

## Medical Policy



### Ultraviolet Light Therapy (UVB) in the Home

#### ▼ Description

Ultraviolet light therapy (UVB) used in the home is a piece of durable medical equipment that typically contains multiple fluorescent lights that emit high intensity, long-wave ultraviolet light (UVB rays). These boxes may be used for various reasons including treatment of psoriasis, eczema, photodermatoses, pruritis, pityriasis, lichen planus,

UVB light can be categorized as wide-band and narrow-band, which refers to the range of wavelengths included in the UV light source. The wide-band devices deliver full spectrum UVB light. The narrow-band devices deliver a very narrow range of the UV light spectrum, focusing on the specific wavelengths most effective for the treatment of disease. Narrow-band UVB light can be delivered with either a light bulb or with a hand held laser device. UVB treatment is typically offered using a light "booth" or "light box" several times a week for as long as the condition persists, which may be for the lifetime of the individual. In most cases an individual must go to a doctor's office or other facility for treatments. However, UVB treatment is available for home use under certain circumstances and under strict physician supervision.

#### ▼ Policy

Ultraviolet light therapy is considered **reasonable and necessary** when used for the treatment of any of the following skin conditions and meet the coverage criteria listed below:

- Atopic dermatitis/eczema, when topical treatment alone has failed; or
- Pityriasis lichenoides; or
- Pruritus of hepatic disease; or
- Pruritus of renal failure; or
- Cutaneous T-Cell Lymphoma/Mycosis Fungoides (CTCL/MF); or
- Psoriasis, when topical treatment alone has failed.

## ▼ Policy Guidelines

### Coverage Criteria:

Ultraviolet Light Therapy is considered reasonable and necessary for members that have not responded to other forms of treatment and meet coverage criteria outlined below.

Ultraviolet Light Therapy (UVB) in the home must include all of the following:

1. The device must be prescribed by a Dermatologist.
2. The prescribed device must be FDA approved.
3. The prescribed device must be appropriate for the extent of body surface involvement.
4. The member must be capable of operating the light box and following specific treatment instructions determined by the prescribing Dermatologist, and maintain accurate treatment records.
5. Treatment is expected to be long term (3 months or longer).
6. The member's skin disorder must be:
  - Severe
  - Extensive (large body area or extensive involvement of the hands and feet)
7. The underlying disease must have been demonstrated to respond to light therapy with office-based treatment; and
8. The member meets any of the following:
  - a. Member is not able to attend office-based therapy due to a serious medical or physical condition; or
  - b. Office based therapy has failed to control the disease and it is likely that home based therapy will be successful; or
  - c. The member suffers from severe psoriasis with a history of frequent flares which require immediate treatment to control the disease.

### ▼ Exclusions/Limitations:

An in-home UVB delivery device is considered investigational and not reasonable and necessary for all other conditions not mentioned above, including but not limited to vitiligo, and when the criteria above are not met.

Home ultraviolet light therapy using ultraviolet A (UVA) light devices is considered investigational and not reasonable and necessary for all indications.

Home UVB therapy for cosmetic purposes, such as tanning, is considered not reasonable and necessary.

#### ▼ HCPCS Level II Codes and Description

A4633	Replacement bulb/lamp for ultraviolet light therapy system, each
E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area two square feet or less
E0692	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, four foot panel
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, six foot panel
E0694	Ultraviolet multidirectional light therapy system in six foot cabinet, includes bulbs/lamps, timer and eye protection

#### ▼ Important Note:

Northwood's Medical Policies are developed to assist Northwood in administering plan benefits and determining whether a particular DMEPOS product or service is reasonable and necessary. Equipment that is used primarily and customarily for a non-medical purpose is not considered durable medical equipment.

Coverage determinations are made on a case-by-case basis and are subject to all of the terms, conditions, limitations, and exclusions of the member's contract including medical necessity requirements.

The conclusion that a DMEPOS product or service is reasonable and necessary does not constitute coverage. The member's contract defines which DMEPOS product or service is covered, excluded or limited. The policies provide for clearly written, reasonable and current criteria that have been approved by Northwood's Medical Director.

The clinical criteria and medical policies provide guidelines for determining the medical necessity for specific DMEPOS products or services. In all cases, final benefit determinations are based on the applicable contract language. To the extent there are any conflicts between medical policy guidelines and applicable contract language, the contract language prevails. Medical policy is not intended to override the policy that defines the member's benefits, nor is it intended to dictate to providers how to direct care. Northwood Medical policies shall not be interpreted to limit the benefits afforded to Medicare or Medicaid members by law and regulation and Northwood will use the applicable state requirements to determine required quantity limit guidelines.

Northwood's policies do not constitute medical advice. Northwood does not provide or recommend treatment to members. Members should consult with their treating physician in connection with diagnosis and treatment decisions

## ▼References

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**Applicable URAC Standard**

Core 8	Staff operational tools and support
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**Change/Authorization History**

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:
A	11-20-06	Initial Release	Rosanne Brugnoni	Ken Fasse	n/a
01		Annual Review – no changes	Susan Glomb	Ken Fasse	Dec.2008
02	12-22-09	Annual Review/ no changes	Susan Glomb	Ken Fasse	Dec.2009
03	12-07-10	Annual Review – no changes	Susan Glomb	Ken Fasse	Dec.2010
04	07-20-11	Added Important Note to all Medical Policies	Susan Glomb	Dr. B. Almasri	
05	12-02-11	Annual Review. Updated Policy to Reflect Current Practices. Added References to Policy.	Susan Glomb	Dr. B. Almasri	Dec. 2011
06	04-04-12	Added reference to NH Medicaid	Susan Glomb	Dr. B. Almasri	
07	11-29-12	Narrative changed for E0691. Deleted “panel” from description.	Susan Glomb	Dr. B. Almasri	Nov 12
08	11-30-12	Annual Review. No changes	Susan Glomb	Dr. B. Almasri	Nov 12

09	12-11-13	Annual review. No changes	Susan Glomb	Dr. B. Almasri	
10	11-25-14	Annual Review. No changes	Susan Glomb	Dr. B. Almasri	
11	11-24-15	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	November 2015