Policy

Medical Management Department, acting as utilization management delegate, reviews authorization requests for purchase of Narrowband UVB Home Phototherapy devices.

Procedure

A. Documentation Required:
In order to facilitate the authorization process for purchase of a home phototherapy device, referral requests must contain documentation of the following:

1. Diagnosis and symptoms creating functional impairment and/or significant impact on activities of daily living;
2. BSA to be treated and/or documentation of areas that are difficult to treat;
3. Patient care is being managed by a Dermatologist or Advanced Practice Provider (APP) working in conjunction with a Dermatologist;
4. Unsuccessful three-month trial (total) of at least two topical treatments;
5. Patient is an appropriate candidate for home phototherapy;
6. Patient has received training in safe and appropriate use of the device;
7. Physician order indicating the following:
   - Long term need (> 6 months);
   - Phototherapy dosing

B. Medical Necessity Criteria for Home Phototherapy Devices:
Purchase of an FDA approved narrowband UVB Home Phototherapy device is considered medically necessary when ALL of the following criteria are met:

1. Patient has ONE of the following diagnosis:
   a. Psoriasis; OR
   b. Atopic dermatitis;
2. Unsuccessful three-month (total) trial of at least two topical treatments; AND
3. Patient has extensive disease (≥ 10% BSA) or affected areas are difficult to treat (e.g., bottoms of feet and palms of hands); AND
4. Patient will require long term treatment with the device (> 6 months);
5. Patient is an appropriate candidate for home phototherapy as determined by the treating Dermatologist or APP.

Note: Approved devices are limited to one of the following models:

- Daavlin 1 Series T4 18” panel used for localized treatment (e.g., elbows, knees, shins, hands, feet, face)
- Daavlin 7 Series T4 72” flat panel for full body treatment
C. Medical Conditions considered Experimental/Investigational or Not Medically Necessary (not an all-inclusive list):

1. Home phototherapy devices that have not received FDA approval for the specific condition, size or age of the patient;
2. Patients who have been deemed an inappropriate candidate for home phototherapy;
3. Patients who have not completed an adequate three-month trial of topical treatment as noted above.
4. Home phototherapy devices designed for portability and/or travel.

HCPCS CODES:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>E0691</td>
<td>Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 square feet or less [when specified as UVB]</td>
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<tr>
<td>E0693</td>
<td>Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6-foot panel [when specified as UVB]</td>
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<tr>
<td>A4633</td>
<td>Replacement bulb/lamp for ultraviolet light therapy system, each</td>
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REFERENCES:


