



Home Phototherapy Devices (Narrowband UVB)

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P&P # C.11.25

A. Documentation Required:

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** 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 ($\geq 10\%$ 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); **AND**
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:

E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 square feet or less [when specified as UVB]
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6-foot panel [when specified as UVB]
A4633	Replacement bulb/lamp for ultraviolet light therapy system, each

REFERENCES:

Hayes Technology Brief, Home Ultraviolet B Phototherapy for Psoriasis, December 31, 2013.

UpToDate Treatment of Psoriasis in Adults, October 26, 2017
<https://www.uptodate.com/contents/treatment-of-psoriasis-in-adults>

Anderson KL, Feldman SR, A Guide to Prescribing Home Phototherapy for Patients with Psoriasis: The appropriate patient, type of unit, the treatment regimen, and the potential obstacles, J Am Acad Dermatol, 2015; May; 72 (5): 868-78. <https://www.ncbi.nlm.nih.gov/pubmed/25748310>

Koek MB, Buskens E, et.al Home Versus Outpatient Ultraviolet B Phototherapy for Mild to Severe Psoriasis: pragmatic multicentre randomized controlled non-inferiority trial (PLUTO study), BMJ 2009; 338: b1542. Epub May 7, 2009. <https://www.ncbi.nlm.nih.gov/pubmed/19423623>