: choosing the appropriate treatment option. Seminars in Cutaneous Medicine and Surgery 2010;29(2):115-20.
11. Simpson GL, Yelverton CG, Rittenberg S, Feldman SR. Do Utilization management controls for phototherapy increase the prescription of biologics? J of Derm Treatment. 2006. 17(6), 359-61.
12. Van Cranenburgh OD. [Health-related quality-of-life assessment in dermatologic practice: relevance and application](#). - Dermatol Clin - Apr 2012; 30(2): 323-32.
13. Yentzer BA, Feldman SR. Trends in home phototherapy adoption in the US: monetary disincentives are only the tip of the iceberg. - J Dermatolog Treat Feb 2011. 22 (1); 27-30.
14. Zandi S, Kalia S, Lui H. UVA1 phototherapy: a concise and practical review. Skin Therapy Letter 2012;17(1):1-4.
15. Hung R, Ungureanu S, Edwards C, Gambles B, Anstey AV, Home phototherapy for psoriasis: a review and update. - Clin. Exp. Dermatol. - December 1, 2015; 40 (8); 827-2; quiz 832-3
16. Eleftheriadou V, Ezzedine K, Portable home phototherapy for vitiligo - Clin. Dermatol. - September 1, 2016; 34 (5); 603-6.
17. Hyde, Kimberly; Cardwell, Leah A.; Stotts, Ronnie; Feldman, Steven R. Psoriasis Treatment Cost Comparison: Biologics versus Home Phototherapy (includes abstract). American Academy of Pharmacy Benefits, Jan/Feb 2018; 10(1); 18-21. 4p (Article-research, tables/charts). ISSN: 1945-4481, Database: CINAHL with Full Text.
18. Anderson, Kathryn I; Feldman, Steven R. Review: A guide to prescribing home phototherapy for patients with psoriasis: The appropriate patient, the type of unit, the treatment regimen, and the potential obstacles. Journal of the American Academy of Dermatology May 2015 72(5): 868-878. E1 Language: English. DOI: 10.1016/j.jaad.2015.02.003. Database: Science Direct.



19. [Smith, MP Ly, K, Thibodeaux, Q, Bhutani, T and Nakamura M.](#) Home phototherapy for patients with vitiligo: challenges and solutions. *Clin Cosmet Investig Dermatol*. 2019; 12: 451–459. Published online 2019 Jun 28. doi: [10.2147/CCID.S185798](https://doi.org/10.2147/CCID.S185798)
20. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6607222/pdf/ccid-12-451.pdf>
21. John Hopkins HealthCare LLC, Medical Policy Number # CMS16.02: Treatment of Skin Conditions. 09/03/2019.
22. Medicare Coverage Database, Treatment of Psoriasis. Publication Number 100-3, Manual Section Number 250.1. Accessed 10/20/15.
23. Center for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) No. 250.1 - Treatment of Psoriasis. Effective date not posted. Longstanding NCD. Accessed: 11/26/2021. <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=88&ncdver=1&DocID=250.1&SearchType=Advanced&bc=IAAAAAgAAAAAA%3d%3d&>
24. Center for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) No. 140.5 - Laser Procedures. Effective date: 05/01/1997. Accessed 11/26/2021. <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=69&ncdver=1&DocID=140.5&SearchType=Advanced&bc=IAAAAAgAAAAAA%3d%3d&>
25. Wang, H. T., Yuan, J. Q., Zhang, B., Dong, M. L., Mao, C., & Hu, D. (2017). Phototherapy for treating foot ulcers in people with diabetes. *The Cochrane database of systematic reviews*, 6(6), CD011979. <https://doi.org/10.1002/14651858.CD011979.pub2>
26. Hanna, R., Dalvi, S., Sălăgean, T., Pop, I. D., Bordea, I. R., & Benedicenti, S. (2021). Understanding COVID-19 Pandemic: Molecular Mechanisms and Potential Therapeutic Strategies. An Evidence-Based Review. *Journal of inflammation research*, 14, 13–56. <https://doi.org/10.2147/JIR.S282213>
27. Sun, J., Xing, F., Braun, J., Traub, F., Rommens, P. M., Xiang, Z., & Ritz, U. (2021). Progress of Phototherapy Applications in the Treatment of Bone Cancer. *International journal of molecular sciences*, 22(21), 11354. <https://doi.org/10.3390/ijms222111354>
28. Smith, M. P., Ly, K., Thibodeaux, Q., Bhutani, T., & Nakamura, M. (2019). Home phototherapy for patients with vitiligo: challenges and solutions. *Clinical, cosmetic, and investigational dermatology*, 12, 451–459. <https://doi.org/10.2147/CCID.S185798>
29. Elmets, C. A., Leonardi, C. L., Davis, D. M. R., Gelfand, J. M., Lichten, J., Mehta, N. N., Armstrong, A. W., Connor, C., Cordoro, K. M., Elewski, B. E., Gordon, K. B., Gottlieb, A. B., Kaplan, D. H., Kavanaugh, A., Kivelevitch, D., Kiselica, M., Korman, N. J., Kroshinsky, D., Lebwohl, M., Lim, H. W., Menter, A. (2019). Joint AAD-NPF guidelines of care for the management and treatment of psoriasis with awareness and attention to comorbidities. *Journal of the American Academy of Dermatology*, 80(4), 1073–1113. <https://doi.org/10.1016/j.jaad.2018.11.058>
30. MCG © Ambulatory Care 28th edition. Home Phototherapy Device for Neonatal Hyperbilirubinemia. ACG: A-0883 (AC), Accessed 12/15/2023
31. Hristov, A. C., Tejasvi, T., & Wilcox, R. A. (2023). Cutaneous T-cell lymphomas: 2023 update on diagnosis, risk-stratification, and management. *American journal of hematology*, 98(1), 193–209. <https://doi.org/10.1002/ajh.26760>
32. Almohideb, M., Walsh, S., Walsh, S., Shear, N., & Alhusayen, R. (2017). Bath Psoralen-ultraviolet A and Narrowband Ultraviolet B Phototherapy as Initial Therapy for Early-stage Mycosis Fungoides: A Retrospective



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Medical Coverage Policy

Cohort of 267 Cases at the University of Toronto. *Clinical lymphoma, myeloma & leukemia*, 17(9), 604–612.
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Approval History

Date approved by RUMC	Date filed with the State of Maryland	Effective Date (Ten days after filing)
11/29/2011	11/30/2011	12/11/2011
11/18/2012	11/21/2012	12/02/2012
11/19/2013	11/21/2013	12/02/2013
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12/30/2015	12/31/2015	01/12/2016

Approval History

Effective June 01, 2016, state filing is no longer required per Maryland House Bill [HB 798](#) – Health Insurance – Reporting

Date approved by RUMC	Date of Implementation
12/22/2016	12/22/2016
12/28/2017	12/28/2017
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03/22/2021	03/22/2021
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*The Regional Utilization Management Committee received delegated authority in 2011 to review and approve designated Utilization Management and Medical Coverage Policies by the Regional Quality Improvement Committee.

Note:

Kaiser Permanente Mid-Atlantic States (KPMAS) include referral and authorization criteria to support primary care and specialty care practitioners, as appropriate, in caring for members with selected conditions. Whenever possible, medical coverage policies are evidence based and may include expert opinion. Medical coverage policies are not intended or designed as a substitute for the reasonable exercise of independent clinical judgment by a practitioner in any particular set of circumstances for an individual member.



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Medical Coverage Policy

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