Coverage of any medical intervention discussed in a WellFirst Health medical policy is subject to the limitations and exclusions outlined in the member’s benefit certificate or policy and to applicable state and/or federal laws.

**Phototherapy for Skin Conditions, including Home Ultraviolet Light (UVB)** MP9057

**Covered Service:** Yes

**Prior Authorization Required:** Yes--home based units require prior authorization

**Additional Information:** WellFirst Health covers the purchase of one system per member per lifetime. The members are responsible for the cost of repairs or replacement lights

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**WellFirst Health Medical Policy:**

1.0 Phototherapy is the administration of artificial UV light: UVA (320 to 400 nm), UVA1 (340 to 400 nm), broadband UVB (290 to 320 nm), or narrowband UVB (311 to 313 nm). It is usually given in a stand-up cabinet, with lights at a fixed distance around the walls. Phototherapy requires prior authorization through the Health Services Division and may be considered medically necessary for 1 or more of the following:

1.1 Atopic dermatitis (eczema), as indicated by ALL of the following:

   1.1.1 Clinically severe dermatitis, as indicated by 1 or more of the following:

   1.1.1.1 Greater than 20% total skin involvement; **OR**
   1.1.1.2 Greater than 10% skin involvement of sensitive areas; **OR**
   1.1.1.3 Severe complications (e.g. infection)

   1.1.2 Inadequate response to ALL of the following:

   1.1.2.1 Identification and elimination of triggering factors; **AND**
   1.1.2.2 Standard medical management (e.g., topical steroids, antihistamines, etc.)

1.2 Cutaneous graft versus host disease, and resistance or toxicity to immunosuppressive therapy.

1.3 Morphea (localized sclerodma) as indicated by 1 or more of the following:

   1.3.1 Deep plaque morphea; **OR**
   1.3.2 Generalized morphea; **OR**

   1.3.3 Inadequate response to topical therapy and 1 or more of the following:

   1.3.3.1 Linear morphea without involvement of underlying tissues; **OR**
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1.3.3.2 Superficial plaque morphea

1.4 Mycosis fungoides (cutaneous T-cell lymphoma), as indicated by 1 or more of the following:
   1.4.1 Stage I disease; OR
   1.4.2 Stage IIA disease.

1.5 Polymorphous light eruption, as indicated by ALL of the following:
   1.5.1 Desensitization by gradually increasing exposure to sun in spring has been ineffective; AND
   1.5.2 Inadequate response or contraindication to medical management; AND
   1.5.3 Prophylactic treatment with sunscreen ineffective; AND
   1.5.4 Severe or recurrent disease.

1.6 Pruritus and 1 or more of the following:
   1.6.1 Chronic renal failure; OR
   1.6.2 Cirrhosis; OR
   1.6.3 Polycythemia vera.

1.7 Psoriasis, as indicated by 1 or more of the following:
   1.7.1 Inadequate response to topical therapy; OR
   1.7.2 Involved surface area too extensive for treatment with topical therapy; OR
   1.7.3 Severe involvement of scalp, feet or hands; OR

1.8 Lichen planus with inadequate response or contraindication to medical management (e.g., topical steroids).

1.9 Vitiligo as indicated by 1 or more of the following:
   1.9.1 Generalized vitiligo (15% or more of total body affected); OR
   1.9.2 Localized vitiligo with failure of conservative therapy with 1 or more of the following
   1.9.2.1 Calcineurin inhibitors
   1.9.2.2 Topical steroids

2.0 An in-home Ultraviolet B (UVB) light unit requires prior authorization through the Health Services Division and may be considered medically necessary when it has been documented by a Dermatologist that ALL of the following are met:

2.1 Improvement has been demonstrated with the use of UV treatments in the physician’s office or clinic; AND
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2.1.1 The patient is capable of operating the home phototherapy unit, staying within prescribed periods of exposure, and the unit is expected to be used frequently (e.g., 3 times/week) on a long-term basis; AND

2.2 Treatment is expected to be long term (3 months or longer); AND

2.3 The member meets 1 or more of the following:

2.3.1 The member is unable to attend office-based therapy due to a serious medical or physical condition; OR

2.3.2 Office based therapy has been trialed and helped to control the disease and it is likely that home based therapy will be successful; OR

2.3.3 The member suffers from severe psoriasis with a history of frequent flares which require immediate treatment to control the disease.

3.0 Commercial tanning beds do not qualify as an office trial, and are considered not medically necessary and therefore are not covered.

4.0 Home UVB phototherapy for the treatment of vitiligo is considered experimental and investigational and therefore not medically necessary.

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