PROVIDER POLICIES & PROCEDURES

LIGHT THERAPY FOR ACNE

The primary purpose of this document is to assist providers enrolled in the Connecticut Medical Assistance Program (CMAP) with the information needed to support a medical necessity determination for light therapy for acne. By clarifying the information needed for prior authorization of services, HUSKY Health hopes to facilitate timely review of requests so that individuals obtain the medically necessary care they need as quickly as possible.

Acne vulgaris is a common chronic skin disease associated with blockage and/or inflammation of hair follicles and sebaceous glands resulting in the formation of non-inflammatory lesions, inflammatory lesions, or a mixture of both, affecting mostly the face but also the back and chest.

Clinician-administered light sources are used for the treatment of acne; however well-designed clinical trials supporting the benefit of these treatments are limited. Light therapy is defined as exposure to nonionizing radiation for therapeutic benefit. It can include the use of phototherapy, intense pulsed light, and photodynamic therapy. The mechanisms of action for light-based therapies in the treatment of acne are not completely understood.

Blue and red light therapy for acne are thought to work through the absorption of light by porphyrins produced by the bacterium Cutibacterium acnes. As a result of light exposure, the porphyrins become activated, leading to the production of free oxygen radicals and bacterial death. Red light activates porphyrins less intensely than blue light, but penetrates more deeply into the skin.

Intense pulsed light may function through inhibition of Cutibacterium acnes and/or damage to the sebaceous glands.

Photodynamic therapy involves the topical application of a photosensitizer prior to exposure to blue or red light, lasers, pulsed light sources, or non-pulsed broad-spectrum light. It is thought to inflict thermal damage to sebaceous glands and decrease sebum production. Photodynamic therapy also reduces obstruction of follicles, hyperkeratosis, and inflammation within acne lesions.

CLINICAL GUIDELINE

Coverage guidelines for light therapy for acne are made in accordance with the DSS definition of Medical Necessity. The following criteria are guidelines *only*. Coverage determinations are based on an assessment of the individual and their unique clinical needs. If the guidelines conflict with the definition of Medical Necessity, the definition of Medical Necessity shall prevail. The guidelines are as follows:

Light therapy for acne including, but not limited to, intense pulsed light, light phototherapy, and photodynamic therapy, is **considered investigational and not medically necessary** due to insufficient

evidence of clinical efficacy in peer-reviewed, published, medical literature.

NOTE: EPSDT Special Provision
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a federal Medicaid requirement that requires the Connecticut Medical Assistance Program (CMAP) to cover services, products, or procedures for Medicaid enrollees under 21 years of age where the service or good is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition identified through a screening examination. The applicable definition of medical necessity is set forth in Conn. Gen. Stat. Section 17b-259b (2011) [ref. CMAP Provider Bulletin PB 2011-36].

PROCEDURE
Prior authorization for light therapy for acne is required. Requests for coverage are reviewed in accordance with procedures in place for reviewing requests for medical procedures. Coverage determinations are based upon a review of requested and/or submitted case-specific information.

EFFECTIVE DATE
This policy for the prior authorization for light therapy for acne for individuals covered under the HUSKY Health Program is effective May 1, 2022.

LIMITATIONS
Not Applicable

CODE:

Code	Description
96999	Unlisted special dermatological service or procedure

DEFINITIONS
1. **HUSKY A**: Connecticut children and their parents or a relative caregiver; and pregnant women may qualify for HUSKY A (also known as Medicaid). Income limits apply.
2. **HUSKY B**: Uninsured children under the age of 19 in higher income households may be eligible for HUSKY B (also known as the Children's Health Insurance Program) depending on their family income level. Family cost-sharing may apply.
3. **HUSKY C**: Connecticut residents who are age 65 or older or residents who are ages 18-64 and who are blind, or have another disability, may qualify for Medicaid coverage under HUSKY C (this includes Medicaid for Employees with Disabilities (MED-Connect), if working). Income and asset limits apply.
4. **HUSKY D**: Connecticut residents who are ages 19-64 without dependent children and who: (1) do not qualify for HUSKY A; (2) do not receive Medicare; and (3) are not pregnant, may qualify for HUSKY D (also known as Medicaid for the Lowest-Income populations).
5. **HUSKY Health Program**: The HUSKY A, HUSKY B, HUSKY C, HUSKY D and HUSKY Limited Benefit programs, collectively.
6. **HUSKY Limited Benefit Program or HUSKY, LBP**: Connecticut's implementation of limited health insurance coverage under Medicaid for individuals with tuberculosis or for family planning purposes

and such coverage is substantially less than the full Medicaid coverage.

7. **Medically Necessary or Medical Necessity**: (as defined in Connecticut General Statutes § 17b-259b) Those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's medical condition, including mental illness, or its effects, in order to attain or maintain the individual's achievable health and independent functioning provided such services are: (1) Consistent with generally-accepted standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, (B) recommendations of a physician-specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors; (2) clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease; (3) not primarily for the convenience of the individual, the individual's health care provider or other health care providers; (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease; and (5) based on an assessment of the individual and his or her medical condition.
8. **Prior Authorization**: A process for approving covered services prior to the delivery of the service or initiation of the plan of care based on a determination by CHNCT as to whether the requested service is medically necessary.

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PUBLICATION HISTORY

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Updated	February 2025	Information requirements removed from Procedure to be consistent with investigational policy language. References updated. Changes approved at the February 12, 2025 CHNCT Medical Reviewer meeting. Approved by the Clinical Quality Subcommittee on March 17, 2025. Approved by DSS on April 3, 2025.