

# UPMC Health Plan POLICY AND PROCEDURE MANUAL

**POLICY NUMBER: PAY.021**  
**REVISION DATE: 09/09**  
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**PAGE NUMBER: 1 of 5**

**SUBJECT:** Full Spectrum Light Therapy for Seasonal Affective Disorder (SAD)  
**INDEX TITLE:** Medical Management  
**ORIGINAL DATE:** August 2007

**This policy applies to the following lines of business: (Check those that apply.)**

<b>Commercial:</b>				
HMO ( )	POS ( )	PPO ( )	OOA/DOC ( )	
Fully Insured ( )	Self-funded/ASO ( )	HSA ( )	All (X)	
Medicare Select ( )	Medicare Supplement ( )			
<b>DPW-MA:</b>				
Health Choices ( )		Voluntary ( )		All (X)
<b>CMS-MA:</b>				
OH ( )	WV ( )	PA ( )	All (X)	Other ( )
HMO (X)	PPO (X)	Specialty Needs Plan (X)	Part D ( )	PFFS (X) All ( )
<b>PID-CHIP:</b>				
Free ( )	Sub ( )	Full ( )	All (X)	
<b>APPLICABLE TO:</b>				
Community Care ( )	Work Partners ( )			

## **I. POLICY**

It is the policy of UPMC Health Plan to cover the high-intensity light unit for light therapy in the treatment of seasonal affective Disorder (SAD) when it is medically necessary and covered by the member's benefit plan.

UPMC Health Plan covers the **rental** of a high-intensity light unit for SAD for a maximum of 1 month according to the guidelines found in this policy.

The **purchase** of a high-intensity light unit for SAD after a one (1) month trial period can be arranged once the treating physician determines the effectiveness of this therapy for a member.

## **II. DEFINITIONS**

N/A

## **III. PURPOSE**

The purpose of this policy is to define the indications for Full Spectrum Light Therapy for Seasonal Affective Disorder.

#### **IV. SCOPE**

This policy applies to various UPMC Health Plan departments as indicated by the Benefit and Reimbursement Committee. These include but are not limited to: Medical Management, Benefit Configuration and Claims departments.

#### **V. PROCEDURE**

##### **A. Medical Background**

**Seasonal Affective Disorder** (also called SAD) is a subtype of a major depressive disorder (or bipolar disorder) with seasonal patterns of occurrence, and appears to be more biological in origin. SAD affects half a million people every year between September and April, peaking in December, January, and February. Statistics show that winter depression becomes increasingly more common the farther people live north or south of the equator. A less common type of SAD happens in the summer.

The exact cause of SAD is unknown, but researchers suspect changes in the presence of sunlight plays an important role. As seasons change, there is a shift in our “biological internal clocks” or circadian rhythm, partially due to the changes in the length of sunlight rays. This can cause our biological clocks to be out of “step” with our daily schedules. Melatonin, a sleep-related hormone secreted by the pineal gland in the brain, has been linked to SAD. This hormone is produced at increased levels in the dark. Therefore, when the days are shorter and darker the production of this hormone increases.

**Light Therapy (Phototherapy) for SAD-** Is a treatment with a special type of light that is much brighter than home indoor lighting. The light box contains white light tubes with a high intensity equaling that of a bright summer day- 2,500 -10,000 lux, approximately 20 times brighter than normal indoor lighting. The most common form of this therapy is done with a light box that contains fluorescent lights. The patient sits at a prescribed distance from the box with eyes open to expose themselves for approximately 15 min to 2 hours every day. The exposure to the light is thought to minimize the level of melatonin production during the daytime and thus the symptoms of depression are reduced or eliminated. Professional counseling, medication, or a combination of the two may still be needed as an adjunct to light therapy.

The FDA considers light boxes Class III medical devices.

##### **B. Specific Indications**

Light box therapy is considered **medically necessary** for members who have seasonal affective disorder (SAD) when **all** of the following are met:

1. The member is diagnosed with Bipolar Disorder I, II or Not Otherwise Specified (NOS), **or** Recurrent Major Depressive Disorder,  
AND
2. The member meets **all** the Diagnostic and Statistical Manual (DSM-IV) criteria for Seasonal Affective Disorder:
  - At least 2 years of documented major depressive episodes which diminish or completely remit in the spring when daylight increases,  
AND
  - Seasonal affective episodes substantially outnumber the non-seasonal episodes, AND
3. The member is under the supervision of a physician who is prescribing and administering the therapy.

### C. Limitations

1. The light box must be supplied by a durable medical equipment (DME) vendor.
2. The following are **contraindications for light box therapy**:
  - When the skin is sensitive to light,
  - When members are taking medications that react with sunlight (i.e., certain antibiotics or anti-inflammatories),
  - Eye conditions that make the eyes vulnerable to light damage,
  - Suicide ideation,
  - Any psychotic disorder.
3. Light box therapy is considered **Investigational/Not Medically Necessary** in any of the following situations:
  - Phototherapy when administered by devices other than a light box, including but not limited to: head mounted visors, dawn stimulators and tanning beds,
  - Extraocular light therapy (applications of phototherapy to areas of the body other than the retina.

### E. Variations

N/A

### Quality Audit

Quality Audit may monitor policy compliance or billing accuracy at the request of the UPMC Health Plan's Technology Assessment Committee or the Benefits Reimbursement Committee.

## **Records Retention**

Records Retention for UPMC Health Plan documents, regardless of medium are provided within the UPMC Health System Policy and as indicated in the UPMC Insurance Services Division Policy and Procedure.

## **F. References**

1. Mayo Clinic: Tools for Healthier Lives, Seasonal Affective Disorder: Treatment with Light Therapy, October 4, 2006.  
<http://www.mayoclinic.com/health/seasonal-affective-disorder/MH00023>
2. American Psychiatric Association, Desk Reference to the Diagnostic Criteria from DSM-IV-TR™, Seasonal Pattern Specifier, Washington D.C: American Psychiatric Association; Copyright © 2000.
3. Family Doctor: Seasonal affective Disorder, American Academy of Family Physicians; Copyright © 2000-2007.  
<http://familydoctor.org/online/famdocen/home/common/mentalhealth/depression/267.html>
4. ECRI Windows on Medical Technology: Light Therapy for Seasonal Effective Disorder, May 2004.  
[http://www.ta.ecri.org/med\\_tech/prod/summary/detail.aspx?anm=kimbak&doc\\_id=7859](http://www.ta.ecri.org/med_tech/prod/summary/detail.aspx?anm=kimbak&doc_id=7859)
5. HSTAT Health Service/Technology Assessment Text, Surgeon General Reports, SAMSHA TIPS,SAMSHA PEPS, Health Technology Advisory Committee-Minnesota (static collection): Light Therapy for Seasonal Affective Disorder (SAD), National Library of Medicine, February 2001.

**Disclaimer:**

UPMC Health Plan medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of UPMC Health Plan and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

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