

Medical Policy



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-V 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

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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. Non-retinal photo-biomodulation with red and near-infrared light (also known as low-level light therapy) experimental and investigational for the treatment of depressive disorder because its effectiveness has not been established.
5. 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
6. 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 visually impaired children
 - Sleep disorders in the elderly
 - Sleep or behavioral disorders in dementia
 - Depressive symptoms in persons with cystic fibrosis
 - Anorexia Nervosa
 - Type 2 Diabetes
 - All other indications

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7. 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.
8. Bright light therapy for the treatment of perinatal depression.
9. Phototherapy for the treatment of post-stroke depression.

HCPCS Level II Codes and Description

E0203	Therapeutic light box, minimum 10,000 lux, table top model
A4634	Replacement bulb for therapeutic light box, table top model

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

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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.

Northwood follows all CMS National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), as applicable.

References

1. Aetna: Phototherapy for Psychiatric Disorders;
http://www.aetna.com/cpb/medical/data/300_399/0370.html Last accessed/reviewed December 1, 2025.
2. Eastman, CI et al. Bright light treatment of winter depression: a placebo-controlled trial. Arch Gen Psychiatry. 1998; 55(10), 883-889.
3. Lam, R, Levitt AJ. Canadian consensus guidelines for the treatment of seasonal affective disorder. Canadian Journal of Diagnosis Suppl. 1998.
4. Shedding new light on SAD. Consumer Reports on Health. 1999;11 (1):10.
5. Terman, M et al. Seasonal affective disorder and its treatments. J Prac Psychiatry Behav Health. 1998; (5) 287-303.
6. Hayes, Inc. Light therapy for seasonal affective disorder. Hayes Medical Technology Directory. March 20, 2005.
7. Hayes, Inc. Light therapy for seasonal affective disorder. Hayes Medical Technology Directory. Update Search. March 29, 2006.

Change/Authorization History

Revision Number	Date	Description of Change	Prepared / Reviewed by	Approved by	Review Date:	Effective Date:
A	11-20-06	Initial Release	Rosanne Brugnani	Ken Fasse	n/a	

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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	12-01-11	Annual Review. Policy updated to reflect current practice guidelines. References added to Policy.	Susan Glomb	Dr. B. Almasri	Dec. 2011	
06	04-04-12	Added reference to NH Medicaid	Susan Glomb	Dr. B. Almasri		
07	11-30-12	Annual review – no changes.	Susan Glomb	Dr. B. Almasri	Nov. 2012	
08	12-11-13	Annual review. No changes	Susan Glomb	Dr. B. Almasri		
09	11-25-14	Annual Review. No changes	Susan Glomb	Dr. B. Almasri		
10	12-11-15	Annual Review. No changes	Susan Glomb	Dr. B. Almasri	12-11-15	
11	12-07-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	December 2016	
12	12-13-17	Annual review. Added bullet to “considered experimental and investigational” for depressive symptoms in persons with cystic fibrosis.	Carol Dimech	Dr. C. Lerchin	December 2017	
13	2-8-18	Added update to reflect current guidelines: DSM-V criteria and additional bullets to experimental and investigational diagnosis list.	Carol Dimech	Dr. C. Lerchin	February 2018	
14	12-04-18	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	December 2018	
15	12-06-19	Annual review. Non-retinal photo-biomodulation with red and near-infrared light (also known as low-level light therapy)	Carol Dimech	Dr. C. Lerchin	December 6, 2019	December

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		experimental and investigational for the treatment of depressive disorder because its effectiveness has not been established.				6, 2019
16	12-03-20	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	December 2020	December 2020
17	12-02-21	Annual Review. Added NCD/LCD verbiage to Important Note.	Lisa Wojno/Carol Dimech	Dr. C. Lerchin	December 2021	December 2021
18	12-5-22	Annual review. Updated references.	Lisa Wojno	Dr. C. Lerchin	December 5, 2022	December 2022
19	12-4-23	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	December 4, 2023	December 4, 2023
20	12-5-24	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	December 5, 2024	December 5, 2024
21	12-1-25	Annual review. Updated to add that bright light therapy for the treatment of perinatal depression and phototherapy for the treatment of post-stroke depression are considered experimental, investigational, or unproven.	Lisa Wojno	Dr. C. Lerchin	December 1, 2025	December 1, 2025