Sentara Health Plans

Commercial

Ultraviolet Light Therapy System for Home Use

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Effective Date	5/2022
Next Review Date	05/2024
Coverage Policy	DME 60
Version	3

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details *.

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:

- 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: *

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.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

MUST SEE MEMBER BENEFIT FOR DETERMINATION.
We only cover DME that is Medically Necessary and prescribed by an appropriate Provider. We also cover colostomy, ileostomy, and tracheostomy supplies, and suction and urinary catheters. We do not cover DME used primarily for the comfort and wellbeing of a Member. We will not cover DME if We deem it useful, but not absolutely necessary for Your care. We will not cover DME if there are similar items available at a lower cost that will provide essentially the same results as the more expensive items.

Pre-Authorization is Required for All Rental Items.

Pre-Authorization is Required for All Repair and Replacement.

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