



Medical Policy
UVB Home Phototherapy Units for Skin Disease

Document Number: 048

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

Overview

The purpose of this document is to describe the guidelines AllWays Health Partners utilizes to determine medical necessity for UVB Home Phototherapy Units for Skin Disease.

Coverage Guidelines

AllWays Health Partners 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.
2. The member has failed conventional treatment (oral or topical medications).
3. The UVB home phototherapy treatment is expected to be long-term; necessary for at least 12 months.
4. The member has been trained and competent to use the UVB phototherapy unit.
5. The UVB home phototherapy device is the smallest size appropriate for the treatment area (e.g., hand wand for hand).
6. The unit is approved for home use by the Food and Drug Administration.

Documentation Requirements

AllWays Health Partners 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.
2. A positive response to the UVB phototherapy treatment of psoriasis as demonstrated by a 50% improvement as measured by total body surface area (TBSA).
3. A plan describing regularly scheduled follow-up appointments with the physician.

Exclusions

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



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.

CPT/HCPC Codes

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

January 2019: Annual update.

January 2018: Effective date.

References

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