

## Medical Policy

### UVB Home Phototherapy Units for Skin Disease

**Policy Number:** 057

	Commercial and Qualified Health Plans	MassHealth	Medicare Advantage
Authorization required	X	X	X
No Prior Authorization			

#### Overview

The purpose of this document is to describe the guidelines Mass General Brigham Health Plan utilizes to determine medical necessity for UVB Home Phototherapy Units for Skin Disease.

#### Coverage Guidelines

Mass General Brigham Health Plan may authorize coverage of a UVB home phototherapy unit for skin disease if **ALL** of the following criteria are met:

1. The member has a diagnosis of moderate-to-severe psoriasis with a history of frequent flares with treatment documented for at least 6 months; OR:
2. The member has a diagnosis of severe atopic dermatitis/eczema and has failed first line therapies;

And all the following criteria:

3. The member has failed conventional treatment (oral or topical medications), or conventional treatment is contraindicated.
4. The member has a positive response and adherence to outpatient UVB phototherapy treatment as demonstrated by a 50% improvement within a 3 month period as measured by total body surface area (TBSA).
5. The UVB home phototherapy treatment is expected to be long-term; necessary for at least 12 months.
6. The member has been trained and deemed competent to use the UVB phototherapy unit.
7. The UVB home phototherapy device is the smallest size appropriate for the treatment area (e.g., hand wand for hand).
8. The unit is approved for home use by the Food and Drug Administration.

#### Documentation Requirements

Mass General Brigham Health Plan requires a prescription by the member's treating physician for both the UVB Home phototherapy unit as well as the specific UVB treatment protocol. Documentation must also include a detailed description illustrating the following:

1. A description of the severity of the member's psoriasis or atopic dermatitis.
2. Documentation of a positive response as outlined above.
3. A plan describing regularly scheduled follow-up appointments with the physician.

#### Exclusions

1. Tanning beds.
2. Ultraviolet A (UVA) phototherapy in the home setting.
3. Home UVB therapy for any medical condition other than those listed above.
4. Home UVB therapy for cosmetic purposes.
5. Modifications made to the home to suit member need.

## Medicare Variation

Mass General Brigham Health Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations for its Medicare Advantage plan members. National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and documentation included in the Medicare manuals are the basis for coverage determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan's medical policies are used for coverage determinations.

## Definitions

**Phototherapy:** The exposure to nonionizing radiation for therapeutic benefit. It may involve exposure to ultraviolet A, wavelength 320-400 nanometers (UVA), ultraviolet B, wavelength 290-300 nanometers (UVB), narrow band UVB, wavelength 311-313 nanometers (NB UVB), or various combinations of UVA and UVB radiation.

## Related Policies

- [Dermatology Provider Payment Guideline](#)

## Codes

The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage.

The following list of codes applies to Commercial and MassHealth plans only.

Authorized CPT/HCPCS Codes	Code 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

## Effective

February 2023: Annual review. The following changes were made:

- Page 1: Added Medicare Advantage language to table 1. Under Coverage Guidelines, added severe atopic dermatitis/eczema criteria. Added criteria requiring positive response and adherence to outpatient UVB phototherapy treatment. Under Documentation Requirements, added atopic dermatitis, and added positive response requirement.
- Page 2: Added Medicare Variation language. Added statement regarding coding applying to Commercial and Masshealth plans.
- Page 3: References updated.

January 2022: Annual review. References updated.

January 2021: Annual review. References updated.

January 2020: Annual review. References updated.

August 2019: Off-cycle review. Removed Home UVB phototherapy booths and Home UVB phototherapy cabinets from the Exclusion list.

January 2019: Annual update.

January 2018: Effective date.



## References

- Anderson, K, Feldman SR. A guide to prescribing home phototherapy for patients with psoriasis: the appropriate patient, the type of unit, the treatment regimen, and the potential obstacles. *J Am Acad Dermatol* 2015;72(5):868-78.e.1
- Bhutani T, Wilson L, A Practical approach to home UVB phototherapy for the treatment of generalized psoriasis. *Pract Dermatol*. 2010;7(2):31-35.
- Cameron H, Yule S, et al. Review of an established UK home phototherapy service 1998-2011: improving access to a cost-effective treatment for chronic skin disease. *Public Health* 2014;128(4):317-324.
- Click J, Alabaster A, Postlethwaite D, Lide W. Effect of availability of at-home phototherapy on the use of systemic medications for psoriasis. *Photodermatology, Photoimmunology & Photomedicine* 2017;33(6):345–6.
- Cline A, Unrue EL, Collins A, Feldman SR. Adherence to a novel home phototherapy system with integrated features. *Dermatol Online J*. 2019 Mar 15;25(3):13030/qt1rw9f75h. PMID: 30982300.
- Ezzedine, K., Eleftheriadou, V., Whitton, M. & van Geel, N. (2016). Vitiligo. *Lancet*. Jul 4;386(9988):74-84. doi: 10.1016/S0140-6736(14)60763-7.
- Hayes Inc. Hayes Brief: Home Ultraviolet B Phototherapy for Psoriasis. Hayes inc.com/login [via subscription only]. Published December 31, 2013. Updated December 30, 2015.
- Hayes Inc. Evidence Analysis Research Brief: Home Ultraviolet B Phototherapy for Vitiligo. Hayes inc.com/login [via subscription only]. Published July 23, 2020.
- Hum M, Kalia S, Gniadecki R. Prescribing Home Narrowband UVB Phototherapy: A Review of Current Approaches. *Journal of Cutaneous Medicine and Surgery* 2018;23(1):91–6.
- Jacob J, Pona A, Cline A, Feldman S. Home UV Phototherapy. *Dermatol Clin*. 2020 Jan;38(1):109-126. doi: 10.1016/j.det.2019.09.001. PMID: 31753183.
- Koek MB, Buskens E, van Weelden H, et al. Home versus outpatient ultraviolet B phototherapy for mild to severe psoriasis: pragmatic multicentre randomised controlled non-inferiority trial (PLUTO study). *BMJ* 2009;338:b1542. doi: 10.1136/bmj.b1542
- Krueger GG, Feldman SR, Camisa C, et al. Two considerations for patients with psoriasis and their clinicians: what defines mild, moderate, and severe psoriasis? What constitutes a clinically significant improvement when treating psoriasis? *J Am Acad Dermatol* 2000 43(2 Pt 1):281-5.
- Lapolla W, Yentzer BA, Bagel J, et al. A review of phototherapy protocols for psoriasis treatment. *J Am Acad Dermatol*. 2011;64(5):936-49. Epub 2011 Mar 22.
- Liu B, Sun Y, Song J, Wu Z. Home vs hospital narrowband UVB treatment by a hand-held unit for new-onset vitiligo: A pilot randomized controlled study. *Photodermatol Photoimmunol Photomed*. 2020 Jan;36(1):14-20. doi: 10.1111/phpp.12495. Epub 2019 Jun 27. PMID: 31206787.
- Menter A, Korman NJ, Elmets CA, et al. Guidelines of care for the management of psoriasis and psoriatic arthritis. Section 5. Guidelines of care for the treatment of psoriasis with phototherapy and photochemotherapy. *J Am Acad Dermatol*. 2010;62(1):114-35.
- Nolan BV, Yentzer BA, Feldman SR. A review of home phototherapy for psoriasis. *Dermatol Online J* 2010;16(2):1.



Ontario Health (Quality). Home Narrowband Ultraviolet B Phototherapy for Photoresponsive Skin Conditions: A Health Technology Assessment. Ontario Health Technol Assess Ser. 2020 Nov 2;20(12):1-134. PMID: 33240453; PMCID: PMC7668536.

Paradisi A1, Tabolli S2, Didona B. et al. Markedly reduced incidence of melanoma and nonmelanoma skincancer in a nonconcurrent cohort of 10,040 patients with vitiligo. *J Am Acad Dermatol*. 2014 Dec;71. (6):1110-6. doi: 10.1016/j.jaad.2014.07.050. Epub 2014 Sep 19.

Rajpara AN, O'Neill JL, Nolan BV, et al. Review of home phototherapy. *Dermatol Online J* 2010;16(12):2.

Rashighi M, Harris JE. Vitiligo Pathogenesis and Emerging Treatments. *Dermatol Clin*. 2017 Apr;35(2):257-265. doi: 10.1016/j.det.2016.11.014. PMID: 28317534; PMCID: PMC5362109.

Smith MP, Ly K, Thibodeaux Q, Bhutani T, Nakamura M. Home phototherapy for patients with vitiligo: challenges and solutions. *Clin Cosmet Investig Dermatol*. 2019;12:451-459. Published 2019 Jun 28. doi:10.2147/CCID.S185798

Teulings HE1, Overkamp M, Ceylan E, et al. Luiten RM, van der Veen JP. Decreased risk of melanoma and nonmelanoma skin cancer in patients with vitiligo: a survey among 1307 patients and their partners. *Br J Dermatol*. 2013 Jan;168(1):162-71. doi: 10.1111/bjd.12111.

Thomas KS, Batchelor JM, Akram P, et al. Randomized controlled trial of topical corticosteroid and home-based narrowband ultraviolet B for active and limited vitiligo: results of the HI-Light Vitiligo Trial. *Br J Dermatol*. 2021; 184(5):828-839

Unrue EL, Cline A, Collins A, Nguyen VH, Pelle MT, Blake P, Feldman SR. Corrigendum: A novel ultraviolet B home phototherapy system: Efficacy, tolerability, adherence, and satisfaction. *Dermatol Online J*. 2019 Apr;25(4) . PMID: 31046919.

Van Voorhees A, Feldman S, Koo J, et al. The psoriasis and psoriatic arthritis pocket guide. Portland, OR: National Psoriasis Foundation; 2009.

