

# MEDICAL POLICY

MEDICAL POLICY DETAILS	
Medical Policy Title	Phototherapy for the Treatment of Seasonal Affective Disorder
Policy Number	1.01.24
Category	Contract Clarification
Original Effective Date	09/16/99
Committee Approval Date	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
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Archive Review Date	10/27/16, 10/26/17, 10/25/18, 10/24/19, 10/22/20, 10/28/21, 10/20/22, 10/19/23
Product Disclaimer	<ul style="list-style-type: none"> <li>• If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.</li> <li>• If a commercial product (including an Essential Plan or Child Health Plus product), medical policy criteria apply to the benefit.</li> <li>• If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.</li> <li>• If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) 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.</li> <li>• If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.</li> </ul>

## 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) has been medically proven to be effective and, therefore is considered **medically appropriate** for patients who meet the DSM-5-TR 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 medically proven to be effective and, therefore, 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 medically proven to be effective and, therefore, is considered **investigational**.
- IV. Repair and/or replacement of a medically necessary high intensity light box and/or components not under warranty will be considered **medically appropriate** when the following criteria are met:
  - A. Physician documentation includes **ALL** of the following:
    1. date of device initiation,
    2. manufacturer warranty information, and
    3. attestation that the patient has been compliant with the use of device and will continue to benefit from the use of device; **AND ONE OF THE FOLLOWING APPLY:**
  - B. *Repair* of the currently used device, when **ALL** of the following are met:
    1. it is no longer functioning adequately,
    2. inadequate function interferes with activities of daily living, and
    3. repair is expected to make the equipment fully functional (as defined by manufacturer); **OR**
  - C. *Replacement* of the currently used device, when the following are met:
    1. it is no longer functioning adequately, **AND EITHER**

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2. has been determined to be non-repairable, or
  3. the cost of the repair is in excess of the replacement cost.
- V. Repair or replacement of equipment damaged due to patient neglect, theft, abuse, or when another available coverage source is an option (e.g., homeowners, rental, auto, liability insurance, etc.) is **ineligible for coverage**.
- VI. The replacement of properly functioning high intensity light boxes and/or external components is considered **not medically necessary**. This includes, but is not limited to, replacement desired due to advanced technology or to make the device more aesthetically pleasing.

*Refer to Corporate Medical Policy #1.01.00 Durable Medical Equipment – Standard and Non-Standard*

*Refer to Corporate Medical Policy #11.01.03 Experimental and Investigational Services*

### **POLICY GUIDELINES**

Light therapy boxes are considered durable medical equipment (DME). Coverage of durable medical equipment is contract dependent unless required under federal or state mandates. Please contact the Customer Care (Member or Provider) Department to determine benefits available under a member's subscriber contract.

### **DESCRIPTION**

According to the American Psychiatric Association's DSM-5-TR (2022), seasonal affective disorder (SAD) is type of depressive disorder with seasonal patterns, and can apply to major depressive disorder, bipolar I disorder, or bipolar II disorder. The essential feature is the onset and remission of major depressive episodes at characteristic times of the year. In most cases, the episodes begin in fall or winter and remit in spring. Less commonly, there may be recurrent summer depressive episodes. The DSM-5-TR seasonal pattern specifiers under bipolar disorder and depressive disorders include:

- I. There has been a regular temporal relationship between the onset of manic, hypomanic, or major depressive episodes and a particular time of the year (e.g., in the fall or winter). This does not include cases where there is an obvious effect of seasonally related psychosocial stressors (e.g., regularly being unemployed every winter).
- II. Full remissions (or a change from major depression to mania or hypomania, or vice versa) also occur at a characteristic time of the year (e.g., depression disappears in the spring).
- III. In the last two (2) years, two major depressive episodes have occurred that demonstrate the temporal seasonal relations defined above and no nonseasonal major depressive episodes have occurred during the same period.
- IV. Seasonal manias, hypomanias, or major depressive episodes substantially outnumber the nonseasonal manias, hypomanias, or major depressive episodes that may occur have occurred over the individual's lifetime.

SAD has been linked to a biochemical imbalance in the brain prompted by shorter daylight hours and less sunlight in winter. As seasons change, people experience a shift in their biological internal clock or circadian rhythm that can cause them to be out of step with their daily schedule. Symptoms can vary from mild to severe and can include fatigue, weight gain associated with overeating and carbohydrate cravings, any symptoms like major depression (e.g., loss of interest, feeling worthless, difficulty thinking/concentrating (American Psychiatric Association, 2020).

### **RATIONALE**

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 antidepressant 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.

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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.
- Code Key: Experimental/Investigational = (E/I), Not medically necessary/ appropriate = (NMN).

**CPT Codes**

Code	Description
No specific code(s)	

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**HCPCS Codes**

Code	Description
E0203	Therapeutic light box, minimum 10,000 lux, tabletop model
E0691 (*E/I)	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 sq ft or less ( <b>*E/I for the treatment of SAD</b> )
E0692 (*E/I)	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 ft panel ( <b>*E/I for the treatment of SAD</b> )
E0693 (*E/I)	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 ft panel ( <b>*E/I for the treatment of SAD</b> )
E0694 (*E/I)	Ultraviolet multidirectional light therapy system in 6 ft cabinet, includes bulbs/lamps, timer, and eye protection ( <b>*E/I for the treatment of SAD</b> )
A4634	Replacement bulb for therapeutic light box, tabletop model

**ICD10 Codes**

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

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\*Key Article

**KEY WORDS**

Light therapy, Phototherapy, SAD, Seasonal affective disorder.

**CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS**

Based on our review, phototherapy light devices for the treatment of depression are not addressed in National or Regional Medicare coverage determinations or policies.