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.

DESCRIPTION
Phototherapy is an established treatment for skin disorders that uses ultraviolet light, alone or in combination with topical preparations or oral medications, to treat various skin conditions.

Office-based phototherapy includes actinotherapy, type A ultraviolet (UVA) radiation; type B ultraviolet (UVB) radiation; and combination UVA/UVB radiation. Photochemotherapy includes psoralens (P) and type A ultraviolet (UVA) radiation, known as PUVA photochemotherapy and combinations of P/UVA/UVB. The majority of patients undergoing UV treatment can be treated in the office. However, some patients require frequent treatments, or live in remote locations such that office visits are not feasible.

Home ultraviolet B phototherapy is an alternative and involves using home phototherapy light devices prescribed by a physician to treat various dermatologic (skin) conditions. The devices usually contain multiple fluorescent lights that emit high intensity, long-wave ultraviolet light on specific wavelengths. Previous concerns regarding over-exposure to unsafe levels of UV radiation in the home setting have been addressed with the evolution of integrated security features such as keys, pass codes, etc. Nonetheless, routine clinical evaluation should be conducted to ensure that exposure is kept to the minimum level compatible with adequate control of disease, and the prevention of complications.

POLICY

Codes E0691-E0693 require prior authorization.

Code E0694 is non-covered.

Refer to PG0208 Phototherapy for Seasonal Affective Disorder for coverage determination for code E0203.

HMO, PPO, Individual Marketplace, Elite, Advantage
Home UVB phototherapy treatment devices are generally covered subject to the indications listed below and per your plan benefits. Home UVB phototherapy treatment devices are covered as medically necessary when ALL of the below criteria are met:
1. When prescribed by a licensed Dermatologist or practitioner in a dermatology clinic.
2. The member must have documented psoriasis with a known history of frequent flares despite long term conventional medical management (oral or topical medications) which require immediate UVB phototherapy for suppression or psoriasis.
3. The member is motivated, reliable, adherent to instructions, able to administer the treatment correctly, willing and able to keep records of treatments and attend regular follow-up visits with prescribing physician.
4. Treatment is expected to be long-term (ie, necessary for at least 12 months)
5. The device must be approved for home use by the Food and Drug Administration.
6. UVB phototherapy device size is the smallest size appropriate for the treatment area (ie, hand held wands, tabletop units, portable boxes, single panels)

NON-COVERED:
1. The use of a tanning bed(s)/unit(s) or sun lamps is non-covered in any setting, including the home, for the treatment of dermatologic conditions, because it is not considered medically necessary. Unlike tanning beds, home UVB devices are designed solely for the medical treatment of skin diseases and emit a different wavelength of ultraviolet light than tanning beds. In addition, Paramount does not cover the use of a tanning bed/unit for any reason in any setting because it is not considered medical in nature and as such does not meet the standard plan definition of Durable Medical Equipment.
2. Home UVB phototherapy booths, cabinets, expandable panels, full body units, multiple panels or multidirectional units are non-covered.
3. Sunscreen lotions or lip balms are non-covered.
4. Electrical outlet adapters are non-covered.
5. Ultraviolet A (UVA) phototherapy in the home setting is non-covered because it is considered investigational and not medically necessary for all indications.
6. A home UVB Phototherapy device is non-covered for any other indication, including, but not limited to:
   A. First-line treatment of mild psoriasis
   B. Treatment of generalized or psoriatic arthritis
   C. Acne vulgaris
   D. Acquired perforating dermatosis
   E. Alopecia areata
   F. Chemical or contact dermatitis
   G. Cholestasis of pregnancy
   H. Dermatographic urticaria (dermographism and dermatographism)
   I. Graft-vs-Host Disease
   J. Granuloma annulare
   K. Hidradenitis suppurativa
   L. Infectious keratitis
   M. Lymphomatid papulosis
   N. Lichen Simplex Chronicus
   O. Morphea
   P. Papular urticarial
   Q. Photodermatoses
   R. Progressive macular hypomelanosis,
   S. Pruritis
   T. Scleroderma
   U. Skin-hypo-pigmentation from scarring
   V. Rosacea
   W. Vitiligo
   X. Warts

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.

<table>
<thead>
<tr>
<th>HCPCS CODE</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>E0691</td>
<td>Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; treatment area 2sq ft or less</td>
</tr>
<tr>
<td>E0692</td>
<td>Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; four foot panel</td>
</tr>
<tr>
<td>E0693</td>
<td>Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; six foot panel</td>
</tr>
<tr>
<td>E0694</td>
<td>Ultraviolet multidirectional light therapy system in six foot cabinet, includes bulbs/lamps, timer, and eye protection</td>
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</tbody>
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REVISION HISTORY EXPLANATION
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. Codes E0691-E0693 now requires prior authorization. Code E0694 is now non-covered. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

REFERENCES/RESOURCES
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid http://jfs.ohio.gov/
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review
Hayes, Inc.