

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

Select a hyperlink below to be directed to that section.

[POLICY CRITERIA](#) | [CODING](#) | [RELATED INFORMATION](#)
[EVIDENCE REVIEW](#) | [REFERENCES](#) | [HISTORY](#)

 Clicking this icon returns you to the hyperlinks menu above.

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
HCCPS 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

Note: CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). HCPCS codes, descriptions and materials are copyrighted by Centers for Medicare Services (CMS).

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.

References

1. Baron ED, Stevens SR: Phototherapy for cutaneous T-cell lymphoma. *Dermatol Ther.* 2003; 16(4):303-310. <http://www.ncbi.nlm.nih.gov/pubmed/14686973>. Last accessed March 8, 2024.
2. Berneburg M, Rocken M, Benedix F.: Phototherapy with narrowband vs. broadband UVB. *Acta DermVenereol.* 2005; 85(2):98-108. <http://www.ncbi.nlm.nih.gov/pubmed/15823900>. Last accessed March 8, 2024.
3. 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>. Last accessed March 8, 2024.
4. 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://www.ncbi.nlm.nih.gov/pubmed/12410707>. Last accessed March 8, 2024.
5. Center for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD) No. 250.1 - Treatment of Psoriasis. Effective date not posted. Longstanding NCD. <http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=88&ncdver=1&DocID=250.1&SearchType=Advanced&bc=IAAAAAGAAAAAA%3d%3d&>. Last accessed March 8, 2024.
6. 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=IAAAAAGAAAAAA%3d%3d&>. Last accessed March 8, 2024.
7. 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://www.ncbi.nlm.nih.gov/pubmed/16313238>. Last accessed March 8, 2024.
8. Ibbotson SH, Bilsland 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://www.ncbi.nlm.nih.gov/pubmed/15327535>. Last accessed March 8, 2024.



9. 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. <https://www.ncbi.nlm.nih.gov/pubmed/19811850>. Last accessed March 8, 2024.
10. National Eczema Association. Phototherapy. <https://nationaleczema.org/eczema/treatment/phototherapy>. / Last accessed March 8, 2024.
11. National Psoriasis Foundation. Phototherapy. Last Updated 12/21/2022. <https://www.psoriasis.org/phototherapy>. Last accessed March 8, 2024.
12. 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://www.ncbi.nlm.nih.gov/pubmed/10733266>. Last accessed March 8, 2024.
13. 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>. Last accessed March 8, 2024.
14. 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. Last accessed March 8, 2024.

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



booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2024 Premera All Rights Reserved.

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy only applies to Individual Plans.





Discrimination is Against the Law

LifeWise Health Plan of Washington (LifeWise) complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. LifeWise does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. LifeWise provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). LifeWise provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Civil Rights Coordinator. If you believe that LifeWise has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-6396, Fax: 425-918-5592, TTY: 711, Email AppealsDepartmentInquiries@LifeWiseHealth.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint Portal available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at <https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx>.

Language Assistance

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-817-3056 (TTY: 711).

注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-817-3056 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-817-3056 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-817-3056 (TTY: 711) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-817-3056 (телетайп: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-817-3056 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки.

Телефонуйте за номером 800-817-3056 (телетайп: 711).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតលុយ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 800-817-3056 (TTY: 711)។

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。800-817-3056 (TTY:711) まで、お電話にてご連絡ください。

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 800-817-3056 (መስማት ለተሳናቸው: 711)።

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-817-3056 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-817-3056 (رقم هاتف الصم والبكم: 711).

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 800-817-3056 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-817-3056 (TTY: 711).

ໂປດອຸບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄ່າສ່ຽງຄ່າ, ຄວນມີພ້ອມໃຫ້ທ່ານ. ໂທ 800-817-3056 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sévis èd pou lang ki disponib gratis pou ou. Rele 800-817-3056 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-817-3056 (ATS : 711).

UWAGA: Jezeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-817-3056 (TTY: 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-817-3056 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-817-3056 (TTY: 711).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-817-3056 (TTY: 711) تماس بگیرید.