MEDICAL POLICY – 2.01.542

Ultraviolet B Light Therapy in the Home to Treat Skin Conditions

Ref. Policy: MP-041

Effective Date: Aug. 1, 2020
Last Revised: July 2, 2020
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
<table>
<thead>
<tr>
<th>Service</th>
<th>Medical Necessity</th>
</tr>
</thead>
</table>
| Light therapy in the home, ultraviolet B (UVB), to treat skin conditions | Ultraviolet B light therapy in the home to treat skin conditions may be considered medically necessary for the following indications:  
- Coverage of home light box therapy requires all of the following:  
  - The device must be prescribed by a dermatologist  
  - The prescribed device must be approved by the U. S. 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 patient 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 patient 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 patient  
  - The patient 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  
  - The patient’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 (> 4 months)  
  - The patient must require treatments at least three times per week |
### Service 
**Medical Necessity**
- The patient’s condition must be chronic in nature and require long-term maintenance therapy

**Note:** See Related Information below for Limitations

### Coding

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4633</td>
<td>Replacement bulb/lamp for ultraviolet light therapy system, each</td>
</tr>
<tr>
<td>E0691</td>
<td>Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 square feet or less</td>
</tr>
<tr>
<td>E0692</td>
<td>Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 foot panel</td>
</tr>
<tr>
<td>E0693</td>
<td>Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 foot panel</td>
</tr>
<tr>
<td>E0694</td>
<td>Ultraviolet multidirectional light therapy system in 6 foot cabinet, includes bulbs/lamps, timer and eye protection</td>
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</table>

<table>
<thead>
<tr>
<th>ICD-10 Codes Covered if Selection Criteria are Met</th>
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</thead>
<tbody>
<tr>
<td>C84.0-C84.09</td>
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<tr>
<td>C84.1-C84.19</td>
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<td>C84.4-C84.49</td>
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<td>L20.89</td>
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<td>L40.0-L40.96</td>
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<td>L41.0-L41.9</td>
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<tr>
<td>L43.0-L43.9</td>
</tr>
<tr>
<td>L56.2</td>
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</tbody>
</table>
**Related Information**

**Limitations**

1. UV box therapy in the home is NOT covered when:
   - Used for treatment of Seasonal Affective Disorders (SAD)
   - The patient does not meet all of the qualifying clinical indications
   - It is being requested solely for the patient’s convenience
   - It is for cosmetic purposes such as tanning

2. Psoralen and Ultraviolet A Light Therapy (PUVA) are not covered for home use.

**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, psorlaen 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 patients.

References


### History

<table>
<thead>
<tr>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/16/19</td>
<td>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.</td>
</tr>
<tr>
<td>08/01/20</td>
<td>Annual Review, approved July 2, 2020. No changes to policy statement.</td>
</tr>
</tbody>
</table>

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U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

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U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 509F, HHH Building
Washington, D.C. 20201
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