



Home Phototherapy Devices (Narrowband UVB)

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P&P # C.11.25

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 ($\geq 10\%$ 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);
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 (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;

D. Medical Conditions considered Not Medically Necessary (not an all-inclusive list):

1. Patients who have not completed an adequate three-month trial of topical treatment as noted above.
2. Home phototherapy devices designed for portability and/or travel.

HCPCS CODES:

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| 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:

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;72(5):868.

Christoffers WA, Coenraads PJ, Svensson Å, Diepgen TL, Dickinson-Blok JL, Xia J, Williams HC. Interventions for hand eczema. *Cochrane Database of Systematic Reviews* 2019, Issue 4. Art. No.: CD004055. DOI: 10.1002/14651858.CD004055.pub2.

Elmets C, et al. Joint American Academy of Dermatology–National Psoriasis Foundation guidelines of care for the management and treatment of psoriasis with phototherapy. [Journal of the American Academy of Dermatology.](#) 2019;81(3):775-804.

Feldman SR. Treatment of Psoriasis in Adults. Updated May 29, 2020. Dellavalle RP, Duffin K, eds. UpToDate. Waltham, MA: UpToDate Inc. <http://www.uptodate.com>. Accessed October 2, 2020.

Hayes, Inc. Evidence Analysis Research Brief. Home Ultraviolet B Phototherapy for Vitiligo. Published Jul 23, 2020. Accessed October 6, 2020.

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.

Obeid G, Do G, Kirby L, Hughes C, Sbidian E, Le Cleach L. Interventions for chronic palmoplantar pustulosis. *Cochrane Database of Systematic Reviews* 2020, Issue 1. Art. No.: CD011628. DOI: 10.1002/14651858.CD011628.pub2.

Patrizi A, Raone B, Ravaioli GM. Management of atopic dermatitis: safety and efficacy of phototherapy. *Clin Cosmet Investig Dermatol.* 2015;8:511-520. Published 2015 Oct 5. doi:10.2147/CCID.S87987

Valipour A, Jäger M, Wu P, Schmitt J, Bunch C, Weberschock T. Interventions for mycosis fungoides. *Cochrane Database of Systematic Reviews* 2020, Issue 7. Art. No.: CD008946. DOI: 10.1002/14651858.CD008946.pub3.