

MEDICAL POLICY

SUBJECT: PHOTOTHERAPY FOR THE TREATMENT OF SEASONAL AFFECTIVE DISORDER	EFFECTIVE DATE: 10/18/01 REVISED DATE: 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 ARCHIVED: 09/16/04-12/07/06 RE-ARCHIVED DATE: 10/28/15 EDITED DATE: 10/27/16, 10/26/17, 10/25/18 PAGE: 1 OF: 4
POLICY NUMBER: 1.01.24 CATEGORY: Behavioral Health	
<ul style="list-style-type: none">• <i>If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.</i>• <i>If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit.</i>• <i>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.</i>	

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:

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

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.

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.

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CODES: Number Description

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: No specific code(s)

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HCPCS: E0203 Therapeutic light box, minimum 10,000 lux, table top model
A4634 Replacement bulb for therapeutic light box, table top model

ICD10: F31.1 Bipolar disorder, current episode hypomanic
F31.3- F31.31 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)
F31.6-F31.64 Bipolar disorder, current episode mixed (code range)
F31.70-F31.72 Bipolar disorder, full/partial remission, hypomanic/ depressed/mixed (code range)
F31.75-F31.78
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.

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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.