Clinical Review Criteria

Dermatology Services

Cosmetic vs Medical for the following:
- Alopecia, Keloids, Laser Treatments, Benign Lesions
- Broad Band UVB Therapy
- Excimer Laser for Vitiligo
- Home Narrow Band UVB Therapy for Psoriasis
- Narrow Band UVB Therapy
- PUVA Therapy
- UV Lights

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Criteria

For Medicare Members

<table>
<thead>
<tr>
<th>Source</th>
<th>Policy</th>
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<tbody>
<tr>
<td>CMS Coverage Manuals</td>
<td>None</td>
</tr>
<tr>
<td>National Coverage Determinations (NCD)</td>
<td>Laser Procedures (140.5)</td>
</tr>
<tr>
<td></td>
<td>Treatment of Psoriasis (250.1)</td>
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<tr>
<td></td>
<td>Treatment of Actinic Keratosis (AKs) (250.4)</td>
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<tr>
<td></td>
<td>Benign Skin Lesion Removal (Excludes Actinic Keratosis, and Mohs) (L33979)</td>
</tr>
<tr>
<td>Local Coverage Determinations (LCD)</td>
<td>Non-Covered Services (L35008). Plastic Surgery (L37020)</td>
</tr>
</tbody>
</table>

For Non-Medicare Members

1) The following treatments are considered cosmetic and are therefore not covered:
   a) Botulinum injections for treatment of wrinkles and facial imperfections (for covered indications for botulinum injections see the pharmacy prior authorization criteria)
   b) Tattoo removal (CPT 15783)
   c) Laser treatment of pigmented lesions, rosacea, superficial leg and face veins, cherry angiomas, telangiectasias, spider angiomas, or spider veins/venous ectasias
   d) Chemical peel (CPT 15788, 15789, 15792, 15793, 17360)
   e) Micro-dermabrasion (No codes specific for this service)
   f) Dermabrasion (CPT 15780, 15781, 15782, 15783, 15786)
   g) Acne scar repair (CPT 15780)
   h) Tattooing, depigmentation, and melanocyte transplant for vitiligo

2) The following treatments are covered and are not considered cosmetic when conditions are met:
   a) Alopecia treatment when the alopecia results from ONE of the following:
      • Infection (treatment is for the infection)
      • Autoimmune disorder
      • Discoid lupus
      • Low iron stores
      • Folliculitis decalvans
   b) Laser treatment for ONE of the following:
      • Port wine stain on head or neck
• Telangiectasias scarring when caused by removal of skin cancer or radiation therapy
• Facial angiofibroma secondary to tuberous sclerosis
• Vascular lesions with history of spontaneous bleeding as documented in the patient’s medical record
• Actinic Keratoses (AK) for chemo sensitive agents

c) **Excimer Laser** (CPT code 96920, 96921, 96922) is covered when ALL of the following are meet:
   1. Member must have ONE of the following conditions:
      a. Vitiligo dx L80 - vitiligo on the face, neck or hands.
      b. Psoriasis dx L40: scalp, face, neck or hands
   2. There must be documentation of the failure of medical management with topical therapy

d) **Scar/keloid revision:** Kaiser Permanente has elected to use the Scar Revisions (KP-0495) MCG* for medical necessity determinations.

e) Removal of **benign skin lesions** (seborrheic keratoses, skin tags, milia, molluscum contagiosum, sebaceous (epidermoid) cysts, moles (nevi), acquired hyperkeratosis (keratoderma) and viral warts) are medically necessary and not cosmetic and are covered when ONE or more of the following criteria are met:
   1. The clinical diagnosis is uncertain, particularly where malignancy is a realistic consideration based on lesion appearance (non-responsive to conventional treatment or change in appearance).
   2. The lesion has ONE or more of the following characteristics:
      • Bleeding
      • Intense itching
      • Pain
      • Has physical evidence of inflammation (purulence, oozing, edema, erythema, etc.)
      • Clinically restricts an orifice or vision
      • Is in an anatomical region subject to recurrent physical trauma and there is documentation of resulting pain, itching, or bleeding

f) **Laser/intense pulse light treatment** is covered for hair removal when the excess hair is a result of a documented endocrine abnormality confirmed by blood test. (may be billed with CPT 17999)

g) **PUVA:** Kaiser Permanente has elected to use the Skin Phototherapy (KP-0253) MCG* for medical necessity determinations. CPT code 96912, 96913

h) **UVA:** Kaiser Permanente has elected to use the Skin Phototherapy (KP-0255) MCG* for medical necessity determinations. CPT code96900

i) **Home narrowband UVB phototherapy** for psoriasis or eczema is covered to the benefit limit when:
   • The member has durable medical equipment coverage and the light is ordered by a Dermatologist

**Related criteria:** **Electronic Brachytherapy for non-melanoma skin cancer**

* MCG Manuals are proprietary and cannot be published and/or distributed. However, on an individual member basis, Kaiser Permanente can share a copy of the specific criteria document used to make a utilization management decision. If one of your patients is being reviewed using these criteria, you may request a copy of the criteria by calling the Kaiser Permanente Clinical Review staff at 1-800-289-1363.

**If requesting this service, please send the following documentation to support medical necessity:**
• Last 6 months of clinical notes from requesting provider &/or specialist (dermatology, surgery notes)

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, KPWA will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

**Background**
Dermatology services include a wide array of therapies. Some therapies are purely cosmetic, others are considered from a benefits standpoint to be “medically necessary” and relate to function and/or have an impact on an individual's physical, social and/or mental well-being.
The purpose of expanding the criteria set is to distinguish between dermatology services that are considered purely cosmetic versus those which are seen as medically necessary and are covered in part or whole. The creation of the criteria set incorporated what was previously found in coverage policy and other reference documents.

Medical Technology Assessment Committee (MTAC)

Home Narrowband UVB Phototherapy

BACKGROUND

Psoriasis is a chronic skin disease that affects 1-3% of the population. With psoriasis, the life cycle of skin cells is shortened from about a month to a few days. Consequently, cells build up rapidly on the outer layer of skin, forming thick erythematous plaques that are often pruritic. (Mayoclinic.com; BMJ clinical evidence). Treatments for psoriasis include: 1) self-care: baths, avoidance of alcohol, moisturizer; 2) topical medications: corticosteroids, vitamin D analogues, anthralin, retinoids; 3) oral medications: retinoids, methotrexate, azathioprine, cyclosporin, immunomodulator drugs (biologics); 4) phototherapy; 5) combination therapy e.g. phototherapy and oral medications. The biologic Etanercept is current covered by GHC for patients with extensive, severe psoriasis who meet the following criteria: failed topical treatments, failed at least one systemic agent (e.g. methotrexate), and failed a 12-week course of phototherapy. Phototherapy is one of the more commonly used treatments for psoriasis. The rationale behind phototherapy is that it causes photochemical reactions of endogenous absorbing molecules results in reduction of DNA synthesis that leads to a treatment effect. The therapy was first proposed in the 1920s by Dr. Goeckerman at the Mayo clinic who found a beneficial effect of natural sunlight in combination with coal tar. In the 1970s, it was shown that broadband ultraviolet B (UVB) radiation alone could treat milder clinical forms of psoriasis. After experimentation with different wavelengths, it was found that wavelengths between 311-313 nm were best at balancing the clearing of psoriasis while at the same time minimizing the adverse effect of erythema. The first well-designed lamp that emitted narrow-band radiation at 311-313 nm, the Phillips TL-01 fluorescent lamp, was introduced in 1984 (Kist, 2005; Honigsmann, 2001). The main treatment-limiting side effect of narrowband UVB is erythema, reported by 10-94% of patients depending on treatment regimen and definition of erythema. Other short-term side effects include dry skin with pruritis, blistering, and increased frequency of recurrent herpes simplex outbreaks. Long-term side effects, as with other types of phototherapy, include photo ageing and skin cancer. However, the incidence of skin cancer in patients with psoriasis treated with narrowband UVB is not well known (Kist et al., 2005, Naldi et al., 2005). The recommended initial treatment dose of narrowband UVB is 50-80% of a patient's minimal erythema dose (MED), established through phototesting. This is followed by increases of 10-40%, depending on the aggressiveness of the treatment and the patient's response (Kist, 2005; Honigsmann, 2001). The American Academy of Dermatology guidelines recommend giving up to 20-25 treatments of narrowband UVG, 2-3 times a week (Menter et al., 2008).

10/06/2008: MTAC REVIEW

Home Narrowband UVB Phototherapy

Evidence Conclusion: There is insufficient evidence to draw conclusions about the safety and effectiveness of home narrowband UV-B phototherapy for patients with psoriasis. There are no published randomized or non-randomized trials that use modern home phototherapy equipment. Findings from an RCT are expected to be published within the next 3-6 months.

Articles: A 2006 review article (Koek et al., 2006) on home ultraviolet B phototherapy for psoriasis identified 7 empirical clinical studies, 5 of which were published in English. 3 of the 5 studies in English were published between 1979-1983, before the introduction of the Phillips TL-01 fluorescent lamp. Thus, they did not use currently available phototherapy technology. Both of the more recent studies (Cameron et al., 2002; Feldman et al., 1996) were case series with fewer than 25 patients. One of the 3 older studies (Paul et al., 1983) had a comparison group, the others were case series. The Paul et al. study, which included 40 patients, compared the efficacy of a Metec-Helarium unit emitting low-intensity selective UV phototherapy (LISUP) at home to 3 times/week in-office UVB therapy. In-office UVB therapy was found to be more effective than home LISUP treatment; 90% (18/20) of patients in the UV-B group experienced clearing of psoriasis compared to 40% (8/20) of patients in the home LISUP group. No additional completed studies were identified that compared home UVB phototherapy to in-office UVB phototherapy or to a different type of treatment. A published protocol for an RCT was identified (Koek et al., 2006). This trial, called the PLUTO study, is a multi-center trial comparing home UVB treatment to in-center UV-B phototherapy in 196 patients with psoriasis. The home phototherapy treatments is Waldmann UV-100 units with TL-01 lamps. According to the lead author (personal communication), a manuscript on the study outcomes is currently under review by the BMJ.

The use of Home narrowband UVB phototherapy in the treatment of psoriasis does not meet the Kaiser Permanente Medical Technology Assessment Criteria.

10/05/2009: MTAC REVIEW

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Home Narrowband UVB Phototherapy

Evidence Conclusion: PLUTO study (Koek 2009) on home versus outpatient ultraviolet B phototherapy for psoriasis randomized 196 patients (in the Netherlands) with mild to severe psoriasis and clinically eligible for narrowband ultraviolet B phototherapy, to receive the treatment at home or in an outpatient setting. The trial had valid methodology and design as a non-inferiority study. The patients and providers were not blinded, however assessment of the severity of and extent of the disease were evaluated by an independent research nurse blinded to the treatment arms. The results of the trial indicate that home phototherapy was not inferior to that provided in outpatient department, mainly for the self-administered psoriasis area and severity index (SAPASI) 50, 75, and 90 (i.e. proportion of patients achieving at least 50%, 75%, or 90% decline of baseline SAPASI at the end of therapy) as well as the psoriasis area and severity index (PASI) 90. However, the possible inferiority of home ultraviolet phototherapy to that provided in an outpatient setting, could not be entirely excluded for the primary outcome of PASI 50, or PASI 75, as the lower limits of the 95% confidence intervals were slightly lower than -15% preset non-inferiority margin. The differences observed in SAPASI and PASI results may indicate a bias in the patient’s self-assessment. The results of the trial also showed that patients in the home therapy group had a significantly higher mean number of irradiations, but an insignificantly higher cumulative dose at the end of therapy. 87% of the all participants had at least one occurrence of mild erythema, 58% a burning sensation, and 39% severe erythema with no significant differences between the two study groups. No significant differences were observed in the disease specific or generic quality of life among patients treated on outpatient setting or at home. The home therapy however, was associated with a lower burden of treatment and greater patient satisfaction.


The use of Home narrowband UVB phototherapy in the treatment of psoriasis does meet the Kaiser Permanente Medical Technology Assessment Criteria.

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<tr>
<th>Date Created</th>
<th>Dates Reviewed</th>
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<td>07/25/2002</td>
<td>07/02/2013, 08/06/2013, 02/02/2016, 10/02/2012, 07/02/2013, 08/06/2013, 02/03/2015, 09/01/2015, 03/06/2014, 02/02/2016, 05/05/2016, 03/06/2018, 03/05/2019, 03/03/2020</td>
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<table>
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<tr>
<th>Review History</th>
<th>Description</th>
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<tbody>
<tr>
<td>05/21/2015</td>
<td>Added CPT codes</td>
</tr>
<tr>
<td>09/01/2015</td>
<td>Excimer Laser: added scalp psoriasis as indication</td>
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<tr>
<td>02/02/2016</td>
<td>Home UBV Phototherapy: Add psoriasis as a covered indication</td>
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<tr>
<td>08/02/2016</td>
<td>Home UBV Phototherapy: Add diagnosis of eczema will be reviewed on a case-by-case basis</td>
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<tr>
<td>12/19/2017</td>
<td>Added Plastic Surgery LCD (L37020)</td>
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<tr>
<td>06/17/2019</td>
<td>Added Eczema as an indication to Home Narrowband UVB phototherapy</td>
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<tr>
<td>08/06/2019</td>
<td>Minor changes were made to benign skin lesions criteria to allow removal of warts</td>
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Codes
Acne Scar Repair: 11400; 11401; 11402; 11403; 11404; 11406; 15786; 15787 with diagnosis code L70; L700; L701; L702; L703; L704; L705; L708; L709
Alopecia Treatment: 11900; 11901; 15775; 15776; 96902 with diagnosis codes L63; L630; L631; L632; L638; L639; L64; L640; L648; L649; L66; L662; L668; L669
Benign Skin Lesions: 11400; 11401; 11402; 11403; 11404; 11406; 11420; 11421; 11422; 11423; 11424; 11426; 11440; 11441; 11442; 11443; 11444; 11446; 11450; 11455; 11451; 11462; 11463; 11467; 11470; 11471; 17000; 17003; 17004; 17106; 17107; 17108; 17110; 17111; 17250
Botulinum Injections: 64611; 64612; 64615; 64616; 64617
Chemical Peel: 15788; 15789; 15792; 15793; 17360
Dermabrasion: 15780; 15781; 15782; 15783; 15786; 15787
Excimer Laser (Vitiligo & Psoriasis): 96920; 96921; 96922 with diagnosis code L80, L40
Home Narrowband UVB Phototherapy: E0691; E0692; E0693; E0694; A4633
Fractional Laser for burns and traumatic scars: 0479T, 0480T
Laser Treatment (Port wine stain on head or neck, Telangiectasias scarring when caused by removal of skin cancer or radiation therapy, Facial angiofibromas secondary to tuberous sclerosis, Vascular lesions with history of spontaneous bleeding as documented in the patient’s medical record, & Actinic Keratoses (AK) for chemo sensitive agents: 17106; 17107; 17108

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Laser Treatment of Pigmented Lesions, Rosacea, Superficial Leg and Face Veins, Cherry Angiomas, Telangiectasias, Spider Angiomas, or Spider Veins/Venous Ectasias: 17000; 17003; 17004; 17106; 17107; 17108; 17110; 17111 with diagnosis D1801; I78; I780; I781; I788; I789; L71; L710; L711; L718; L719; Q85; Q858; Q859

Laser/Intense Pulse Light Treatment: May be billed with CPT 17999

Micro-dermabrasion: No Specific Codes

PUVA: 96912, 96913

Scar/Keloid Revision 11900; 11901; 15003; 15004; 15005; 23921; 24149; 24925; 25907; 25922; 25929; 26121; 26123; 26125; 27594; 27884; 31830; 67343 with diagnosis L73.0, L91.0, L90.5

Tattoo Removal: 15783

Tattooing, Depigmentation, and Melanocyte Transplant for Vitiligo: no specific codes

UVA: 96900; 96910