

OHCA Guideline

Medical Procedure Class:	Actinotherapy
Initial Implementation Date:	6/16/2015
Last Review Date:	2/11/2021
Effective Date:	2/12/2021
Next Review/Revision Date:	February 2024
* This document is not a contract, and these guidelines do not reflect or represent every conceivable situation. Although all items contained in these guidelines may be met, this does not reflect, or imply, any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.	
<input type="checkbox"/> New Criteria <input checked="" type="checkbox"/> Revision of Existing Criteria	
Summary	
Purpose:	To provide guidelines to assure medical necessity and consistency in the prior authorization process.
Definitions	
Phototherapy - the exposure to nonionizing radiation for therapeutic benefit. It may involve exposure to ultraviolet A (UVA), ultraviolet B (UVB) or various combinations of UVA or UVB radiation.	
CPT Code Covered Requiring Prior Authorization (PA)	
96900 – Actinotherapy (ultraviolet light)	
Authorization required for adults age 21 and over; no authorization required for children age 0-20.	
Approval Criteria	
<ol style="list-style-type: none"> 1. For adults age 21 and over, office or clinic-based phototherapy with UVA and /or UVB up to 3 times per week for up to 6 months is considered medically necessary when the following are met: <ol style="list-style-type: none"> a. Documentation supports the member has cutaneous T-cell lymphoma (mycosis fungoides); AND b. Documentation supports conventional therapy (e.g., topical corticosteroids) has failed; AND c. Documentation includes baseline photos of affected areas. 2. For adults age 21 and over, continued treatment requires prior authorization every 6 months (unless otherwise specified); authorization for continued treatment requires documentation of improvement from the treatment in the member’s medical record. This documentation should include baseline and current photos of the affected area(s). <p style="text-align: center;">***Actinotherapy is excluded from coverage for Insure Oklahoma.</p>	
References	
<ol style="list-style-type: none"> 1. Oklahoma Health Care Authority; Policies & Rules, OAC 317:30-3-1 2. BCBS of Oklahoma, Phototherapy for Dermatological Conditions, Number: THE801.033, effective date 4/1/2020. 3. Aetna, ‘Phototherapy and Photochemotherapy (PUVA) for Skin Conditions’, Number 0205, 4/30/2020. 	