Therapeutic Light Box for Seasonal Affective Disorder (SAD)

Description

Seasonal affective disorder (SAD) is defined as a major recurrent depressive disorder, characterized by a seasonal pattern of depression, usually occurring in late fall or winter. It is believed that seasonal affective disorder is associated with decreases in sunlight exposure during the fall and winter seasons. Light therapy has been recommended as the first line treatment for seasonal affective disorder. Researchers believe that the seasonal decline in daylight hours shifts the biological clocks of susceptible people and that bright light therapy helps “reset” the clock.

SAD can occur in patients with either major depressive disorder, or with bipolar disorder. SAD is distinguished from non-seasonal depression by presence of a regular temporal relationship between the onset of depressive episode and time of year; full remission of depressive symptoms at certain time of year; and seasonal depressive episodes occurring more frequently than non-seasonal depressive episodes.

Many types of lights, such as light visors, overhead light diffuser with a dawn/dusk simulation controller, low dose light, and others have been tested. The most effective and commonly used form of light therapy has been the 10,000-lux fluorescent light used during a particular time of day, usually in the morning.

Policy

Medicare Members
Therapeutic light box (E0203) is considered not reasonable and necessary and noncovered.

Non Medicare Members.
Therapeutic light box therapy for the treatment of SAD is considered reasonable and necessary when BOTH of the following criteria are met:

1. Member is diagnosed with bipolar disorder or recurrent major depression; AND
2. Member meets DSM-IV criteria for a seasonal mood disorder; at least two years of seasonal depressive episodes which completely remit when
daylight increases in the spring and which substantially outnumber any non-seasonal depressive episodes.

**Exclusions/Limitations**

1. Members not meeting the criteria listed above.

2. Other types of light therapy for SAD. For example, many types of lights such as light visors, overhead light diffuser with a dawn/dusk simulation controller, low dose light and others have been tested and not shown to be as effective as the 10,000-lux fluorescent light (box).

3. Extraocular light therapy (application of light to areas of the body other than the retina) for SAD. This service is considered experimental and investigational as its effectiveness has not been established.

4. Members whose symptoms may be related to a mood disorder due to a:
   - General medical condition; or
   - Substance-induced; or
   - Bereavement; or
   - Related to a psychotic disorder, such as schizoaffective disorder

5. Light box therapy is considered experimental and investigational for the following:
   - Post-natal depression
   - Pre-menstrual syndrome
   - Non-seasonal depression
   - Childhood sleep disorders
   - Sleep disorders in the elderly
   - Sleep or behavioral disorders in dementia
   - All other indications

6. Tanning Lights – light box therapy requires a high-intensity light unit which is not the same as “Tanning Lights” that give off an entirely different band or spectrum of light.

**HCPCS Level II Codes and Description**
**Therapeutic Light Box for Seasonal Affective Disorder (Medicare/Commercial/NWMedicaid)**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>E0203</td>
<td>Therapeutic light box, minimum 10,000 lux, table top model</td>
</tr>
<tr>
<td>A4634</td>
<td>Replacement bulb for therapeutic light box, table top model</td>
</tr>
</tbody>
</table>

**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 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**

1. Aetna: Phototherapy for Psychiatric Disorders;  

2. Cigna: Light Therapy for Seasonal Affective Disorder (SAD);  
3. Tufts Health Plan: Bright Light Treatment for Seasonal Affective Disorder (SAD); http://www.tuftshealthplan.com/providers/pdf/mng/Bright_Light_Therapy_SAD.pdf

4. Fallon Community Health Plan: Light Box Therapy for Seasonal Affective Disorder; http://www.fchp.org/providers/medical-management/~/media/Files/ProviderPDFs/MedicalPolicies/LighttherapyforSAD.ashx


Applicable URAC Standard

| Core 8 | Staff operational tools and support |

Change/Authorization History

<table>
<thead>
<tr>
<th>Revision Number</th>
<th>Date</th>
<th>Description of Change</th>
<th>Prepared / Reviewed by</th>
<th>Approved by</th>
<th>Review Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>11-20-06</td>
<td>Initial Release</td>
<td>Rosanne Brugnoni</td>
<td>Ken Fasse</td>
<td>n/a</td>
</tr>
<tr>
<td>01</td>
<td></td>
<td>Annual Review – no changes</td>
<td>Susan Glomb</td>
<td>Ken Fasse</td>
<td>Dec.2008</td>
</tr>
<tr>
<td>Date</td>
<td>Action Description</td>
<td>Author</td>
<td>Reviewer</td>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>----------</td>
<td>------------------------------------------------------------------</td>
<td>--------------</td>
<td>--------------</td>
<td>--------</td>
<td></td>
</tr>
<tr>
<td>12-22-09</td>
<td>Annual Review/ no changes</td>
<td>Susan Glomb</td>
<td>Ken Fasse</td>
<td>Dec.2009</td>
<td></td>
</tr>
<tr>
<td>12-07-10</td>
<td>Annual Review – No changes</td>
<td>Susan Glomb</td>
<td>Ken Fasse</td>
<td>Dec.2010</td>
<td></td>
</tr>
<tr>
<td>07-20-11</td>
<td>Added Important Note to all Medical Policies</td>
<td>Susan Glomb</td>
<td>Dr. B. Almasri</td>
<td></td>
<td></td>
</tr>
<tr>
<td>04-04-12</td>
<td>Added reference to NH Medicaid</td>
<td>Susan Glomb</td>
<td>Dr. B. Almasri</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11-30-12</td>
<td>Annual review – no changes.</td>
<td>Susan Glomb</td>
<td>Dr. B. Almasri</td>
<td>Nov. 2012</td>
<td></td>
</tr>
<tr>
<td>12-11-13</td>
<td>Annual review. No changes</td>
<td>Susan Glomb</td>
<td>Dr. B. Almasri</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11-25-14</td>
<td>Annual Review. No changes</td>
<td>Susan Glomb</td>
<td>Dr. B. Almasri</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12-11-15</td>
<td>Annual Review. No changes</td>
<td>Susan Glomb</td>
<td>Dr. B. Almasri</td>
<td>12-11-15</td>
<td></td>
</tr>
</tbody>
</table>