

DRAFT Medical Coverage Policy |
Phototherapy for the Treatment of Seasonal
Affective Disorder



EFFECTIVE DATE: 07|01|2013
POLICY LAST UPDATED: 03|15|2023

OVERVIEW

Seasonal affective disorder (SAD) is defined as a history of major depressive episodes that recur regularly at a particular time of year, typically winter. SAD is associated with decreases in ambient light exposure during the winter season; therefore, phototherapy, delivered by a light box or light visor, has been used as a treatment. Most commonly, white light is used at an intensity equaling that of a bright summer day—2,500 lux or higher.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Prior authorization review is not required.

POLICY STATEMENT

Medicare Advantage Plans

Phototherapy for the treatment of seasonal affective or other depressive disorders is a non-covered service.

Commercial Products

Phototherapy for the treatment of seasonal affective or other depressive disorders may be considered medically necessary.

Note: Phototherapy, for the purposes of this policy, is defined as the delivery of supplemental bright white light by a light box. Phototherapy lights require a physician's order and must be supplied by a DME provider. Members are not eligible for reimbursement for phototherapy lights purchased elsewhere (e.g., internet, or local merchant).

COVERAGE

Benefits may vary between groups and contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage or Subscriber Agreement for applicable durable medical equipment benefits/coverage.

BACKGROUND

Commercial light boxes are now available for treatment of SAD and other depressive disorders. The patient is typically instructed to remain a specified distance from the light box for a certain length of time, usually from 30 minutes to several hours. Phototherapy is given for a period of days to weeks, until a satisfactory antidepressive response is attained. The treatment can be repeated in the case of relapse following initial treatment. A portable light delivery device in the form of a light visor has also been developed to deliver an identical intensity of supplemental light for the same time period, allowing the patient to move around and perform normal activity during the treatment period. Another variant provides extraocular light via a pad that could be affixed to the bend of the knee, with the intent to correct disruptions in circadian rhythms.

Currently, no phototherapy device has final market approval from the U.S. Food and Drug Administration (FDA) for the treatment of SAD or other depressive disorders. While light boxes or light visors cannot be marketed directly for the treatment for SAD or promoted for other health benefits, these devices are commercially available.

CODING

Medicare Advantage Plans

The following code(s) are not covered:

E0203 Therapeutic lightbox, minimum 10,000 lux, tabletop model

Commercial Products

The following code(s) are medically necessary:

E0203 Therapeutic lightbox, minimum 10,000 lux, tabletop model

Medicare Advantage Plans and Commercial Products

The following code is not reimbursable:

A4634 Replacement bulb for therapeutic light box, tabletop model

RELATED POLICIES

Non Reimbursable Health Service Codes

PUBLISHED

Provider Update, May 2023

Provider Update, June 2022

Provider Update, July 2021

Provider Update, June 2020

Provider Update, January 2020

REFERENCES:

1. Golden RN, Gaynes BN, Ekstrom RD et al. The efficacy of light therapy in the treatment of mood disorders: a review and meta-analysis of the evidence. *Am J Psychiatry* 2005; 162(4):656-62.
2. Nordian Health Care Solutions DME Jurisdiction A:
<https://med.nordianmedicare.com/web/jddme/topics/noncovered-items>, Accessed 1/26/2023.

CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

