Light Therapy in the Home, Ultraviolet B, Skin Conditions Policy

I. Purpose
Indiana University Health Plans (IU Health Plans) considers clinical indications when making a medical necessity determination for Light Therapy in the Home, Ultraviolet (UV) B, Skin Conditions.

II. Scope
All Utilization Management (UM) staff conducting physical and behavioral health UM review.

III. Exceptions
A. UV box therapy in the home is not covered for any of the following:
   1. It is being requested solely for the member’s convenience
   2. It is for cosmetic purposes such as tanning
   3. For treatment of Seasonal Affective disorders
B. Psoralen and Ultraviolet A Light Therapy (PUVA) are not covered for home use.

Variation

NOTE: Medicare Variation (NCD 250.1 – Treatment of Psoriasis) - PUVA therapy is covered for treatment of intractable, disabling psoriasis, but only after the psoriasis has not responded to more conventional treatment. The Medicare Administrative Contractor should document this before paying for PUVA therapy. In addition, reimbursement for PUVA therapy should be limited to amounts paid for other types of phototherapy; ordinarily, payment should not be allowed for more than 30 days of treatment, unless improvement is documented.

IV. Definitions
None
V. Policy Statements

A. IU Health Plans considers Light Therapy in the Home, Ultraviolet B (UVB), Skin Conditions medically necessary for all of the following indications:

1. Coverage of home light box therapy requires all of the following:
   a. The device must be prescribed by a dermatologist.
   b. The prescribed device must be approved by the Food and Drug Administration (FDA).
   c. The prescribed device must be appropriate for the extent of body surface involvement.
   d. The light source of the device must provide UVB light only.
   e. The member must be capable of operating the light box and following specific treatment instructions determined by the prescribing dermatologist.
   f. The dermatologist must maintain accurate treatment records available upon request.
   g. 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.
   h. The member must have one of the following diseases specified as effective for home therapy, such as:
      1) Psoriasis
      2) Atopic dermatitis/Severe eczema
      3) Pruritis secondary to an underlying disease
      4) Cutaneous T-Cell Lymphoma (CTCL)
      5) Mycosis Fungoides (MF)
      6) Lichen planus
      7) Polymorphic light eruption
      8) Sezary’s Disease
   i. The member’s skin disorder must meet one of the following:
      1) Severe
      2) Extensive (large body area or extensive involvement of the hands and feet)
      3) Refractory for a long-period of time (> four months)
   j. The member must require treatments at least three times per week.
   k. The member’s condition must be chronic in nature and require long-term maintenance therapy.

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, Psorlaen 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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>HCPCS codes covered if selection criteria are met (If Appropriate):</td>
<td></td>
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<tr>
<td>E0691</td>
<td>Ultraviolet light therapy system panel, includes bulbs, lamps, timer, and eye protection; treatment area two (2) square feet or less</td>
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<tr>
<td>E0692</td>
<td>Ultraviolet light therapy system panel, includes bulbs, lamps, timer, and eye protection; four (4) foot panel</td>
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<tr>
<td>E0693</td>
<td>Ultraviolet light therapy system panel, includes bulbs, lamps, timer and eye protection; six (6) foot panel</td>
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<tr>
<td>E0694</td>
<td>Ultraviolet multidirectional light therapy system in 6 foot cabinet, includes bulbs, timer, and eye protection</td>
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<tr>
<td>A4633</td>
<td>Replacement bulb/lamp for ultraviolet light system, each</td>
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ICD-10 codes covered if selection criteria are met:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>C84.0-C84.09</td>
<td>Mycosis fungoides</td>
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<tr>
<td>C84.1-C84.19</td>
<td>Sezary disease</td>
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<tr>
<td>C84.4-C84.49</td>
<td>Peripheral T cell lymphoma</td>
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<tr>
<td>L20.89</td>
<td>Other atopic dermatitis</td>
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<td>L20.9</td>
<td>Atopic dermatitis, unspecified</td>
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<tr>
<td>L29.0-L29.9</td>
<td>Pruritis</td>
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<tr>
<td>L40.0-L40.96</td>
<td>Psoriasis</td>
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<td>L41.0-L41.9</td>
<td>Parapsoriasis</td>
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<tr>
<td>L43.0-L43.9</td>
<td>Lichen Planus</td>
</tr>
<tr>
<td>L56.2</td>
<td>Photocontact dermatitis</td>
</tr>
<tr>
<td>L56.4</td>
<td>Polymorphous light eruption</td>
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</tbody>
</table>

VI. Procedures

None

VII. References/Citations


VIII. Forms/Appendices

None

IX. Responsibility
This Policy is proprietary and confidential. No part of this Policy may be disclosed in any manner to a third party without the prior written consent of IU Health Plans, Inc.