GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

SCOPE
X Professional
_ Facility

DESCRIPTION
Seasonal affective disorder (SAD) is a blend of physiologic and mood disturbances with a clear seasonal pattern. SAD sufferers generally describe a cluster of complaints and symptoms including decreased activity, sadness, and anxiety. The cause of SAD is not yet fully understood, although hypotheses have been developed that seem to relate to duration of sunlight, changes in the circadian cycle, secretion of melatonin and genetics. Seasonal depressive symptoms may be combined with mood disorders other than major depression, for instance in a milder subsyndromal form, social withdrawal, increased appetite (especially for carbohydrates), weight gain, decreased libido, and hypersomnia. Light box therapy requires a high-intensity light unit (e.g., Bio-Light, Brite Lite, Dawn Simulator, etc.). They are not the same as “Tanning Lights” that give off an entirely different band or spectrum of light. There are two types of light therapy:

1. Bright light treatment, in which a person sits in front of a "light box" for a certain amount of time (usually in the morning)
2. Dawn simulation, which is done while sleeping. A low-intensity light is timed to go on at a certain time in the morning before waking, and it gradually gets brighter

It may take as little as 3 to 5 days, or up to 2 weeks before responding to light therapy. Stopping light therapy will likely cause a relapse back into depression. Light therapy may work by resetting the "biological clock" (circadian rhythms), which controls sleeping and waking. People who discontinue treatment usually lapse back into depression.

POLICY

Phototherapy for seasonal affective disorder (E0203) does not require prior authorization.

Refer to PG0383 Home Phototherapy for Dermatologic Conditions for coverage determination for codes E0691, E0692, E0693, & E0694.

COVERAGE CRITERIA
HMO, PPO, Individual Marketplace, Elite/ProMedica Medicare Plan, Advantage
SAD Lamps (E0203) are considered medically necessary for members who have seasonal affective disorder (SAD) and meet both of the following criteria:

1) Member is diagnosed with major depression; AND
2) Member meets DSM-5 criteria for a seasonal affective disorder; at least 2 years of seasonal depressive episodes which completely remit when daylight increases in the spring and which substantially outnumber any non-seasonal depressive episodes

Paramount considers light box therapy experimental and investigational for depressive symptoms in persons with anorexia nervosa, type 2 diabetes, post-natal depression, pre-menstrual syndrome, non-seasonal depression,
childhood sleep disorders, sleep disorders in the elderly and in visually impaired children, sleep or behavioral disorders in dementia, and for all other indications because its effectiveness for these indications has not been established.

Paramount considers extra-ocular light therapy (application of phototherapy to areas of the body other than the retina) experimental and investigational for all indications including the treatment of members with SAD because its effectiveness has not been established.

Light box therapy requires a high-intensity light unit (e.g., Bio-Light, Brite Lite, Dawn Simulator, etc.). They are not the same as tanning lights that give off an entirely different band or spectrum of light. Use of any other light source (e.g., light visors, light caps, eyeglass clips, and tanning beds) other than a high intensity light box for the treatment of SAD has not been proven to be effective and is considered investigational.

CODING/BILLING INFORMATION
The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

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<th>HCPCS CODES</th>
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<td>E0203</td>
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REVISION HISTORY EXPLANATION
ORIGINAL EFFECTIVE DATE: 02/01/2009
06/26/12: No changes
06/20/14: Changed name of policy from Seasonal Affective Disorder Lights and Light Therapy Systems to Phototherapy for Seasonal Affective Disorder and Dermatologic Conditions. Criteria added from Paramount’s BENEFIT DESCRIPTION AND LIMITATIONS OF COVERAGE for Seasonal Affective Disorder Phototherapy (SAD Lamps) 2013. Policy reviewed and updated to reflect most current clinical evidence per TAWG. 07/18/14: TAWG committee determined that seasonal affective disorder (SAD) will no longer require prior authorization for any product line. Medical Policy Steering Committee will do future reviews for seasonal affective disorder (SAD). Policy reviewed and updated to reflect most current clinical evidence per TAWG. 02/14/17: Changed name of policy from PG0208 Phototherapy for Seasonal Affective Disorder and Dermatologic Conditions to PG0208 Phototherapy for Seasonal Affective Disorder. Codes E0691, E0692, E0693, E0694 removed and added to new policy PG0383 Home Phototherapy for Dermatologic Conditions. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee. 12/16/2020: Medical policy placed on the new Paramount Medical Policy Format

REFERENCES/RESOURCES