

## The Department of Vermont Health Access Medical Policy

**Subject: In Home Ultraviolet Light Therapy (Phototherapy)**

**Last Review:** August 11, 2016

**Revision 4:** August 26, 2015

**Revision 3:** October 4, 2013

**Revision 2:** June 4, 2012

**Revision 1:** April 14, 2010

**Original Effective:** 2004

### Description of Service or Procedure

An ultraviolet light box (phototherapy) is a device which creates radiant energy in the wavelength band of 180-400 nanometers. The purpose of the device is to produce photochemical reactions in the skin. Ultraviolet light treatment uses a particular band of the non-visible light spectrum to treat psoriasis and a variety of other skin diseases. It can be used alone or in combination with other medications applied directly to the skin or taken internally.

### Disclaimer

Coverage is limited to that outlined in Medicaid Rule that pertains to the beneficiary's aid category. Prior Authorization (PA) is only valid if the beneficiary is eligible for the applicable item or service on the date of service.

### Medicaid Rule

[7102.2](#) Prior Authorization Determination

[7103](#) Medical Necessity

Medicaid Rules can be found at <http://humanservices.vermont.gov/on-line-rules>

### Coverage Position

Ultraviolet Therapy (phototherapy) may be covered for beneficiaries:

- When the Ultraviolet therapy is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice in accordance with Vermont State Practice Act, who is knowledgeable in the use of Ultraviolet Therapy (phototherapy) and who provides medical care to the beneficiary AND
- When the clinical guidelines below are met.



## **Coverage Criteria**

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Ultraviolet Therapy (phototherapy) may be covered for beneficiaries who:

- Conservative therapies have been ineffective in the treatment of psoriasis or other severe dermatological problems; AND
- Has demonstrated that ultraviolet light therapy (phototherapy) results in signs of improvement and has no adverse effects; AND
- The unit is the least costly alternative to meet the medical needs to treat severe dermatological problems; AND
- Uses an ultraviolet light in the home will continue to be monitored periodically by a dermatologist or other physician skilled and knowledgeable in the treatment of dermatological disorders for the potential risk of skin cancer and to evaluate the continued effectiveness of the treatment; AND
- The use of phototherapy is expected to be for long term treatment; AND
- The use of outpatient phototherapy has been utilized and demonstrated to be beneficial.

## **Clinical guidelines for repeat service or procedure**

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- If the repair of the device is greater than 50% of the cost of replacement.
- Documentation of medical necessity of the device must be provided.

## **Type of service or procedure not covered (this list may not be all inclusive)**

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Ultraviolet light therapy (phototherapy) in the home is not covered for:

- Neonatal jaundice which is not considered to be a dermatological condition and which necessitates closer medical monitoring than can be safely provided in the home.
- Vitiligo as it is considered not medically necessary.
- Lupus erythematosus (an autoimmune disease that would worsen with exposure to the sun) or with xeroderma pigmentosum (a rare disease that makes a person extraordinarily sensitive to sunlight and prone to the development of a skin cancer) are contraindicated and considered not clinically indicated.
- Seasonal Affective Disorder (SAD) has not been found to be clinically indicated and is not a covered service.
- Medical necessity has also not been established for the following diagnoses including, but not limited to, lichen sclerosus, contact dermatitis, urticaria.

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