Sentara Health Plans

Medicaid

# Ultraviolet Light Therapy System for Home Use, DME 60

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| Coverage Policy | DME 60 |
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**All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*.**

## Purpose:

This policy addresses Ultraviolet Light Therapy System for Home Use.

## Description & Definitions:

UV light therapy systems include bulbs/lamps, timer and eye protection used for home treatments for dermatologic disorder. The device provides ultraviolet radiation directly which photoactivated with topical medications applied to the body. They come in various sizes such as hand-held devices, 4-foot panel, 6-foot panel and 6-foot cabinets.

## Criteria:

Ultraviolet Light Therapy System for Home Use is considered medically necessary for **All** of the following:

- Individual has **1 or more** of the following conditions:
  - Atopic dermatitis - mild to moderate forms when standard treatment has failed
  - Lichen planus
  - Mycosis fungoides
  - Pityriasis lichenoides
  - Pruritus of hepatic disease
  - Pruritus of renal failure
  - Psoriasis - mild to moderate forms when standard treatment has failed
  - Severe atopic dermatitis
  - Severe psoriasis
- Individual has indications of **All** of the following:
  - Prescribed by the treating clinician
  - Individual has not responded to more conventional treatment
  - Individual has had office treatment for 30 days with documented improvement

- Medical and other factors justify treatment at home
- An appropriately sized (e.g. hand wand for hand, two-foot panel for lower leg**) ultraviolet B (UVB) home phototherapy device for area of treatment
- Being used as an alternative to office-based phototherapy
- Costs of in-office treatment exceed those of a home phototherapy unit
- Long term therapy required, expected to be long term (3 months or longer)
- Treatment is conducted under a physician's supervision with regularly scheduled exams
- The individual meets **1 or more** of the following:
    - The individual is unable to attend office-based therapy due to a serious medical or physical condition (for example, confined to the home, leaving home requires special services or involves unreasonable risk)
    - Office based therapy has failed to control the disease and it is likely that home based therapy will be successful
- The individual suffers from severe psoriasis with a history of frequent flares which require immediate treatment to control the disease.

The following Ultraviolet Light Therapy Systems for Home Use **do not meet the definition of medical necessity, to include but not limited to:**

- In-home UVB delivery device for all other indications not listed on policy
- Home ultraviolet light therapy using ultraviolet A (UVA) light devices

## Coding:

Medically necessary with criteria:

| Coding | Description |
|---|---|
| E0691 | Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 sq ft or less |
| E0692 | Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 ft panel |
| E0693 | Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 ft panel |
| E0694 | Ultraviolet multidirectional light therapy system in 6 ft cabinet, includes bulbs/lamps, timer, and eye protection |

Considered Not Medically Necessary:

| Coding | Description |
|---|---|
| | None |

## Document History:

Revised Dates:

- 2022: July, August

Reviewed Dates:

- 2024: May – no changes references updated
- 2023: May

Effective Date:

- May 2022

## References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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## Special Notes: *

This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. *Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*

All medically necessary medical equipment and supplies under the Virginia Administrative Code (12VAC30-50-165) may be covered only if they are necessary to carry out a treatment prescribed by a practitioner. Only supplies, equipment, and appliances that are determined medically necessary may be covered for reimbursement by DMAS. (12VAC30-50-165) The following criteria must be satisfied through the submission of adequate and verifiable documentation satisfactory to DMAS, or its contractor. Medically necessary DME and supplies shall be:

- Ordered by the practitioner on the CMN/DMAS-352;
- A reasonable and medically necessary part of the individual's treatment plan;
- Consistent with the individual's diagnosis and medical condition, particularly the functional limitations and symptoms exhibited by the individual; • Not furnished for the safety or restraint of the individual, or solely for the convenience of the family, attending practitioner, or other practitioner or supplier;
- Consistent with generally accepted professional medical standards (i.e., not experimental or investigational);
- Furnished at a safe, effective, and cost-effective level; and
- Suitable for use, and consistent with 42 CFR 440.70(b)(3), that treats a diagnosed condition or assists the individual with functional limitations.

## Keywords:

SHP Ultraviolet Light Therapy System for Home Use, SHP Durable Medical Equipment 60, Atopic dermatitis, Lichen planus, Mycosis fungoides, Pityriasis lichenoides, Pruritus of hepatic disease, Pruritus of renal failure, Psoriasis, Severe atopic dermatitis, Severe psoriasis