



Ultraviolet Light Box Therapy in the Home (UVB)

LOB(s): <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid	State(s): <input checked="" type="checkbox"/> Idaho <input checked="" type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input checked="" type="checkbox"/> Washington <input type="checkbox"/> Other: <input checked="" type="checkbox"/> Oregon <input type="checkbox"/> Washington
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Enterprise Policy

PacificSource is committed to assessing and applying current regulatory standards, widely-used treatment guidelines, and evidenced-based clinical literature when developing clinical criteria for coverage determination. Each policy contains a list of sources (references) that serves as the summary of evidence used in the development and adoption of the criteria. The evidence was considered to ensure the criteria provide clinical benefits that promote patient safety and/or access to appropriate care. Each clinical policy is reviewed, updated as needed, and readopted, at least annually, to reflect changes in regulation, new evidence, and advancements in healthcare

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

Ultraviolet (UV) light therapy is an established treatment that uses UV light alone, or in combination, with topical preparations or oral medications for skin disorders such as psoriasis and vitiligo. UV light therapy in the home involves exposure of the member's skin to multiple fluorescent lights that radiate high intensity, short-wave ultraviolet light (UVB rays).

The majority of individuals undergoing UV treatment can be treated in the office. However, some individuals require treatments at a frequency that makes home therapy necessary. As with UVB therapy performed in the office, routine clinical evaluation should be conducted on home therapy individuals to ensure that exposure is kept to the minimum level compatible with adequate control of disease and the prevention of complications.

Criteria

Commercial

Prior authorization is required

PacificSource considers in-home ultraviolet light-therapy for **UBV B (ONLY)** medically necessary when **ALL** of the following criteria is met:

1. Diagnosis of **ONE** of the following
 - A. Moderate to severe psoriasis with **ONE** or more of the following:

- At least 10% of the body surface area (BSA) involvement, and determined to be too extensive for topical therapy
 - Frequent flares that have not responded to two topical treatment agents
 - Involvement of scalp, feet, or hands that impacts member's quality of life
- B.** Vitiligo, as indicated by **ONE** or more of the following:
- Generalized vitiligo with documentation of 15% or more of the total BSA
 - Localized vitiligo with failure of conservative care of Calcineurin inhibitors (e.g., pimecrolimus, tacrolimus) or topical steroids.
- 3.** Treatment meets **ALL** of the following conditions:
- A.** Treatment plan is supervised by a licensed provider and includes office exams on a regular schedule
- B.** Treatment is expected to be required for 3 months or longer
- The member is unable to attend office-based therapy due to a serious medical or physical condition (e.g., confined to the home or leaving home requires special services) or frequency that makes home therapy necessary.

Exclusions

PacificSource considers the use of "light boxes" for non-medical purposes a contract exclusion.

Medicaid

PacificSource Community Solutions follows Oregon Health Plan (OHP) per Oregon Administrative Rules (OAR) 410-120-1200, 410-141-3820, 410-141-3835, 410-141-3830, 410-122-0080, 410-122-0300, 410-151-0001, 410-151-0002, and 410-151-0003 and Guideline Note 21 of the OHP Prioritized List of Health Services for coverage of Ultraviolet Light Box Therapy in the Home (UVB).

PacificSource Community Solutions (PCS) follows EPSDT coverage requirements in OAR 410-151-0002 for members under the age of 21. Coverage of pectus excavatum repair is determined through case-by-case reviews for EPSDT Medical Necessity and EPSDT Medical Appropriateness defined in OAR 410-151-0001. Guideline Note 21 may be used to assist in informing a determination of medical necessity and medical appropriateness during the individual case review.

Medicare

PacificSource Medicare follows NCD 250.1 for treatment of Psoriasis.

PacificSource Medicare follows CMS guidelines and criteria. In the absence of CMS guidelines and criteria, PacificSource Medicare will follow internal policy for determination of coverage and medical necessity.

Definitions

Atopic dermatitis - The most common of many types of eczema; atopic dermatitis is a skin disease characterized by areas of severe itching, redness, scaling, and loss of the surface of the skin; when the eruption has been present for a prolonged time, chronic changes occur due to the constant scratching and rubbing.

Mycosis fungoides (Cutaneous T-cell lymphoma) - A type of non-Hodgkin's lymphoma cancer that first appears on the skin.

Pityriasis lichenoides - A skin disorder of children and young adults that is characterized by a rash of unknown cause, which usually goes away on its own.

Plaque - A broad, raised area on the skin.

Pruritus - The medical term for itching.

Psoriasis - A genetic, systemic, inflammatory, chronic disorder, characterized by scaly, erythematous patches, papules, and plaques that are often pruritic (itchiness). It is commonly located over the surfaces of the elbows, knees, scalp, and around or in the ears, navel, genitals, or buttocks.

Vitiligo - A skin disorder that causes loss of pigmentation (skin color) in blotches. The disorder affects the skin on any part of the body, including the hair, inside of the mouth, and eyes.

Ultraviolet (UV) light - Also known as UV light. This is a form of light invisible to the human eye that naturally comes from the sun but can also be produced by artificial light sources such as tanning lamps. Three types of UV light exist: ultraviolet A (UVA), ultraviolet B (UVB), and ultraviolet C (UVC).

Coding Information

The following list of codes are for informational purposes only and may not be all-inclusive.

Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

- A4633 Replacement bulb/lamp, for ultraviolet light therapy system
- A4634 Replacement bulb for therapeutic light box, tabletop model
- E0691 Ultraviolet light therapy system panel, 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
- 96900 Actinotherapy (Ultraviolet Light)

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References

Kemény, L., Varga, E., & Novak, Z. (2019). Advances in phototherapy for psoriasis and atopic dermatitis. *Expert review of clinical immunology*, 15(11), 1205–1214.

<https://doi.org/10.1080/1744666X.2020.1672537>

MCG Phototherapy, Skin ACG [A-0255](#) (AC).

National Institute for Health and Clinical Excellence (NICE). (Updated: 2017, September 01). Psoriasis: The assessment and management. NICE Clinical Guideline No. 153. Available at:

<https://www.nice.org.uk/guidance/cg153>

Zhang, L., Wang, X., Chen, S., Zhao, J., Wu, J., Jiang, M., Zhang, C., & Xiang, L. (2019). Comparison of efficacy and safety profile for home NB-UVB vs. outpatient NB-UVB in the treatment of non-

segmental vitiligo: A prospective cohort study. *Photodermatology, photoimmunology & photomedicine*, 35(4), 261–267. <https://doi.org/10.1111/phpp.12462>

[The Health Evidence Review Commission \(HERC\) Prioritized List of Health Services](https://www.oregon.gov/oha/HSD/OHP/Pages/Prioritized-List.aspx)
<https://www.oregon.gov/oha/HSD/OHP/Pages/Prioritized-List.aspx>

[Oregon Administrative Rules \(OARs\). Oregon Health Authority. Health Systems: Medical Assistance Programs – Chapter 410](https://secure.sos.state.or.us/oard/displayChapterRules.action?selectedChapter=87)
<https://secure.sos.state.or.us/oard/displayChapterRules.action?selectedChapter=87>

Appendix

Policy Number:

Effective: 9/1/2020

Next review: 12/1/2025

Policy type: Enterprise

Author(s):

Depts: Health Services

Applicable regulation(s): CMS NCD 250.1, Guideline Note 21 of the OHP Prioritized List of Health Services, OARs: 410-120-1200, 410-141-3820, 410-141-3825, 410-141-3830, 410-141-3830, 410-122-0080, 410-122-0300, 410-151-0001, 410-151-0002, 410-151-0003.

Commercial OPs: 10/2024

Government OPs: 11/2024