ULTRAVIOLET (UV) PHOTOTHERAPY/PHOTOCHIMOTHERAPY
THE801.002

COVERAGE:

Ultraviolet (UV) Phototherapy (wavelengths UVA, UVB, or UVC) with or without coal, tar, petrolatum preparations, oral or topical photosensitizer medications (such as Methoxsalen, Psoralens, Oxsoralen, or Triosalen) may be eligible for coverage for the treatment of extensive or severe disabling psoriasis and mycosis fungoides cutaneous T-Cell lymphoma.

NOTE: Extensive or severe disabling psoriasis is resistant to, or not adequately responsive to other forms of conservative therapy, such as topical corticosteroids, coal/tar preparations with UVB or UVC wavelengths, or UVB or UUVC alone. Psoriasis is a chronic skin disease characterized by circumscribed red patches covered with white scales.

Ultraviolet (UV) Phototherapy (wavelengths UVA, UVB, or UVC) with or without coal, tar, petrolatum preparations, oral or topical photosensitizer medications (such as Methoxsalen, Psoralens, Oxsoralen, or Triosalen) is not eligible for coverage for the treatment of vitiligo as it considered cosmetic. Vitiligo is the appearance on otherwise normal skin of nonpigmented white patches of varied sizes, often symmetrically distributed and usually bordered with hyperpigmented areas. Hair in the affected area is usually, but not always, white.

NOTE: During the course of UVB, UVC, or PUVA therapy, the patient needs to be assessed on a regular basis to determine the effectiveness of the therapy and development of side effects. These evaluations are essential to ensure that the exposure dose of radiation is kept to the minimum amount compatible with adequate disease control. Therefore, UVB or PUVA is generally not recommended for home therapy.

Conditions not listed above are not eligible for coverage as they are considered investigational.

DESCRIPTION:

Ultraviolet Phototherapy is the application of light (artificial or sunlight) for therapeutic purposes. Ultraviolet Photochemotherapy is a treatment (for psoriasis) in which administration of a photosensitizing drug is followed by exposure to ultraviolet radiation (artificial) or sunlight. Ultraviolet (UV) is defined as beyond the visible spectrum, having a wavelength shorter than the wavelengths of visible light and longer than those of X-rays. UV is categorized by the following wavelengths:

- Ultraviolet A (UVA) - between 320 to 400 nm;
- Ultraviolet B (UVB) - between 290 to 320 nm;
• Ultraviolet C (UVC) - between 200 to 290 nm.

UVA and UVB have been used therapeutically in the treatment of a variety of skin disorders (such as psoriasis, vitiligo, and mycosis fungoides cutaneous T-Cell lymphoma). All UV wavelengths remain under investigation for treatment of cutaneous graft versus host diseases, skin conditions in HIV infections, and pressure ulcers.

Methoxsalen or Psoralens (P) acts as a photosensitizer and can be administered orally or topically prior to the UV treatment. The skin reactivity to UV radiation is markedly enhanced by methoxsalen or psoralens. When psoralens is used with UVA, this combination is known by the acronym PUVA. Other generic or trade names for photosensitizers are:

• Oxsoralen (oral or topical),
• Oxsoralen-Ultra Capsules,
• Methoxsalen (8-Methoxypsoralen, 8-MOP) (oral or topical)
• Methoxsalen (8-Methoxypsoralen, 8-MOP) (solution or lotion) (Uvadex)
• Triosalen (Trimethylpsoran, TMP).

The dosage of both methoxsalen or psoralens and UV exposure must be individually tailored. The treatments (up to 3 times weekly) may produce remissions for several months. However, repeated treatments with intensive light may increase UV-induced skin cancer, cause premature aging of the skin, and/or result in cataract formation.

RATIONALE:

UV light from the sun stimulates the production of vitamin D by the skin, which slows the overproduction of skin cells that causes scaling. Daily, short, nonburning exposure to sunlight clears or improves psoriasis in some people. Therefore, sunlight may be included among the initial treatments of the disease. Studies have shown a more controlled artificial light may be used in mild psoriasis, either UVB or UVC, or in more severe psoriasis PUVA therapy.

DISCLAIMER:

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, takes precedence over Medical Policy and must be considered first in determining coverage. The member’s contract benefits in effect on the date that services are rendered must be used. Any benefits are subject to the payment of premiums for the date on which services are rendered. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

HMO Blue Texas physicians who are contracted/affiliated with a capitated IPA/medical group must contact the IPA/medical group for information regarding HMO claims/reimbursement information and other general polices and procedures.

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