Medical Policy
UVB Home Phototherapy Units for Skin Disease

Policy Number: 057

<table>
<thead>
<tr>
<th>Authorization required</th>
<th>Commercial and Qualified Health Plans</th>
<th>MassHealth</th>
<th>Medicare Advantage</th>
</tr>
</thead>
<tbody>
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<td>Authorization required</td>
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<td>X</td>
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<tr>
<td>No Prior Authorization</td>
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<tr>
<td>Not Covered</td>
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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.
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 or payment.

The following list of codes applies to Commercial plans only.

<table>
<thead>
<tr>
<th>Authorized CPT/HCPCS Codes</th>
<th>Code Description</th>
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</thead>
<tbody>
<tr>
<td>E0691</td>
<td>Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 sq ft or less</td>
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<tr>
<td>E0692</td>
<td>Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 ft panel</td>
</tr>
<tr>
<td>E0693</td>
<td>Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 ft panel</td>
</tr>
<tr>
<td>E0694</td>
<td>Ultraviolet multidirectional light therapy system in 6 ft cabinet, includes bulbs/lamps, timer, and eye protection</td>
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Effective
February 2023: Annual review. The following changes were made:
- Page 2: Added Medicare Variation language. Added statement regarding coding applying to Commercial plans.
- Page 3: 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.e1


