MEDICAL POLICY DETAILS

<table>
<thead>
<tr>
<th>Medical Policy Title</th>
<th>PHOTOTHERAPY FOR THE TREATMENT OF SEASONAL AFFECTIVE DISORDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Number</td>
<td>1.01.24</td>
</tr>
<tr>
<td>Category</td>
<td>Behavioral Health</td>
</tr>
<tr>
<td>Effective Date</td>
<td>09/16/99</td>
</tr>
<tr>
<td>Revised Date</td>
<td>02/28/01, 02/21/02, 01/16/03, 11/20/03, 12/07/06, 10/24/07, 10/23/08, 10/28/09, 10/28/10, 12/08/11, 10/25/12, 10/24/13, 10/23/14</td>
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<tr>
<td>Archived Date</td>
<td>09/16/04-12/07/06; 10/28/15</td>
</tr>
<tr>
<td>Edited Date</td>
<td>10/27/16, 10/26/17, 10/25/18, 10/24/19</td>
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</table>
| Product Disclaimer   | • If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.  
• If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit.  
• If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit. |

POLICY STATEMENT

I. Based on our criteria and assessment of peer-reviewed literature, phototherapy for the treatment of seasonal affective disorder (SAD) using a high intensity light box (at least 10,000 lux) is considered **medically appropriate** for patients who meet the DSM-V criteria for a seasonal affective disorder.

II. Based on our criteria and assessment of peer-reviewed literature, phototherapy for non-seasonal depression has not been proven to be medically effective and is considered **investigational**.

III. Based on our criteria and assessment of peer-reviewed literature, use of any other light source (e.g., light visors, light caps, eyeglass clips, tanning beds) other than a high intensity light box for the treatment of SAD has not been proven to be effective and is considered **investigational**.

Refer to Corporate Medical Policy #11.01.03 regarding Experimental and Investigational Services.

POLICY GUIDELINES

I. Light therapy boxes are considered durable medical equipment, therefore a durable medical equipment rider/coverage is required.

II. The Federal Employee Health Benefit Program (FEHBP/FEP) requires that procedures, devices or laboratory tests approved by the U.S. Food and Drug Administration (FDA) may not be considered investigational and thus these procedures, devices or laboratory tests may be assessed only on the basis of their medical necessity.

DESCRIPTION

Seasonal Affective Disorder (SAD) is a condition characterized by recurrent fall and winter depressions alternating with non-depressed periods in spring and summer. The cardinal clinical criteria for SAD are:

I. History of at least one episode of major depression as defined by Research Diagnostic Criteria;  
II. Recurrent fall-winter depressions at least two of which occurred during successive years, separated by non-depressed periods in spring and summer; and  
III. No other DSM-V Axis I psychopathology.

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SAD is associated with decreases in ambient light exposure during the winter season. Phototherapy, the delivery of supplemental bright white light by a light box or a head-mounted light visor unit, has been proposed as a treatment for SAD.

RATIONALE

Recent studies investigating light therapy have demonstrated that bright light therapy has shown to have a beneficial effect for patients with SAD. A meta-analysis by RN Golden, et al. (2005) concluded that bright light therapy treatment is efficacious with effect sizes equivalent to those in most antidepressant pharmacotherapy trials.

A Cochrane review (A Tuunainen, et al. 2004) investigating light therapy for patients suffering from non-seasonal depression concluded that light therapy offers modest though promising antidepressive efficacy, especially when administered during the first week of treatment, in the morning, and as an adjunctive treatment to sleep deprivation responders. Due to limited data and heterogeneity of studies these results need to be interpreted with caution.

There is insufficient evidence to support the use of light therapy for SAD when delivered by devices other than high intensity light boxes.

CODES

- Eligibility for reimbursement is based upon the benefits set forth in the member’s subscriber contract.
- CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.
- Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.

CPT Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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HCPCS Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>E0203</td>
<td>Therapeutic light box, minimum 10,000 lux, table top model</td>
</tr>
<tr>
<td>A4634</td>
<td>Replacement bulb for therapeutic light box, table top model</td>
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ICD10 Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>F31.0</td>
<td>Bipolar disorder, current episode hypomanic</td>
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<tr>
<td>F31.30-F31.32</td>
<td>Bipolar disorder, current episode depressed, mild or moderate severity (code range)</td>
</tr>
<tr>
<td>F31.4-F31.5</td>
<td>Bipolar disorder, current episode depressed, with/without psychotic symptoms (code range)</td>
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<tr>
<td>F31.60-F31.64</td>
<td>Bipolar disorder, current episode mixed (code range)</td>
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<tr>
<td>F31.70-F31.78</td>
<td>Bipolar disorder, currently in remission (code range)</td>
</tr>
<tr>
<td>F31.9</td>
<td>Bipolar disorder, unspecified</td>
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<tr>
<td>F32.0-F32.9</td>
<td>Major depressive disorder, single episode (code range)</td>
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<tr>
<td>F33.0-F33.9</td>
<td>Major depressive disorder, recurrent (code range)</td>
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<tr>
<td>F34.0-F39</td>
<td>Mood (affective) disorders (code range)</td>
</tr>
<tr>
<td>F60.89</td>
<td>Other specific personality disorders</td>
</tr>
</tbody>
</table>

Proprietary Information of Excellus Health Plan, Inc.
REFERENCES


Meesters Y, et al. Low-intensity blue-enriched white light (750 lux) and standard bright light (10,000 lux) are equally effective in treating SAD. A randomized controlled trial. BMC Psychiatry 2011 Jan 28;11:17.


Proprietary Information of Excellus Health Plan, Inc.


*Key Article

**KEY WORDS**

Light therapy, Phototherapy, SAD, Seasonal affective disorder.

**CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS**

Based on our review, there is no specific regional or national coverage determination addressing phototherapy light devices for the treatment of depression.