

**Policy terminated because Medicaid covers codes in the same manner as
Health Choice.**

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1.0 Description of the Procedure, Product, 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.

2.0 Eligible Recipients

2.1 General Provisions

To be eligible, NCHC recipients must be enrolled on the date of service.

3.0 When the Procedure, Product, or Service Is Covered

3.1 General Criteria

NCHC covers procedures, products, and services related to this policy when they are medically necessary and

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available; **AND**
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

3.2 Specific Criteria

- a. PUVA is covered when it is determined to be medically necessary because the criteria and guidelines below are met.
- b. PUVA is covered for the treatment of:
 1. 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); or
 2. severe refractory atopic dermatitis and severe refractory pruritus that is resistant to or not responsive to conventional therapies.

3.3 Policy Guidelines

- a. 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 recipient's ability to perform activities of daily living).
- b. 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).
- c. 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 recipients with severe extensive pruritus who are not responsive to disease specific treatment or in whom no underlying disorder can be clearly diagnosed.
- d. PUVA is generally done on an ambulatory basis and may be appropriately rendered in a hospital, clinic or physician's office.

4.0 When the Procedure, Product, or Service Is Not Covered

4.1 General Criteria

Procedures, products, and services related to this policy are not covered when

- a. the recipient does not meet the eligibility requirements listed in **Section 2.0**;
- b. the recipient does not meet the medical necessity criteria listed in **Section 3.0**;
- c. the procedure, product, or service unnecessarily duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental or investigational.

4.2 Specific Criteria

PUVA is not covered in the following situations:

- a. For diagnoses other than noted in **Subsection 3.2**.
- b. In general, home PUVA is not recommended.

5.0 Requirements for and Limitations on Coverage

5.1 Prior Approval

Prior approval is not required for PUVA.

6.0 Providers Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for procedures, products, and services related to this policy, providers shall

- a. meet NCHC qualifications for participation;
- b. be currently enrolled with NCHC; **AND**
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

7.0 Additional Requirements

7.1 Compliance

Providers must comply with all applicable federal, state, and local laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements.

8.0 Policy Implementation/Revision Information

Original Effective Date: July 1, 2010

Revision Information:

Date	Section Revised	Change
July 1, 2010	Throughout	Policy Conversion: Implementation of Session Law 2009-451, Section 10.32 “NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY.”
February 29, 2012	Throughout	Policy Termination

Attachment A: Claims-Related Information

Reimbursement requires compliance with all NCHC guidelines.

A. Claim Type

Professional (CMS-1500/837P transaction)

Institutional (UB-04/837I transaction)

B. Diagnosis Codes

696.0, 696.1, 696.2, 698

C. Procedure Code(s)

CPT Codes	
96912	96913

D. Modifiers

Providers are required to follow applicable modifier guidelines.

E. Billing Units

The appropriate procedure code(s) used determines the billing unit(s).

F. Place of Service

Outpatient Hospital and Office

G. Co-payments

Co-payment(s) may apply to covered prescription drugs and services.

H. Reimbursement

Providers must bill their usual and customary charges.