



**Regence BlueCross BlueShield of Oregon · Regence BlueShield  
Regence BlueCross BlueShield of Utah · Regence BlueShield of Idaho  
Independent licensees of the Blue Cross and Blue Shield Association**

*Note: Although the services described in this position statement are not subject to routine medical necessity review, utilization may be audited.*

**Clinical Position Statement:** Targeted Phototherapy for Psoriasis

Targeted phototherapy describes the use of ultraviolet light that is focused on specific body areas or lesions to treat psoriasis.

- There is sufficient evidence to suggest that targeted phototherapy may be effective to treat:
  - Mild to moderate psoriasis that is unresponsive to conservative treatment.
  - Moderate to severe psoriasis comprising less than 10% body area for which NB-UVB or PUVA are indicated.
- Twice per week treatment sessions with a minimum of 48 hours between treatments are recommended by the National Psoriasis Foundation.
- An average of 4 – 10 sessions is generally adequate to treat most cases of psoriasis. More than 10 sessions may be appropriate if significant improvement is demonstrated.
- There is insufficient evidence to determine the effectiveness of targeted phototherapy for:
  - First-line treatment of mild psoriasis
  - Treatment of generalized psoriasis or psoriatic arthritis
  - All other dermatologic conditions

**Rationale:**

### National Psoriasis Foundation (NPF) [1]

- The National Psoriasis Foundation recommends targeted phototherapy for those patients with less than 10% of body covered by psoriasis or for lesions localized to specific areas of the body.
- Recommended treatment frequency is twice per week with a minimum of 48 hours between treatments.
- An average of four to ten sessions is recommended, depending on the severity of the case.
- The NSF states there is very little long-term data to indicate how long improvement or clearance lasts following a course of treatment

### American Academy of Dermatology (AAD)

- The American Academy of Dermatology (AAD) consensus guidelines indicate that targeted phototherapy is an appropriate alternative to PUVA or UVB (with or without topical or oral retinoids) for the treatment of moderate to severe localized disease. (2) The AAD guidelines do not recommend phototherapy for limited (mild) psoriasis, erythrodermic/generalized psoriasis or psoriatic arthritis. Evidence-based guidelines are under development and have not yet been published.

### Other

There is concern for the possibility of cancer induction with long-term UVB treatment. PUVA has been associated with increased cancer risk; there is currently no evidence that supports increased risk following extended UVB treatment. (3) Given the higher MED of plaques and reduced exposure of unaffected skin, targeted NB-UVB may have an improved benefit/risk ratio over non-targeted phototherapy for localized psoriasis.

There is currently no evidence to recommend any one targeted or non-targeted NB-UVB device over another. Devices with smaller focal areas may result in more frequent blistering due to “tiling,” the practice of overlapping adjoining treatment zones.

### **References**

1. National Psoriasis Foundation; Targeted UVB Phototherapy; <http://www.psoriasis.org/treatment/psoriasis/phototherapy/lasers.php> (Verified 01/20/09)
2. Callen JP, Krueger GG, Lebwohl M et al. AAD consensus statement on psoriasis therapies. *J Am Acad Dermatol* 2003;49(5):897-9
3. Lee E, Koo J, Berger T. UVB phototherapy and skin cancer risk: a review of the literature. *Int J Dermatol* 2005;44(5):355-60

<b>Codes</b>	<b>Number</b>	<b>Description</b>
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CPT	96920	Laser treatment for inflammatory skin diseases (psoriasis); total area less than 250 sq cm
	96921	250 to 500 sq cm
	96922	Over 500 sq cm
HCPCS	None	