

Payment Policy | Phototherapy for the Treatment of Seasonal Affective Disorder



EFFECTIVE DATE: 02/05/08
POLICY LAST UPDATED: 02/05/2008

OVERVIEW

This payment policy documents the coverage determination for Phototherapy for the Treatment of Seasonal Affective Disorder. 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.

PRIOR AUTHORIZATION

Prior authorization is not required.

POLICY STATEMENT

BlueCHiP for Medicare and Commercial products

Phototherapy for the treatment of seasonal affective or other depressive disorders is covered. 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).

MEDICAL CRITERIA

Not Applicable

BACKGROUND

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.

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 prescribed amount of time per day as order by a qualified provider, 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.

COVERAGE

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

CODING

Blue CHiP for Medicare and Commercial

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RELATED POLICIES

None

PUBLISHED

Policy Update Sep 2006

REFERENCES

None

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