

**Coverage of any medical intervention discussed in a Medica medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or summary plan description (SPD) and to applicable state and/or federal laws.**

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## **Light Treatment and Laser Therapies for Benign Dermatologic Conditions**

**MP9057**

**Covered Service:** Yes

**Prior Authorization Required:** No

**Additional Information:** Medica covers the purchase of one system per member per lifetime. The member is responsible for the cost of repairs or replacement lights

### **Medica Medical Policy:**

- 1.0 **Phototherapy:** Ultraviolet A and Ultraviolet B (UVA; UVB) **does not** require prior authorization and may be considered medically necessary for **ANY** of the following dermatologic conditions:
  - 1.1 Papulosquamous disorders, such as:
    - 1.1.1 Lichen planus
    - 1.1.2 Pityriasis (e.g. pityriasis rosea; pityriasis rotunda)
    - 1.1.3 Psoriasis
  - 1.2 Superficial mycoses (e.g. dermatophytosis [ringworm])
  - 1.3 Atopic dermatitis (atopic eczema)
  - 1.4 Parapsoriasis
  - 1.5 Repigmentation of the skin in members with vitiligo
- 2.0 **Phototherapies** (UVA and UVB) are considered experimental and investigational and therefore not medically necessary for **ALL** other indications, including but not limited to:
  - 2.1 Acne vulgaris
  - 2.2 Rosacea
  - 2.3 Cholestasis of pregnancy
  - 2.4 Granuloma annular
  - 2.5 Hydradenitis suppurativa
  - 2.6 Lichen simplex chronicus
  - 2.7 Morphea (localized scleroderma)
  - 2.8 Papular urticaria
  - 2.9 Pruritis scleroderma

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- 3.0 **Photochemotherapy** (psoralen plus UV-A [PUVA]) **does not** require prior authorization is considered medically necessary for **ANY** of the following dermatologic conditions:
  - 3.1 Papulosquamous disorders, such as **ANY** of the following:
    - 3.1.1 Lichen planus
    - 3.1.2 Pityriasis (e.g. pityriasis rosea; pityriasis rotunda)
    - 3.1.3 Psoriasis
  - 3.2 Superficial mycoses (e.g. dermatophytosis [ringworm])
  - 3.3 Atopic dermatitis (atopic eczema)
  - 3.4 Parapsoriasis
  - 3.5 Repigmentation of the skin in members with vitiligo
- 4.0 **Photochemotherapy** (PUVA) is considered experimental and investigational, and therefore not medically necessary for all other indications, including but not limited to treatment of acne vulgaris.
- 5.0 **Photodynamic therapy** (PDT) (e.g. light treatment in conjunction with 5-aminolevulinic acid or methyl aminolevulinate) **does not** require prior authorization and is considered medically necessary for the treatment of actinic keratosis (AK), non-hyperkeratotic.
- 6.0 **Photodynamic therapy** (PDT) is considered experimental and investigational and therefore not medically necessary for all other indications, including but not limited to the treatment of acne vulgaris.
- 7.0 **Laser therapy** (excimer laser, pulsed dye laser) **does not** require prior authorization is considered medically necessary for the treatment of **ANY** of the following:
  - 7.1 Localized plaque psoriasis
  - 7.2 Vitiligo
  - 7.3 Atopic dermatitis
  - 7.4 Port wine stain (nevus Flammeus), including Sturge-Weber syndrome
- 8.0 **Laser therapy** is considered experimental and investigational and therefore not medically necessary for **ALL** other indications including but not limited to **ANY** of the following including:
  - 8.1 Non-plaque forms of psoriasis
  - 8.2 Papulosquamous disorders such as:
    - 8.2.1 Lichen planus
    - 8.2.2 Pityriasis rosea
  - 8.3 Superficial mycoses (e.g. dermatophytosis [ringworm])
  - 8.4 Acne vulgaris
  - 8.5 Rosacea

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8.6 Onychomycosis

8.7 Pilonidal sinus disease

**9.0 Intense pulsed light phototherapy** is considered experimental and investigational and therefore not medically necessary for treatment of all benign dermatological indications, including but not limited to:

9.1 Papulosquamous disorders, including:

9.1.1 Lichen planus

9.1.2 Pityriasis (e.g., pityriasis rosea; pityriasis rotunda)

9.2 Superficial mycoses (e.g., dermatophytosis [ringworm])

9.3 Acne vulgaris

9.4 Atopic dermatitis (atopic eczema)

9.5 Rosacea

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