

# UPMC Health Plan POLICY AND PROCEDURE MANUAL

**POLICY NUMBER: PAY.041**  
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**SUBJECT:** Ultraviolet Light Box Therapy in the Home  
**INDEX TITLE:** Medical Management  
**ORIGINAL DATE:** March 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 ( )	
<b>CMS-MA:</b>					
HMO ( X )	PPO(X)	Specialty Needs Plan ( X )	Part D ( X )	PFFS ( X )	All ( )
<b>PID-CHIP:</b>					
Free ( )		Sub ( )		All ( X )	

## **I. POLICY**

It is the policy of UPMC Health Plan to recognize that certain skin diseases are effectively treated by non-ionizing ultraviolet light (light that is beyond the violet range in the spectrum). Hence, the use of Ultraviolet light B (UVB), which is the shorter wave length treatment, is increasing in usage. UVB is also available in the form of a UVB light box, which can be used in the home. Coverage of this device for home use will be based on medical necessity as detailed in this policy, and according to the member's individual benefit plan.

## **II. DEFINITIONS**

**Erythema:** Redness of the skin caused by dilatation and congestion of the capillaries.

**Home Ultraviolet Light Box/Cabinet Therapy:** These are DME (Durable Medical Equipment) devices that emit ultraviolet B light waves from panels of white lights. The units are available in full body booth-like units, half body units with 2 or 4 foot panels, hand and feet units and devices for localized or spot treatment. For psoriasis confined to the scalp, there is a UVB hand-held wand with a comb.

**Photochemotherapy:** Involves the use of light treatment combined with a photo-sensitizing chemical, such as psoralen. The combined use of a psoralen drug known as Oxsoresalen® (methoxsalen) and UVA are called PUVA therapy. This drug taken by mouth or applied topically makes the skin more sensitive to UVA light. Psoralen-UVA combines to slow down the pathophysiological process of psoriasis. It is recommended

for patients with disabling psoriasis that has not responded to UVB light and/or topical steroids.

**Standard Phototherapy:** involves the use of ultraviolet light B without the use of photosensitizing agents. Skin cells typically move from the basal layer to the epidermal surface in 28-44 days. In psoriasis, this cycle is severely shortened to 4 days causing plaques to form. The primary use for standard UVB therapy is to slow down reproduction of skin cells in moderate to severe psoriasis resulting in resolution of the scaly plaques.

### **III. PURPOSE**

The purpose of this policy is to outline the indications for treatment of certain skin conditions with Ultraviolet Light Box therapy or Phototherapy in the home.

### **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 Description**

Because of their shorter wavelengths, UVB light is 1000 times more potent than UVA in causing sunburn. As a result, UVB can be used alone in treating psoriasis and other skin diseases, while UVA must be used in conjunction with topical or oral sensitizing agents.

Members can purchase light boxes directly from the manufacturers with a prescription from a dermatologist specifying the unit and model. The size of the unit prescribed will depend upon the extent of the affected body area. Once the size is determined, the dermatologist selects the appropriate light source and prescribes the frequency and duration of treatments according to the member's skin type and color.

Generally, home treatment should be limited to standard UVB therapy. The controlled conditions of a clinical office with physician supervision are considered safer for treatment with oral psoralen and UV light (PUVA) since Oxisoralen® is a potent photosensitizing drug. Members must be reliable and capable of following specific instructions, which are determined by the prescribing dermatologist.

#### **Standards for UVB Home Phototherapy:**

- American Academy of Dermatology (AAD) Committee on Guidelines of Care: Guidelines of care for phototherapy and photochemotherapy. (1994) – AAD recommends that home phototherapy be restricted mainly to patients who have

difficulty in attending on-site therapy. The patient should be able to follow the treatment correctly, and keep meticulous records of exposure, and be evaluated by a dermatologist at pre-determined intervals.

- British Photodermatology Group: Home Phototherapy Workshop. (1996) – “... concluded that home-based therapy represents a suboptimal treatment with greater risks than phototherapy applied in a clinical environment. They suggested that, until further studies were available, home phototherapy should be restricted to those with great difficulty in attending on-site therapy.” (Sarkany)

Complications of Home Light Therapy: While mild erythema is considered a therapeutic response, overexposure can cause serious burns, which could potentially lead to skin cancer and visible permanent skin damage. Retinal damage may also occur and members must be instructed to wear protective goggles. The genitalia must also be protected unless this area is also affected.

## **B. Indications**

Coverage of home light box therapy must include **all** of the following:

1. The device must be prescribed by a Dermatologist.
2. The prescribed device must be FDA approved.
3. The prescribed device must be appropriate for the extent of body surface involvement.
4. The light source of the device provides UVB light only.
5. The member must be capable of operating the light box and following specific treatment instructions determined by the the prescribing Dermatologist, and maintain accurate treatment records.
6. The member must be unable to travel for office-based therapy OR it has been determined that home therapy will be more cost-effective than office-based treatment for the member.
7. The member must have one of the diseases specified as effective for home therapy, such as psoriasis, atopic dermatitis, eczema, pruritis secondary to an underlying disease, or Cutaneous T-Cell Lymphoma/Mycosis Fungoides (CTCL/MF).
8. The underlying disease must have been demonstrated to respond to light therapy with office-based treatment.
9. The member’s skin disorder must be:
  - Severe
  - Extensive (large body area or extensive involvement of the hands and feet)
  - Refractory for a long-period of time ( $\geq 4$  months)
10. The member must require treatments at least three (3) times per week.
11. The member’s condition must be chronic in nature and require long-term maintenance therapy.

### **C. Limitations**

1. UV box therapy in the home is **not** covered when:
  - The member does not meet all of the qualifying clinical diagnoses
  - It is being requested solely for the member's convenience
  - It is for cosmetic purposes such as tanning
  - For treatment of Seasonal Affective disorders
2. Psoralen and Ultraviolet Light Therapy (PUVA) is **not** covered for home use.

### **D. Variations**

N/A

### **E. References**

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