

Meeting: Utilization Management Committee	Date: 4/17/2025
Title/Topic: Medical Policy – Home Phototherapy Units for the Treatment of Skin Conditions	Policy Number: n05632
Purpose: Annual Review	Outcome: Accept with changes as outlined
Line of Business: Commercial and Medicare	Effective Date: 4/17/2025

**INTRODUCTION:**

*Includes definition of problem or opportunity. Provides background information on the topic. Describes current state. May also include prior state and/or factors that have changed. Includes operational definitions where key terms may have varied interpretation.*

Phototherapy is the administration of artificial UV light for the treatment of skin conditions. Network Health follows MCG guidance for request under Phototherapy, Skin ACG: A-0255 (AC). While MCG has criteria for the use of Phototherapy to treat several skin conditions, it does not address use in the home vs the office treatment settings.

This medical policy provided guidance for Utilization Management Coordinator Registered Nurses (UMC-RN) regarding determinations involving the medical necessity of home phototherapy units for the treatment of skin conditions. This policy is due for annual review.

**ACTION RECOMMENDED:**

*States recommendations in specific terms. Includes a summary of what should be accomplished, methods, and timetable (if applicable). Recommendations on implementation and follow-up plans may also be included.*

Annual review has been conducted and the Home Phototherapy Units for the Treatment of Skin Conditions medical policy is presented for review and approval as written.

No changes were made to the intention or utilization guidance of this policy. Annual review was performed, minor grammatical changes were made, a review and update of references was conducted, and CPT/HCPCS code review for potential updates was completed.

**ANALYSIS/JUSTIFICATION:**

*Includes information relevant to the recommended action including information used in formulation the recommendations. Information will include reference to any existing Centers for Medicare & Medicaid Services (CMS) coverage determinations as well as any existing established vendor criteria. Information may include financial/cost data, service measures, projections or other key measures or process tools, recommendations from a clinical provider with expertise regarding the topic, and/or information from other widely used treatment guidelines or peer reviewed clinical literature.*

Centers for Medicare and Medicaid Services (CMS) have no specific guidance on phototherapy.

Network Health follows MCG guidelines for requests for Phototherapy. While the guideline addresses the used of phototherapy for the treatment of several skin conditions, it does not address home vs office treatment settings.

**REFERENCES:**

*Includes detailed description regarding source(s) of information used for development of policy or recommendations via citation.*

- Anderson, K.L, Feldman, S.R. 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 AM AC Dermatol.* 2015; 868-882.
- Koek, M.B, Buskens, E, VanWeelden, H, Steegmans, P, Bruijnzell-Koomen, C, Sigurdsson, V. Home versus outpatient ultraviolet B phototherapy for mild to severe psoriasis: pragmatic multicenter randomized controlled non -inferiority trial (PLUTO study). *BMJ* 2009;338: b1542
- MCG, Ambulatory Care 28th edition, Phototherapy, Skin ACG: A-0255 (AC)

**REVISION REASON:**

*Includes the date changes or updates were made and summary of changes applied.*

4/17/2025- Annual review was completed. Minor grammatical changes were made. References were reviewed and updated. A CPT/HCPCS code review was conducted without changes made

**Disclaimer:**

Contract language as well as state and federal laws take precedence over any medical policy.

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