VERMONT

State of Vermont
Department of Vermont Health Access
280 State Drive, NOB 1 South
Waterbury, VT 05671-1010
www.dvha.vermont.gov

Agency of Human Services
[Phone] 802-879-5903
[Fax] 802-879-5963

The Department of Vermont Health Access Clinical Criteria

Subject: In Home Ultraviolet Light Therapy (Phototherapy)
Last Review: July 26, 2023*
Past Revisions: April 5, 2022**,** August 5, 2020, June 14, 2017, August 11, 2016, October 4, 2013, June 4, 2012, April 14, 2010, and 2004

***Please note: Most current content changes will be highlighted in yellow.**

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 or Health Care Administrative Rules that pertains to the member's aid category. Prior Authorization (PA) is only valid if the member is eligible for the applicable item or service on the date of service.

Medicaid Rule

Medicaid and Health Care Administrative Rules can be found at https://humanservices.vermont.gov/rules-policies/health-care-rules/health-care-administrative-rules-hcar/adopted-rules

7102.2	Prior Authorization Determination
4.101	Medical Necessity for Covered Services
4.104	Medicaid Non-Covered Services
4.106	Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services
4.209	Durable Medical Equipment

Coverage Position

Ultraviolet Therapy may be covered for members:

- When the device is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice as described on the Vermont's Office of

Professional Regulation's website*, Statute, or rule who is knowledgeable regarding ultraviolet therapy, and who provides medical care to the member AND
- When the clinical criteria below are met.

* Vermont's Office of Professional Regulation's website: https://sos.vermont.gov/opr/

Coverage Criteria

Ultraviolet therapy may be covered for members:

- When conservative therapies have been ineffective in the treatment of psoriasis or other severe dermatological problems; AND
- Who have demonstrated that ultraviolet light therapy results in signs of improvement and has no adverse effects; AND
- When proper dosage has been established by the treating medical professional, AND
- When the unit is the least costly alternative to meet the medical needs to treat severe dermatological problems; AND
- When the member has been fully trained in the proper use of ultraviolet therapy equipment, including all precautions, by a licensed medical provider skilled and knowledgeable in the use of ultraviolet therapy AND
- When the use of the ultraviolet light in the home will continue to be monitored periodically by a dermatologist or other licensed medical provider 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
- When the member has no contraindications to the use of ultraviolet therapy; AND
- When the use of ultraviolet therapy is expected to be required for long term treatment.

Early and Periodic Screening, Diagnostic and Treatment (EPSDT): Vermont Medicaid will provide comprehensive services and furnish all Medicaid coverable, appropriate, and medically necessary services needed to correct and ameliorate health conditions for Medicaid members under age 21.

Please note, Vermont Medicaid Clinical Criteria is reviewed based on available literature, evidence- based guidelines/standards, Medicaid rule and policy, and Medicare coverage determinations that may be appropriate to incorporate when applicable.

Clinical criteria for repeat service or procedure

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

Type of service or procedure covered

One device that meets the medical need of the member as determined by the medical practitioner as described above.

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

Ultraviolet light therapy in the home is not covered for the following:

- Neonatal jaundice. This is not considered to be a dermatological condition and necessitates closer medical monitoring than can be safely provided in the home.
- Lupus erythematous (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 skin cancer) porphyria, skin viral infections, and previous treatment with photosensitizing agents. For these conditions, ultraviolet exposure is contraindicated.
- Seasonal Affective Disorder (SAD). Ultraviolet light has not been found to be clinically indicated and is not a covered service.
- Home disinfection purposes.
- Home treatment for open wounds.

Consideration should be given to the possible risk of cutaneous oncogenesis as the result of long-term use of phototherapy.

Coding guidelines

Each HCPC code is specific to the size of the UV panel. Panel sizes are 2, 4, and 6 feet, with a separate code for a multidirectional cabinet with 6-foot panels.

Please see the Medicaid Portal at http://vtmedicaid.com/#/feeSchedule for fee schedules, code coverage, and applicable requirements.

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