



Corporate Medical Policy

PUVA (Psoralens with Ultraviolet A) Therapy

File Name: puva_(psoralens_with_ultraviolet_a)_therapy
Origination: 8/1983
Last Review: 3/2003
Next Review: 3/2005

Active policy, no longer scheduled for routine literature review.

Description of Procedure or Service

Photochemotherapy involves treatment with drugs that react to ultraviolet radiation or sunlight. PUVA is a photochemotherapy treatment used to treat severe skin conditions such as psoriasis and other dermatoses. PUVA is a combination of Psoralens (P) and Ultraviolet A (UVA) radiation. Psoralens are photosensitizing agents (light -activated drugs) found in certain plants. A drug derived from Psoralens is taken by mouth approximately one to two hours before the Ultraviolet A treatment. When absorbed into the body, it has the opposite effect of a sunscreen. It makes the skin cells more susceptible to ultraviolet A (UVA) light. Topical psoralens (liquid or ointment) can be used in some cases prior to UVA treatment.

Policy

Active policy, no longer scheduled for routine literature review.

BCBSNC will cover PUVA (Psoralens with Ultraviolet A) Therapy when it is determined to be medically necessary because the medical criteria and guidelines shown below are met.

Benefits Application

Please refer to certificate for availability of benefits. This policy relates only to the services or supplies described herein. Benefits may vary according to benefit design, therefore certificate language should be reviewed before applying the terms of the policy.

When PUVA (Psoralens with Ultraviolet A) Therapy is covered

PUVA is covered for the treatment of severe, refractory, disabling psoriasis which is resistant to or not adequately responsive to other forms of conservative therapy (e.g., topical corticosteroids, coal tar preparations, and ultraviolet light).

PUVA is covered for the treatment of severe refractory atopic dermatitis and severe refractory pruritus that is resistant to or not responsive to conventional therapies.

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When PUVA (Psoralens with Ultraviolet A) Therapy is not covered

PUVA is not covered in the following situations:

- For diagnoses other than noted above
- In general, home PUVA is not recommended

Policy Guidelines

- ◆ Treatment of psoriasis with PUVA is usually reserved for difficult cases. Severe psoriasis may be defined as extensive involvement (greater than 20% of body surface area) or causing extreme pain. Disabling psoriasis may be defined as incapacitating (such as extensive involvement of the hands or feet interfering with the patient's ability to perform activities of daily living).
- ◆ Treatment of atopic dermatitis with PUVA is usually reserved for chronic recalcitrant (not responsive to treatment) disease that is not adequately responsive to standard forms of therapy (combination of skin care, topical corticosteroids and other ointments, treatment of secondary infection and control of pruritus).
- ◆ Numerous skin and systemic diseases are associated with pruritus or "itching". Even in the absence of primary cutaneous findings, severe and extensive pruritus is often associated with systemic disease. The most common skin disease associated with pruritus is xerosis or abnormal dryness of the skin. The most common systemic disease associated with pruritus is chronic renal failure. Treatment with PUVA should be reserved for patients with severe extensive pruritus who are not responsive to disease specific treatment or in whom no underlying disorder can be clearly diagnosed.
- ◆ PUVA is generally done on an ambulatory basis and may be appropriately rendered in a hospital, clinic or physician's office.

Billing and Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable codes: 96912, 96913

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Policy Key Words

Key Words: Photochemotherapy, Psoralens with Ultraviolet A (PUVA) Therapy, Psoriasis, PUVA treatment, PUVA (Psoralens with Ultraviolet A) therapy, atopic dermatitis, pruritus, eczema

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Medical Term Definitions

Not applicable.

Scientific Background and Reference Sources

For Policy entitled PUVA (Psoralens with Ultraviolet A) Therapy

National Association - 12/95

External consultant review - 3/96

BCBSA Medical Policy Reference Manual - 11/1/98

Medical Policy Advisory Group Review - 3/99

Policies combined for new policy entitled: Photodynamic Therapy

BCBSA Medical Policy Reference Manual, 8/18/2000; 8.01.06

BCBSA TEC Evaluation, 12/2000; Volume 15, No. 18

BCBSA Medical Policy Reference Manual, 12/15/2000; 9.03.08

Specialty Matched Consultant Advisory Panel 11/2001

BCBSA Medical Policy Reference Manual, 11/20/2001, 8.01.36 and 9.03.08

Photodynamic Therapy Policy separated. New policy name is PUVA (Psoralens with Ultraviolet A) Therapy

BCBSA Medical Policy Reference Manual, 2.01.07; 04/15/02

ECRI Hotline Response: Phototherapy (UVA and UVb) for the Home-Based Treatment of Psoriasis and Atopic Dermatitis. 5/3/02

Specialty Matched Consultant Advisory Panel - 3/2003

BCBSA Medical Policy Reference Manual, 2.01.07; 04/29/03

Policy Implementation/Update Information

For policy entitled: PUVA (Psoralens with Ultraviolet A) Therapy

- 8/83 Original policy: Generally accepted medical practice for severe, disabling and recalcitrant psoriasis
- 12/85 Evaluated: Eligible for coverage for Plans which consider vitiligo to be an illness. Not eligible for coverage under Uniform Medical Policy (considered cosmetic)
- 7/88 Reviewed: Reaffirmed
- 3/96 Evaluated Home PUVA is considered investigational
- 3/97 Reaffirmed
- 3/99 Reviewed by MPAG. Reaffirmed
- 6/99 Reformatted, Description of Procedure or Service changed. Medical Term Definitions added.

*See Also: cosmetic and Reconstructive Surgery

Policies combined for new policy entitled: Photodynamic Therapy

Policy: PUVA (Psoralens with Ultraviolet A) Therapy

- 8/00 New combined policy issued. System coding changes.
- 3/01 Revised. New section IV added to include criteria for photodynamic therapy for treatment of age-related macular degeneration. Added statement under when extracorporeal photopheresis is not covered.
- 5/01 Revised. Added eligible criteria for palliative treatment of obstructing endobronchial lesions to Section III.
- 10/01 Coding format changes.
- 11/01 Specialty Matched Consultant Advisory Panel. No changes.
- 3/02 Policy statements revised in both covered and non-covered sections of the, "Photodynamic Therapy for Treatment of Age-related Macular Degeneration" and "Extracorporeal Photopheresis".

Photodynamic Therapy Policy separated. New policy name is PUVA (Psoralens with Ultraviolet A) Therapy

- 11/03 New separated policy for PUVA Therapy issued. Specialty Matched Consultant Advisory Panel review 3/27/03. Benefits extended to cover severe refractory atopic dermatitis and severe refractory pruritus. Benefits Application and Billing/Coding sections revised. E0690 removed from Billing/Coding section and 96913 added. Policy status changed to: "Active policy, no longer scheduled for routine literature review."
- 6/22/10 Policy Number(s) removed (amw)

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.