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

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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:
      • 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 angiofibromas secondary to tuberous sclerosis
• Vascular lesions with history of spontaneous bleeding as documented in the patient’s medical record
• Actinic Keratoses (AK) for chemosensitive 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 709.01 - vitiligo on the face, neck or hands.
      b. Psoriasis: 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 (excluding condyloma acuminatum)) as medically necessary and not cosmetic is covered when **ONE or more of the following** criteria are met:
   - The clinical diagnosis is uncertain, particularly where malignancy is a realistic consideration based on lesional appearance (non-responsive to conventional treatment or change in appearance).
   - The lesion has **ONE** or more of the following characteristics:
     1. Bleeding
     2. Intense itching
     3. Pain
     4. Has physical evidence of inflammation (purulence, oozing, edema, erythema, etc.)
     5. Clinically restricts an orifice or vision
     6. Is in an anatomical region subject to recurrent physical trauma and there is documentation of resulting pain, itching, or bleeding
     7. The lesion is infectious (e.g. warts [verruga vulgaris])
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 code 96900
i) **Home narrowband UVB phototherapy** for psoriasis is covered to the benefit limit when:
   - The member has durable medical equipment coverage and the light is ordered by a Dermatologist
   - *Dx of eczema will be reviewed on a case-by-case basis

**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 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.
Psoriasis is a chronic skin disease that affects 1-3% of the population. With psoriasis, the life cycle of skin cells are shortened from about a month to a few days. Consequently, cells build up rapidly on the outer layer of skin, forming thick erythematos 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 photoaging 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).

The use of Home narrowband UVB phototherapy in the treatment of psoriasis does not meet the Kaiser Permanente Medical Technology Assessment Criteria.
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 noninferiority margin. The differences observed in SAPASI and PASI results may indicate a bias in the patients 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.

**Articles:** A study on home versus outpatient ultraviolet B phototherapy for psoriasis was recently published in BMJ in 2009. Koek MB, Buskens E, vanWeelden H, et al. Home versus outpatient ultraviolet B phototherapy for mild to severe psoriasis: pragmatic multicenter randomized controlled non-inferiority trial (PLUTO study). *BMJ* 2009; 338:b1542 doi 10.1136/bmj.b1542

The use of Home narrowband UVB phototherapy in the treatment of psoriasis does meet the Kaiser Permanente Medical Technology Assessment Criteria.
Tattooing, Depigmentation, and Melanocyte Transplant for Vitiligo: no specific codes
UVA: 96900; 96910