

# MedStar Health, Inc. POLICY AND PROCEDURE MANUAL

POLICY NUMBER: PAY.041.MH  
REVISION DATE: 04/15  
ANNUAL APPROVAL DATE: 04/15  
PAGE NUMBER: 1 of 7

**SUBJECT:** Ultraviolet Light Box Therapy in the Home  
**INDEX TITLE:** Medical Management  
**ORIGINAL DATE:** January 2013

**This policy applies to the following lines of business: (Check those that apply.)**

<b>COMMERCIAL</b>	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> Fully Insured	<input type="checkbox"/> Individual Product	<input type="checkbox"/> Marketplace (Exchange)	<input checked="" type="checkbox"/> All
<b>GOVERNMENT PROGRAMS</b>	<input type="checkbox"/> MA HMO <input type="checkbox"/> MA PPO <input type="checkbox"/> MA C-SNP <input type="checkbox"/> MA D-SNP <input checked="" type="checkbox"/> MA All					
	<input type="checkbox"/> Medicaid					
<b>OTHER</b>	<input checked="" type="checkbox"/> Self-funded/ASO					

## I. POLICY

It is the policy of MedStar Health, Inc. to cover Light Therapy in the Home, Ultraviolet B, Skin Conditions when it is medically necessary as detailed in this policy, and covered under the member's specific benefit plan.

## II. DEFINITIONS

**Erythema** -- Redness of the skin caused by dilatation and congestion of the capillaries.

**Home Ultraviolet Light Box/Cabinet Therapy** -- These are Durable Medical Equipment (DME) devices that emit ultraviolet B light waves from panels of white lights. The units are available in full body booth-like units, half body units with two or four foot panels, units for the hands and feet, and devices for localized or spot treatment. For psoriasis confined to the scalp, there is a UVB hand-held wand with a comb.

**Photochemotherapy** -- Involves the use of light treatment combined with a photo-sensitizing chemical, such as psoralen. The combined use of a psoralen drug known as Oxsoresalen® (methoxsalen) and UVA are called PUVA therapy. This drug taken by mouth or applied topically makes the skin more sensitive to UVA light. Psoralen-UVA combines to slow down the pathophysiological process of



UPMC Health Plan and Evolent Health provide administrative functions and services on behalf of MedStar Health, Inc. and its affiliates.

UPMC HEALTH PLAN

Proprietary and Confidential Information of UPMC Health Plan  
© 2015 UPMC All Rights Reserved

psoriasis. It is recommended for patients with disabling psoriasis that have not responded to UVB light and/or topical steroids.

**Standard Phototherapy** -- This treatment involves the use of ultraviolet light B without the use of photosensitizing agents. Skin cells typically move from the basal layer to the epidermal surface in 28-44 days. In psoriasis, this cycle is severely shortened to 4 days causing plaques to form. The primary use for standard UVB therapy is to slow down reproduction of skin cells in moderate to severe psoriasis resulting in resolution of the scaly plaques.

### III. PURPOSE

The purpose of this policy is to outline the indications for Light Therapy in the Home, Ultraviolet B, Skin Conditions.

### IV. SCOPE

This policy applies to various MedStar Health, Inc. Departments as indicated by the Benefit and Reimbursement Committee. These include but are not limited to Medical Management, Benefit Configuration and Claims Departments.

### V. PROCEDURE

#### A. Medical Description

Because of their shorter wavelengths, UVB light is 1000 times more potent than UVA in causing sunburn. As a result, UVB can be used alone in treating psoriasis and other skin diseases, while UVA must be used in conjunction with topical or oral sensitizing agents.

Members can purchase light boxes directly from the manufacturers with a prescription from a dermatologist specifying the unit and model. The size of the unit prescribed will depend upon the extent of the affected body area. Once the size is determined, the dermatologist selects the appropriate light source and prescribes the frequency and duration of treatments according to the member's skin type and color.

Generally, home treatment should be limited to standard UVB therapy. The controlled conditions of a clinical office with physician supervision are considered safer for treatment with oral psoralen and UV light (PUVA) since Oxsoresalen® is a



potent photosensitizing drug. Members must be reliable and capable of following specific instructions, which are determined by the prescribing dermatologist.

The American Academy of Dermatology (AAD) Committee on Guidelines of Care: Guidelines of Care for the Treatment of Psoriasis with Phototherapy and Photochemotherapy deemed phototherapy as efficient and cost effective and recommends UVB light and PUVA as a first line therapy for the treatment of psoriasis and other specific dermatological conditions. UVB therapy can be administered in the office, outpatient setting or at home. PUVA therapy is recommended for use in the office setting. The patient in the home setting should be able to follow the treatment correctly, and keep meticulous records of exposure, and be evaluated by a dermatologist at pre-determined intervals.

There are potential complications of home ultraviolet light box therapy. While mild erythema is considered a therapeutic response, overexposure can cause serious burns, which could potentially lead to skin cancer and visible permanent skin damage. Retinal damage may also occur and members must be instructed to wear protective goggles. The genitalia must be protected unless affected.

## **B. Indications**

Coverage of home light box therapy requires all of the following:

1. The device must be prescribed by a dermatologist.
2. The prescribed device must be approved by the Food and Drug Administration (FDA).
3. The prescribed device must be appropriate for the extent of body surface involvement.
4. The light source of the device must provide UVB light only.
5. The member must be capable of operating the light box and following specific treatment instructions determined by the prescribing dermatologist.
6. The dermatologist must maintain accurate treatment records available upon request.
7. The member 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 member.

8. The member must have one of the diseases specified as effective for home therapy, such as:
  - 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
9. The member's skin disorder must be:
- Severe
  - Extensive (large body area or extensive involvement of the hands and feet)
  - Refractory for a long-period of time ( $\geq$  four months)
10. The member must require treatments at least three times per week.
11. The member's condition must be chronic in nature and require long-term maintenance therapy.

### C. Limitations

1. UV box therapy in the home is **not** covered when:
- The member does not meet all of the qualifying clinical indications
  - It is being requested solely for the member's convenience
  - It is for cosmetic purposes such as tanning
  - For treatment of Seasonal Affective disorders  
(Refer to policy PAY.021.MH Full Spectrum Light Therapy for Seasonal Affected Disorder)
2. Psoralen and Ultraviolet A Light Therapy (PUVA) are **not** covered for home use.

### D. Codes

*The following codes for treatments and procedures applicable to this policy are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.*

<b>HCPSC Code</b>	<b>Description</b>
E0691	Ultraviolet light therapy system panel, includes bulbs, lamps, timer, and eye protection; treatment area two (2) square feet or less
E0692	Ultraviolet light therapy system panel, includes bulbs, lamps, timer, and eye protection; four (4) foot panel
E0693	Ultraviolet light therapy system panel, includes bulbs, lamps, timer and eye protection; six (6) foot panel
E0694	Ultraviolet multidirectional light therapy system in 6 foot cabinet, includes bulbs, timer, and eye protection



UPMC Health Plan and Evolent Health provide administrative functions and services on behalf of MedStar Health, Inc. and its affiliates.

A4633 Replacement bulb/lamp for ultraviolet light system, each

<b>ICD-9 Code</b>	<b>Description</b>
202.1-202.18	Mycosis fungoides
202.2-202.28	Sezary's disease
202.7-202.78	Peripheral T cell lymphoma
691.8	Other atopic dermatitis and related conditions
692.72	Acute dermatitis due to solar radiation
696.1	Psoriasis
696.2	Parapsoriasis
697.0	Lichen Planus
698.0-698.9	Pruritus
709.01	Vitiligo

<b>ICD-10 Code</b>	<b>Description</b>
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	Pruritus
L40.0-L40.96	Psoriasis
L41.0-L41.9	Parapsoriasis
L43.0-L43.9	Lichen Planus
L56.2	Photocontact dermatitis
L56.4	Polymorphous light eruption

### **E. Variations**

N/A

### **E. Quality Audit**

Quality Audit monitors policy compliance and/or billing accuracy at the request of the MedStar Health, Inc.'s Technology Assessment Committee or the Benefits Reimbursement Committee.

### **F. Records Retention**



Records Retention for documents, regardless of medium, is provided within the MedStar Health, Inc. Policy and Procedure CORP.028.MH for Records Retention.

## **F. References**

### **Medical Literature/Clinical Information:**

1. Menter A, Korman NJ, Elmets CA, et al. American Academy of Dermatology Guidelines of care for the management of psoriasis and psoriatic arthritis. Section 5. Guidelines of care for the treatment of psoriasis with phototherapy and photochemotherapy. J Am Acad Dermatol. 2010 Jan; 62(1): 114-135. <http://www.aad.org/File%20Library/Global%20navigation/Education%20and%20quality%20care/Guidelines-psoriasis-sec-5.pdf>
2. Winnington P. Efficient laser treatment for widespread, generalized psoriasis. Practical Dermatology, Oct 1 2010; Pg 43-45. [http://bmctoday.net/practicaldermatology/pdfs/PD1010\\_derm%20Q&A.pdf](http://bmctoday.net/practicaldermatology/pdfs/PD1010_derm%20Q&A.pdf)
3. Berneburg M, Rocken M, Benedix F.: Phototherapy with narrowband vs. broadband UVB. Acta DermVenereol. 2005; 85(2):98-108. <http://www.medicaljournals.se/acta/content/?doi=10.1080/00015550510025579>
4. El-Mofty M, El-Darouty M, Salonas M, et al.: Narrow band UVB (311nm), psoralen UVB (311nm) and PUVA therapy in the treatment of early-stage mycosis fungoides: a right-left comparative study. Photodermatol Photoimmunol Photomed. 2005 Dec; 21(6):281-286. <http://onlinelibrary.wiley.com/doi/10.1111/j.1600-0781.2005.00183.x/pdf>
5. Breuckmann F, Gambichler T, Altmeyer P, et al. UVA/UVA1 phototherapy and PUVA photochemotherapy in connective tissue diseases and related disorders: a research-based review. BMC Dermatol. 2004 September 20; 4(1):11. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC521488/pdf/1471-5945-4-11.pdf>
6. Ibbotson SH, Bilslund D, Cox NH, British Association of Dermatologists et al.: An update and guidance on narrowband ultraviolet B phototherapy: a British Photodermatology Group Workshop Report. Br J Dermatol. 2004 Aug; 151(2):283-297. <http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2133.2004.06128.x/pdf>
7. Scheinfeld N, DeLeo V: A review of studies that have used different combinations of psoralen and ultraviolet B phototherapy and ultraviolet A phototherapy. Dermatol Online J. 2003 Dec; 9(5):7. <http://escholarship.org/uc/item/7z00p9dm>
8. Baron ED, Stevens SR: Phototherapy for cutaneous T-cell lymphoma. Dermatol Ther. 2003; 16(4):303-310. <http://onlinelibrary.wiley.com/doi/10.1111/j.1396-0296.2003.01642.x/pdf>
9. Cameron H, Yule S, Moseley H, et al. Taking treatment to the patient: development of a home TL-01 ultraviolet B phototherapy service. Br J



Dermatol. 2002 Nov; 147(5):957-965.

<http://onlinelibrary.wiley.com/doi/10.1046/j.1365-2133.2002.04860.x/pdf>

10. Sarkany RP, Anstey A, Diffey BL, et al.: Home phototherapy: report on a workshop of the British Photodermatology Group. Br J Dermatol. 1999 Feb; 140(2):195-199. <http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2133.1999.02649.x/pdf>

**Regulatory/Government Source:**

1. Center for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) No. 250.1 - Treatment of Psoriasis. Effective date not posted. Longstanding NCD. Accessed: 12/ 19/2013. <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=88&ncdver=1&DocID=250.1&SearchType=Advanced&bc=IAAAAAqAAAAAAAA%3d%3d&>
2. Center for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) No. 140.5 - Laser Procedures. Effective date: 05/01/1997. <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=69&ncdver=1&DocID=140.5&SearchType=Advanced&bc=IAAAAAqAAAAAAAA%3d%3d&>

**Disclaimer:**

MedStar Health, Inc. medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of MedStar Health, Inc. and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

MedStar Health, Inc. reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

These policies are the proprietary information of UPMC Health Plan. Any sale, copying, or dissemination of said policies is prohibited.



UPMC Health Plan and Evolent Health provide administrative functions and services on behalf of MedStar Health, Inc. and its affiliates.

UPMC HEALTH PLAN

Proprietary and Confidential Information of UPMC Health Plan  
© 2015 UPMC All Rights Reserved