

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 and 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 treatment. However, UVB treatment is available for home use under certain circumstances and under strict physician supervision.

Policy

Ultraviolet light therapy (UVB) is considered **reasonable and necessary** when used for the treatment of any **one** 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) and Sézary syndrome; **or**
- Psoriasis, when topical treatment alone has failed; **or**
- Vitiligo, when topical treatment alone, has failed.

Policy Guidelines

Coverage Criteria:

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

Medical Policy



Ultraviolet Light Therapy (UVB) in the Home

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

1. The device must be prescribed by a dermatologist.
2. The treatment is conducted under a prescriber's supervision with regularly scheduled exams.
3. The prescribed device must be FDA approved.
4. The prescribed device must be appropriate for the extent of body surface involvement.
5. 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.
6. Treatment is expected to be long term (3 months or longer).
7. The member's skin disorder must be:
 - Severe
 - Extensive (large body area or extensive involvement of the hands and feet)
8. The underlying disease must have been demonstrated to respond to light therapy with office-based treatment; **and**
9. 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
10. Office based therapy has failed to control the disease and it is likely that home-based therapy will be successful

Exclusions/Limitations:

An in-home UVB delivery device is considered investigational and not reasonable and necessary for all other conditions not mentioned above, 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.

SPECIAL COVERAGE INFORMATION PER PLAN:

Health New England (Commercial/Self-Funded, Medicare Advantage, Medicaid):	HNE considers Home UV Therapy experimental and investigational for all indications, therefore, not a covered item.
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Medical Policy



Ultraviolet Light Therapy (UVB) in the Home

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 2 square feet or less
E0692	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 foot panel
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 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.

Medical Policy



Ultraviolet Light Therapy (UVB) in the Home

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

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Medical Policy



Ultraviolet Light Therapy (UVB) in the Home

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 15. Health New England: NCQA Standard, UM2, Clinical Criteria for Utilization Management Decisions, Element A.
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(Last accessed 12/23/16)

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	
01		Annual Review – no changes	Susan Glomb	Ken Fasse	Dec.2008	
02	12-22-	Annual Review/ no changes	Susan Glomb	Ken Fasse	Dec.2009	

Medical Policy



Ultraviolet Light Therapy (UVB) in the Home

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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	11-29-12	Changed Narrative for E0691. Removed “panel”.	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	12-1-14	Annual Review. No Changes	Susan Glomb	Dr. B. Almasri		
10	11-24-15	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	November 2015	
11	11-30-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	November 2016	
12	11-14-17	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	November 2017	
13	11-19-18	Annual review. Updated policy to reflect HNE guidelines for UV Therapy as experimental and investigational for all	Carol Dimech	Dr. C. Lerchin	November 2018	

Medical Policy



Ultraviolet Light Therapy (UVB) in the Home

		lines of business. Added references #14 and #15.				
14	11- 13- 19	Annual review. Moved HNE special coverage information per plan to before the references section for visibility.	Lisa Wojno	Dr. C. Lerchin	November 2019	
15	11- 03- 20	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2020	
16	11- 16- 21	Annual review. Added NCD, LCD verbiage to “Important Note”.	Carol Dimech	Dr. C. Lerchin	November 16, 2021	
17	11- 16- 22	Annual review. Added to diagnosis list. Updated reference link.	Carol Dimech	Dr. C. Lerchin	11-16-22	11-16-22
18	11- 20- 23	Annual review. Updated/added reference.	Carol Dimech	Dr. C. Lerchin	11-20-23	11-20-23
19	11- 21- 24	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	11-21-24	11-21-24
20	11- 17- 25	Annual review. Added “Vitiligo” to qualifying diagnosis list, treatment is conducted under a prescriber’s supervision with regularly scheduled exams. Added references.	Carol Dimech/Susan Glomb	Dr. C. Lerchin	11-17-25	11-17-25