

## MP.041.MPC Light Therapy in the Home, Ultraviolet B, Skin Conditions

Maryland Physicians Care considers **Light Therapy in the Home, Ultraviolet B (UVB), Skin Conditions** medically necessary for the following indications:

**Coverage of home light box therapy requires all of the following:**

1. Diagnosed with **one** of the following diseases for home therapy use:
  - Psoriasis <sup>(1,2)</sup>
  - Atopic dermatitis/Severe eczema <sup>(1,2)</sup>
  - Pruritis secondary to an underlying disease <sup>(1)</sup>
  - Cutaneous T-Cell Lymphoma (CTCL) <sup>(2)</sup>
    - Sezary's Disease
  - Mycosis Fungoides (MF) <sup>(1,2)</sup>
  - Lichen planus <sup>(1,2)</sup>
  - Polymorphic light eruption <sup>(1)</sup>
2. Skin disorder must be (**ALL** of the following):
  - Severe
  - Extensive (large body area or extensive involvement of the hands and feet)
  - Refractory for a long period of time ( $\geq 4$  months)
  - Require treatments at least three times per week
  - Condition must be chronic in nature and require long-term maintenance therapy
3. Device must be/have (ALL of the following):
  - Prescribed by a dermatologist
  - Approved by the Food and Drug Administration (FDA).
  - Appropriate for the extent of body surface involvement.
  - Light source providing UVB light only.
4. Member must have (ALL of the following):
  - Capable of operating the light box and following specific treatment instructions determined by the prescribing dermatologist
  - Unable to travel for office-based therapy OR it has been determined that home therapy will be more cost-effective than office-based treatment
5. Dermatologist must maintain accurate treatment records available upon request.

### Limitations

1. UV box therapy in the home is **NOT** covered for the following:
  - Treatment of Seasonal Affective Disorders (SAD)
  - The member does not meet all of the qualifying clinical indications above
  - Requested for the member's convenience only

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Last Review Date: 02/20/2025

Effective Date: 03/01/2025

- Cosmetic purposes (e.g., tanning)
2. Psoralen and Ultraviolet A Light Therapy (PUVA) are not covered for home use.

### Codes

#### CPT Codes / HCPCS Codes / ICD-10 Codes

Code	Description
<b>HCPCS codes covered if selection criteria are met (If Appropriate):</b>	
E0691	Ultraviolet light therapy system panel, includes bulbs, lamps, timer, and eye protection; treatment area two (2) square feet or less
E0692	Ultraviolet light therapy system panel, includes bulbs, lamps, timer, and eye protection; four (4) foot panel
E0693	Ultraviolet light therapy system panel, includes bulbs, lamps, timer and eye protection; six (6) foot panel
A4633	Replacement bulb/lamp for ultraviolet light system, each
<b>ICD-10 codes covered if selection criteria are met:</b>	
C84.0-C84.09	Mycosis fungoides
C84.1-C84.19	Sezary disease
C84.4-C84.49	Peripheral T cell lymphoma
L20.89	Other atopic dermatitis
L20.9	Atopic dermatitis, unspecified
L29.0-L29.9	Pruritis
L40.0-L40.9	Psoriasis
L41.0-L41.9	Parapsoriasis
L43.0-L43.9	Lichen Planus
L56.2	Photocontact dermatitis
L56.4	Polymorphous light eruption

### References

1. Myers, E., Kheradmand, S., & Miller, R. (2021). An Update on Narrowband Ultraviolet B Therapy for the Treatment of Skin Diseases. *Cureus*.  
<https://doi.org/10.7759/cureus.19182>
2. Branisteanu, D., Dirzu, D., Toader, M., Branisteanu, D., Nicolescu, A., Brihan, I., Bogdanici, C., Branisteanu, G., Dimitriu, A., Anton, N., & Porumb, E. (2022). Phototherapy in dermatological maladies (Review). *Experimental and Therapeutic Medicine*, 23(4).  
<https://doi.org/10.3892/etm.2022.11184>

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