

MedStar Health, Inc.

POLICY AND PROCEDURE MANUAL

Policy Number: MP.041.MH

Last Review Date: 05/09/2019

Effective Date: 07/01/2019

MP.041.MH – Light Therapy in the Home, Ultraviolet B, Skin Conditions

This policy applies to the following lines of business:

- ✓ MedStar Employee (Select)
- ✓ MedStar CareFirst PPO

MedStar Health considers **Light Therapy in the Home, Ultraviolet B (UVB), Skin Conditions** medically necessary for the following indications:

Coverage of home light box therapy requires all of the following:

1. The device must be prescribed by a dermatologist.
2. The prescribed device must be approved by the Food and Drug Administration (FDA).
3. The prescribed device must be appropriate for the extent of body surface involvement.
4. The light source of the device must provide UVB light only.
5. The member must be capable of operating the light box and following specific treatment instructions determined by the prescribing dermatologist.
6. The dermatologist must maintain accurate treatment records available upon request.
7. The member must be unable to travel for office-based therapy OR It has been determined that home therapy will be more cost-effective than office-based treatment for the member.
8. The member must have one of the diseases specified as effective for home therapy, such as:
 - Psoriasis
 - Atopic dermatitis/Severe eczema
 - Pruritis secondary to an underlying disease
 - Cutaneous T-Cell Lymphoma (CTCL)
 - Mycosis Fungoides (MF)
 - Lichen planus
 - Polymorphic light eruption
 - Sezary's Disease
9. The member's skin disorder must be:
 - Severe
 - Extensive (large body area or extensive involvement of the hands and feet)
 - Refractory for a long-period of time (\geq four months)

MP.041.MH – Light Therapy in the Home, Ultraviolet B, Skin Conditions

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10. The member must require treatments at least three times per week.
11. The member's condition must be chronic in nature and require long-term maintenance therapy.

Limitations

1. UV box therapy in the home is not covered when:
 - For treatment of Seasonal Affective Disorders (SAD)
 - The member does not meet all of the qualifying clinical indications
 - It is being requested solely for the member's convenience
 - It is for cosmetic purposes such as tanning
2. Psoralen and Ultraviolet A Light Therapy (PUVA) are not covered for home use.

Background

Psoriasis is a chronic skin disease, affected approximately 2% of the population. Methods of treatment may include topical application of steroids or other drugs; ultraviolet light (actinotherapy); and coal tar alone or in combination with ultraviolet B light (Goeckerman treatment).

Broadband ultraviolet B (UVB), narrow band UVB, Psoralen plus ultraviolet A (PUVA) are types of phototherapy. Phototherapy aims to reduce itch, promote an anti-inflammatory effect, increase vitamin D production and help increase bacteria-fighting systems in the skin.

In UVB types of therapy, affected areas of the skin are exposed to artificial UV radiation. Broad band UVB light emits wavelengths in the range of 290 to 320 nanometers (nm), and narrow band UVB light emits wavelengths in the range of 311-312 nm. NB-UVB is more commonly prescribed than BB-UVB for psoriasis treatment, especially for home therapy, as it has been shown to have greater efficacy, clears plaques more quickly, and is preferred by patients.

Codes:

CPT Codes / HCPCS Codes / ICD-10 Codes	
Code	Description
HCPCS codes covered if selection criteria are met (If Appropriate):	
E0691	Ultraviolet light therapy system panel, includes bulbs, lamps, timer, and eye protection; treatment area two (2) square feet or less
E0692	Ultraviolet light therapy system panel, includes bulbs, lamps, timer, and eye protection; four (4) foot panel

MP.041.MH – Light Therapy in the Home, Ultraviolet B, Skin Conditions

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E0693	Ultraviolet light therapy system panel, includes bulbs, lamps, timer and eye protection; six (6) foot panel
E0694	Ultraviolet multidirectional light therapy system in 6 foot cabinet, includes bulbs, timer, and eye protection
A4633	Replacement bulb/lamp for ultraviolet light system, each
ICD-10 codes covered if selection criteria are met:	
C84.0-C84.09	Mycosis fungoides
C84.1-C84.19	Sezary disease
C84.4-C84.49	Peripheral T cell lymphoma
L20.89	Other atopic dermatitis
L20.9	Atopic dermatitis, unspecified
L29.0-L29.9	Pruritis
L40.0-L40.96	Psoriasis
L41.0-L41.9	Parapsoriasis
L43.0-L43.9	Lichen Planus
L56.2	Photocontact dermatitis
L56.4	Polymorphous light eruption

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MP.041.MH – Light Therapy in the Home, Ultraviolet B, Skin Conditions

Policy Number: MP.041.MH

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Disclaimer:

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MP.041.MH – Light Therapy in the Home, Ultraviolet B, Skin Conditions

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medicine. The policies constitute only the reimbursement and coverage guidelines of MedStar Health and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

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