

## 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 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 physician or dermatologist.
2. The treatment is conducted under a physician'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 physician or 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
  - b. Office based therapy has failed to control the disease and it is likely that home-based therapy will be successful; or

#### 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.

## Medical Policy



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

#### SPECIAL COVERAGE INFORMATION PER PLAN:

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

## Medical Policy



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

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.

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

#### References

1. National Psoriasis Foundation, Psoriasis treatment: Phototherapy. Retrieved on May 16, 2007, from: <http://www.psoriasis.org/treatment/psoriasis/phototherapy/>.
2. No authors listed. Guidelines of care for phototherapy and photochemotherapy. American Academy of Dermatology Committee on Guidelines of Care. Journal of American Academy of Dermatology. 1994;31 (4): 643-648.
3. Storbeck K, Holzle E Schurer N, et al. Narrow-band UVB (311nm) versus conventional broadband UVB with and without dithranol in phototherapy for psoriasis. Journal of American Academy of Dermatology. 1993;28 (2 Pt 1): 227-231.
4. Harvard Pilgrim Health Plan: UVB Home Units for Skin Disease. <https://www.harvardpilgrim.org/provider/wp-content/uploads/sites/7/2022/08/UVB-Home-Units-for-Skin-Disease-MP.pdf>  
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5. Anthem: Ultraviolet Light Therapy Delivery Devices for Home Use. [https://www.anthem.com/dam/medpolicies/abc/active/guidelines/gl\\_pw\\_d055402.html](https://www.anthem.com/dam/medpolicies/abc/active/guidelines/gl_pw_d055402.html)  
Last accessed/reviewed 11-17-25.
6. Mayo Clinic Vitiligo, Symptoms and Causes;

## Medical Policy



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

<https://www.mayoclinic.org/diseases-conditions/vitiligo/diagnosis-treatment/drc-20355916> Added and reviewed 11/17/25.

7. Cleveland Clinic, Vitiligo; <https://my.clevelandclinic.org/health/diseases/12419-vitiligo> Added and reviewed 11/12/25.
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9. Feldman SR, Clark A, Reboussin DM, Fleischer AB Jr. An assessment of potential problems of home phototherapy treatment of psoriasis. *Cutis*. 1996; 58(1):7-13.
10. Fleischer AB Jr, Clark AR, Rapp SR, et al. Commercial tanning bed treatment is an effective psoriasis treatment: results from an uncontrolled clinical trial. *J Invest Dermatol*. 1997; 109(2):170-174.
11. Hallaji Z, Barzegari M, Balighi K, et al. A comparison of three times vs. five times weekly narrowband ultraviolet B phototherapy for the treatment of chronic plaque psoriasis. *Photodermatol Photoimmunol Photomed*. 2010; 26(1):10-15.
12. Khachemoune A, Blyumin ML. Pityriasis Lichenoides: Pathophysiology, classification, and treatment. *Am J Clin Dermatol*. 2007; 8 (1): 29-36.
13. Kleinpenning MM, Smits T, Boezeman J, et al. Narrowband ultraviolet B therapy in psoriasis: randomized double-blind comparison of high-dose and low-dose irradiation regimens. *Br J Dermatol*. 2009; 161(6):1351-1356.
14. Koek MB, Buskens E, van Weelden H, et al. Home versus outpatient ultraviolet B phototherapy for mild to severe psoriasis: pragmatic multicentre randomized controlled non-inferiority trial (PLUTO study). *BMJ* 2009; 338:b1542.
15. Wang H, Yosipovitch G. New insights into the pathophysiology and treatment of chronic itch in patients with End-stage renal disease, Chronic liver disease and Lymphoma. *Int J Dermatol*. 2010; 49(1): 1–11.
16. Health New England: NCQA Standard, UM2, Clinical Criteria for Utilization Management Decisions, Element A.

## Medical Policy



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

17. Sezer E, Erbil AH, Kurumulu Z, et al., Comparison of the efficacy of local narrowband ultraviolet B (NBUVB) phototherapy versus psoralen plus ultraviolet A (PUVA) paint for palmoplantar psoriasis. *J Dermatol* 2007; 34 (7):435-40. (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 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-	Annual Review. No changes	Susan Glomb	Dr. B. Almasri	Nov 12	

# Medical Policy



## Ultraviolet Light Therapy (UVB) in the Home

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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	
12	11-30-16	Annual Review. No Changes.	Lisa Wojno	Dr. B. Almasri	November 2016	
13	11-14-17	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	November 2017	
14	11-19-18	Annual review. Updated policy to reflect HNE guidelines for UV Therapy as experimental and investigational for all lines of business. Added references #14 and #15.	Carol Dimech	Dr. C. Lerchin	November 2018	
15	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	11-2019
16	11-03-20	Annual Review. No Changes.	Lisa Wojno	Dr. C. Lerchin	November 2020	
17	11-29-21	Annual Review. Added NCD/LCD verbiage to	Carol Dimech/Susan Glomb	Dr. C. Lerchin	November 29, 2021	

## Medical Policy



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

		“Important Note”.				
18	11-16-22	Annual review. Added to diagnosis list. Updated reference link.	Carol Dimech	Dr. C. Lerchin	11-16-22	11-16-22
19	11-20-23	Annual review. Updated/added reference.	Carol Dimech	Dr. C. Lerchin	11-20-23	11-20-23
20	11-21-24	Annual review. No changes.	Carol Dimech	Dr. C. Lerchin	11-21-24	11-21-24
21	11-17-25	Annual review. Added “Vitiligo” to qualifying diagnosis list; added treatment is conducted under a prescriber’s supervision with regularly scheduled exams. Removed criteria relating to severity of psoriasis. Added references.	Carol Dimech	Dr. C. Lerchin	11-17-25	11-17-25