

MEDICAL POLICY – 2.01.542

Ultraviolet B Light Therapy in the Home to Treat Skin Conditions

Ref. Policy: MP-041

Effective Date: April 1, 2024

Last Revised: Mar. 25, 2024


Replaces: N/A

RELATED MEDICAL POLICIES:

None

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Introduction

Ultraviolet B (UVB) light therapy, also called phototherapy, is a treatment for severe and chronic skin conditions. The goal of UVB therapy is to reduce itching, help the skin make more vitamin D, and increase bacteria-fighting systems in the skin. With UVB therapy, affected areas of the skin are exposed to artificial UV light through a light box. This policy describes when using ultraviolet B light therapy in the home to treat skin conditions may be considered medically necessary.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria

Service	Medical Necessity
<p>Light therapy in the home, ultraviolet B (UVB), to treat skin conditions</p>	<p>Ultraviolet B light therapy in the home to treat skin conditions may be considered medically necessary for the following indications:</p> <ul style="list-style-type: none"> • Coverage of home light box therapy requires all of the following: <ul style="list-style-type: none"> ○ The device must be prescribed by a dermatologist ○ The prescribed device must be approved by the US Food and Drug Administration (FDA) ○ The prescribed device must be appropriate for the extent of body surface involvement ○ The light source of the device must provide UVB light only ○ The individual must be capable of operating the light box and following specific treatment instructions determined by the prescribing dermatologist ○ The dermatologist must maintain accurate treatment records available upon request ○ The individual 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 individual ○ The individual must have one of the diseases specified as effective for home therapy, such as: <ul style="list-style-type: none"> ▪ Psoriasis ▪ Atopic dermatitis/severe eczema ▪ Pruritis secondary to an underlying disease ▪ Cutaneous T-cell lymphoma (CTCL) ▪ Mycosis fungoides (MF) ▪ Lichen planus ▪ Polymorphic light eruption ▪ Sezary's Disease ○ The individual's skin disorder must be: <ul style="list-style-type: none"> ▪ Severe ▪ Extensive (large body area or extensive involvement of the hands and feet) ▪ Refractory for a long-period of time (> 4 months) ○ The individual must require treatments at least three times per week



Service	Medical Necessity
	<ul style="list-style-type: none"> ○ The individual's condition must be chronic in nature and require long-term maintenance therapy <p>Note: See Related Information below for Limitations</p>

Coding

Code	Description
HCPSC Codes Covered if Selection Criteria are Met (If Appropriate)	
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 6 foot cabinet, includes bulbs/lamps, timer and eye protection
ICD-10 Codes Covered if Selection Criteria are Met	
C84.0-C84.09	Mycosis fungoides
C84.1-C84.19	Sezary disease
C84.4-C84.49	Peripheral T cell lymphoma
L20.89	Other atopic dermatitis
L20.9	Atopic dermatitis, unspecified
L29.0-L29.9	Pruritis
L40.0-L40.96	Psoriasis
L41.0-L41.9	Parapsoriasis
L43.0-L43.9	Lichen Planus
L56.2	Photocontact dermatitis



Code	Description
L56.4	Polymorphous light eruption

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Related Information

Limitations

1. UV box therapy in the home is NOT covered when:
 - Used for treatment of Seasonal Affective Disorders (SAD)
 - The individual does not meet all of the qualifying clinical indications
 - It is being requested solely for the individual's convenience
 - It is for cosmetic purposes such as tanning
2. Psoralen and Ultraviolet A Light Therapy (PUVA) are not covered for home use.

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 photochemotherapy; ordinarily, payment should not be allowed for more than 30 days of treatment, unless improvement is documented.

Evidence Review

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, psoralen 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 individuals.

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History

Date	Comments
09/16/19	New policy, approved August 13, 2019, effective January 1, 2020. Ultraviolet B light therapy in the home to treat skin conditions may be considered medically necessary to treat the following conditions when criteria are met: psoriasis, atopic dermatitis/severe eczema, pruritis secondary to an underlying disease, cutaneous T-cell lymphoma (CTCL), mycosis fungoides (MF), lichen planus, polymorphic light eruption, and Sezary's Disease.
08/01/20	Annual Review, approved July 2, 2020. No changes to policy statement.
08/01/21	Annual Review, approved July 9, 2021. No changes to policy statement.
05/01/22	Annual Review, approved April 11, 2022. No changes to policy statement.
04/01/23	Annual Review, approved March 20, 2023. No changes to policy statement, references updated. Changed the wording from "patient" to "individual" throughout the policy for standardization.
04/01/24	Annual Review, approved March 25, 2024. No changes to policy statement, references updated.

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit



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