

EVH_MP_2508.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:

- Diagnosed with **one** of the following diseases for home therapy use:
 - Actinic prurigo ⁽¹⁾
 - Atopic dermatitis/chronic eczema ^(1,2)
 - Chronic palmoplantar pustulosis ⁽¹⁾
 - Chronis urticaria ⁽¹⁾
 - Cutaneous T-Cell Lymphoma (CTCL) ⁽¹⁾
 - Sezary's Disease
 - Mycosis Fungoides (MF)
 - Granuloma annulare ⁽¹⁾
 - Hydroa vacciniforme ⁽¹⁾
 - Indolent systemic mastocytosis ⁽¹⁾
 - Lichen planus ^(1,2)
 - Lymphomatoid papulosis ⁽¹⁾
 - Neonatal jaundice ⁽¹⁾
 - Photodermatoses ⁽¹⁾
 - Pityriasis lichenoides ⁽¹⁾
 - Pityriasis rubra pilaris ⁽¹⁾
 - Polymorphic light eruption ⁽²⁾
 - Primary localized cutaneous amyloidosis ⁽¹⁾
 - Pruritis secondary to an underlying disease ⁽²⁾
 - Psoriasis and parapsoriasis ^(1,2)
 - Scleroderma, localized and systemic ⁽¹⁾
 - Solar urticaria ⁽¹⁾
 - Subcorneal pustular dermatosis (also known as Sneddon-Wilkinson disease)⁽¹⁾
 - Telangiectasia macularis eruptive perstans ⁽¹⁾
 - Urticaria pigmentosa ⁽¹⁾
 - Vitiligo ⁽¹⁾
- 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

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- Condition must be chronic in nature and require long-term maintenance therapy
- 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
- 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
- Dermatologist must maintain accurate treatment records available upon request

Limitations

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

Codes

CPT Codes / HCPCS Codes / ICD-10 Codes	
Code	Description
HCPCS codes covered if selection criteria are met (If Appropriate):	
A4633	Replacement bulb/lamp for ultraviolet light system, each
E0691	Ultraviolet light therapy system, 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; 4 foot panel
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; 6 foot panel
ICD-10 codes covered if selection criteria are met:	
C84.0	Mycosis fungoides
C84.00	Mycosis fungoides, unspecified site
C84.01	Mycosis fungoides, lymph nodes of head, face, and neck
C84.02	Mycosis fungoides, intrathoracic lymph nodes

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C84.03	Mycosis fungoides, intra-abdominal lymph nodes
C84.04	Mycosis fungoides, lymph nodes of axilla and upper limb
C84.05	Mycosis fungoides, lymph nodes of inguinal region and lower limb
C84.06	Mycosis fungoides, intrapelvic lymph nodes
C84.07	Mycosis fungoides, spleen
C84.08	Mycosis fungoides, lymph nodes of multiple sites
C84.09	Mycosis fungoides, extranodal and solid organ sites
C84.1	Sezary disease
C84.10	Sezary disease, unspecified site
C84.11	Sezary disease, lymph nodes of head, face, and neck
C84.12	Sezary disease, intrathoracic lymph nodes
C84.13	Sezary disease, intra-abdominal lymph nodes
C84.14	Sezary disease, lymph nodes of axilla and upper limb
C84.15	Sezary disease, lymph nodes of inguinal region and lower limb
C84.16	Sezary disease, intrapelvic lymph nodes
C84.17	Sezary disease, spleen
C84.18	Sezary disease, lymph nodes of multiple sites
C84.19	Sezary disease, extranodal and solid organ sites
C84.4	Peripheral T-cell lymphoma, not elsewhere classified
C84.40	Peripheral T-cell lymphoma, not elsewhere classified, unspecified site
C84.41	Peripheral T-cell lymphoma, not elsewhere classified, lymph nodes of head, face, and neck
C84.42	Peripheral T-cell lymphoma, not elsewhere classified, intrathoracic lymph nodes
C84.43	Peripheral T-cell lymphoma, not elsewhere classified, intra-abdominal lymph nodes
C84.44	Peripheral T-cell lymphoma, not elsewhere classified, lymph nodes of axilla and upper limb
C84.45	Peripheral T-cell lymphoma, not elsewhere classified, lymph nodes of inguinal region and lower limb
C84.46	Peripheral T-cell lymphoma, not elsewhere classified, intrapelvic lymph nodes
C84.47	Peripheral T-cell lymphoma, not elsewhere classified, spleen
C84.48	Peripheral T-cell lymphoma, not elsewhere classified, lymph nodes of multiple sites

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C84.49	Peripheral T-cell lymphoma, not elsewhere classified, extranodal and solid organ sites
L20.89	Other atopic dermatitis
L20.9	Atopic dermatitis, unspecified
L29.0	Pruritis ani
L29.1	Pruritus scroti
L29.2	Pruritus vulvae
L29.3	Anogenital pruritus, unspecified
L29.81	Cholestatic pruritus
L29.89	Other pruritus
L29.9	Pruritus, unspecified
L40.0	Psoriasis vulgaris
L40.1	Generalized pustular psoriasis
L40.2	Acrodermatitis continua
L40.3	Pustulosis palmaris et plantaris
L40.4	Guttate psoriasis
L40.50	Arthropathic psoriasis, unspecified
L40.51	Distal interphalangeal psoriatic arthropathy
L40.52	Psoriatic arthritis mutilans
L40.53	Psoriatic spondylitis
L40.54	Psoriatic juvenile arthropathy
L40.59	Other psoriatic arthropathy
L40.8	Other psoriasis
L40.9	Psoriasis, unspecified
L41.0	Pityriasis lichenoides et varioliformis acuta
L41.1	Pityriasis lichenoides chronica
L41.3	Small plaque parapsoriasis
L41.4	Large plaque parapsoriasis
L41.5	Retiform parapsoriasis
L41.8	Other parapsoriasis
L41.9	Parapsoriasis, unspecified
L43.0	Hypertrophic lichen planus
L43.1	Bullous lichen planus
L43.2	Lichenoid drug reaction

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L43.3	Subacute (active) lichen planus
L43.8	Other lichen planus
L43.9	Lichen planus, unspecified
L56.2	Photocontact dermatitis [berloque dermatitis]
L56.4	Polymorphous light eruption

Policy History

Date	Summary
February 19, 2026	<ul style="list-style-type: none">• This guideline was renumbered from MP.041 Light Therapy in the Home, Ultraviolet B, Skin Conditions• Annual Review - Formatting updates throughout; updated Indications; reordered procedure codes; updated description of procedure codes E0691, E0692 and E0693; updated description of ICD-10 codes C84.4, L29.0, L40.0, L41.0, L43.0, L56.2 and broke out range codes C84.0-C84.09, C84.1-C84.19, C84.4-C84.49, L29.0-L29.9, L40.0-L40.9, L41.0-L41.9 and L43.0-L43.9; added Policy History Log; reordered References and made formatting updates

References

1. Branistean, D, Dirzu D, Toader M, et al. Phototherapy in dermatological maladies (Review). *Exp Ther Med.* 2022;23(4). Doi:10.3892/etm.2022.11184
<https://doi.org/10.3892/etm.2022.11184>
2. Myers E, Kheradmand S, Miller, R. An Update on Narrowband Ultraviolet B Therapy for the Treatment of Skin Diseases. *Cureus.* Published online November 1, 2021.doi:10.7759/cureus.19182
<https://doi.org/10.7759/cureus.19182>

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