Prior Authorization Review Panel
MCO Policy Submission

A separate copy of this form must accompany each policy submitted for review.
Policies submitted without this form will not be considered for review.

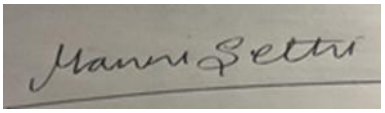
Plan: AmeriHealth Caritas Pennsylvania Community HealthChoices/Keystone First Community HealthChoices	Submission Date: 7/1/2026
Policy Number: CCP.1564	Effective Date: 7/1/2026 Revision Date:
Policy Name: Home ultraviolet light therapy equipment for skin conditions	

Type of Submission:

☒ New Policy	☒ Prior Authorization Policy
☐ Revised Policy*	☐ Base Policy
☐ Annual Review- no revisions	☐ Experimental/Investigational Policy
	☐ Statewide PDL
	☐ Other:

*All revisions to the policy must be highlighted using track changes throughout the document.

Please provide any clarifying information for the policy below:

Name of Authorized Individual (Please type or print): Manni Sethi, MD, MBA, CHCQM	Signature of Authorized Individual: 

Home ultraviolet light therapy equipment for skin conditions

Clinical Policy ID: CCP.1564

Recent review date: 6/2026

Next review date: 10/2027

Policy contains: Home ultraviolet light therapy, narrowband ultraviolet B (NB-UVB), phototherapy, durable medical equipment (DME), psoriasis, vitiligo, atopic dermatitis, cutaneous T-cell lymphoma, mycosis fungoides, psoralen ultraviolet A (PUVA), home photochemotherapy.

AmeriHealth Caritas Pennsylvania Community HealthChoices has developed clinical policies to assist with making coverage determinations. AmeriHealth Caritas Pennsylvania Community HealthChoices' clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of "medically necessary," and the specific facts of the particular situation are considered by AmeriHealth Caritas Pennsylvania Community HealthChoices on a case by case basis, when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. AmeriHealth Caritas Pennsylvania Community HealthChoices' clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. AmeriHealth Caritas Pennsylvania Community HealthChoices' clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, AmeriHealth Caritas Pennsylvania Community HealthChoices will update its clinical policies as necessary. AmeriHealth Caritas Pennsylvania Community HealthChoices' clinical policies are not guarantees of payment.

Coverage policy

Home narrowband ultraviolet B light therapy equipment is clinically proven and, therefore, may be medically necessary for members with one of the photoresponsive skin conditions listed below when all of the following criteria are met (Elmets, 2019; Gelfand, 2024; National Comprehensive Cancer Network, 2026; Ontario Health, 2020):

- The device is prescribed by a dermatologist or other qualified treating clinician experienced in ultraviolet phototherapy.
- The member has one of the following: psoriasis with moderate-to-severe disease or clinically significant functional impairment; vitiligo that is extensive, progressive, functionally significant, or localized and suitable for home treatment; atopic dermatitis that is moderate to severe and not adequately controlled with optimized topical therapy; or early-stage mycosis fungoides or Sezary syndrome for which narrowband ultraviolet B is recommended as skin-directed therapy.
- Office- or facility-based ultraviolet B phototherapy is clinically appropriate but not reasonably feasible, as documented by the treating clinician, because of travel distance, limited local phototherapy availability, mobility or functional limitation, work or caregiving constraints, infection-

risk or immunosuppression considerations, or other barriers that would materially impair adherence.
- The treating clinician provides a written home phototherapy plan that identifies the diagnosis, baseline severity or photographs, treatment area, device type and configuration, starting dose, dose escalation, treatment frequency, maximum exposure limits, missed-treatment instructions, adverse-event instructions, safety precautions, and follow-up schedule.
- The requested device size and configuration are appropriate for the affected body surface area and intended treatment sites.
- The device includes safety features appropriate for home use, including a timer, dose or exposure controls, lockout or restricted-use capability, exposure tracking or treatment log, user instructions, and protective eyewear.
- The member or caregiver has been trained and is able to operate the device safely and comply with the treatment plan.
- The treating clinician reassesses the member after treatment initiation and at least every three to six months for clinical response, adherence, adverse effects, safe use, and continued need for home treatment.

Home ultraviolet A light therapy equipment and home psoralen ultraviolet A photochemotherapy equipment are investigational/not clinically proven for home use and, therefore, not medically necessary under this policy.

Limitations

All other uses of home ultraviolet light therapy equipment are not medically necessary. This includes home ultraviolet A therapy, home psoralen ultraviolet A photochemotherapy, and use for tanning, wellness, or cosmetic purposes. It also includes use before an adequate trial of condition-appropriate conventional therapy unless contraindicated, not tolerated, or clinically inappropriate; use without a clinician's written treatment plan and scheduled follow-up; duplicate or upgraded equipment when the existing device is functional; and use when contraindications make home ultraviolet exposure inappropriate.

Alternative covered services

Alternative covered services include:

- Dermatology evaluation and management.
- Standard topical, systemic, biologic, or other guideline-supported treatment for the underlying skin condition, subject to applicable benefit and pharmacy policies.

CCP.1169 Phototherapy and Photochemotherapy for Skin Conditions, addresses office- or facility-based phototherapy and photochemotherapy services.

Background

Home ultraviolet light therapy equipment is durable medical equipment used to deliver controlled ultraviolet radiation outside a clinician office or facility. Ultraviolet phototherapy uses selected wavelengths to treat photoresponsive skin disorders by reducing cutaneous inflammation, slowing excessive epidermal cell proliferation, and altering local immune activity. Ultraviolet A penetrates more deeply and may be used with psoralens in psoralen ultraviolet A photochemotherapy. Ultraviolet B acts more superficially, and narrowband ultraviolet B devices concentrate output around a smaller therapeutic range, commonly near 311 to 313 nm, to limit unnecessary ultraviolet exposure (Elmets, 2019; Hum, 2019; Ontario Health, 2020).

Home devices include handheld lamps, localized panels, larger panels, and multidirectional cabinets. HCPCS codes describe device configuration by treatment area and cabinet design. A home treatment plan generally identifies the diagnosis, treatment area, device type, starting dose, dose escalation, treatment frequency, maximum exposure limits, protective eyewear, adverse-effect instructions, and follow-up schedule. These features distinguish therapeutic phototherapy equipment from consumer tanning products and explain why the device requires clinician prescription, training, dose controls, and periodic reassessment (Hum, 2019; Ontario Health, 2020).

FDA classifies dermatological ultraviolet lights under product code FTC as Class II medical devices subject to 510(k) premarket notification, with regulation number 21 C.F.R. Section 878.4630. FDA product classification information updated May 18, 2026 lists the device classification name as light, ultraviolet, dermatological, and identifies the regulation description as ultraviolet lamp for dermatologic disorders (21 C.F.R. Section 878.4630, 2026; U.S. Food and Drug Administration, 2026b).

One recent FDA 510(k) record for product code FTC is K253871, Klär Lite (RCW-KL1000), which FDA lists as substantially equivalent with a March 4, 2026 decision date. The cleared device is a prescription ultraviolet light-emitting medical device intended for localized phototherapeutic treatment of psoriasis, vitiligo, atopic dermatitis, seborrheic dermatitis, and leukoderma on all skin types. FDA clearance confirms device regulatory status and intended use but does not by itself establish medical necessity under this policy (U.S. Food and Drug Administration, 2026a).

FDA also regulates radiation-emitting electronic products to limit hazardous and unnecessary radiation exposure. Sunlamp performance standards are safety context only and are not coverage criteria for prescription therapeutic home phototherapy devices. The safety issues common to ultraviolet exposure include timer controls, manual termination controls, protective eyewear, exposure schedules, warnings, and user instructions (21 C.F.R. Section 1040.20, 2026; U.S. Food and Drug Administration, 2026a).

Findings

The strongest support for home ultraviolet B equipment is in psoriasis. The American Academy of Dermatology and National Psoriasis Foundation recommend home narrowband ultraviolet B phototherapy for appropriate individuals with generalized plaque psoriasis as an alternative to in-office narrowband ultraviolet B phototherapy (Elmets, 2019). The PLUTO trial found home ultraviolet B phototherapy noninferior to outpatient ultraviolet B phototherapy for mild to severe psoriasis (Koek, 2009; ClinicalTrials.gov identifier NCT00150930). The LITE randomized clinical trial enrolled 783 participants age 12 years and older with plaque or guttate psoriasis and found home narrowband ultraviolet B noninferior to office treatment, with lower treatment burden but more persistent erythema in the home group (Gelfand, 2024; ClinicalTrials.gov identifier NCT03726489).

National Comprehensive Cancer Network guidance for cutaneous lymphomas supports phototherapy as skin-directed therapy for mycosis fungoides and Sezary syndrome and notes that narrowband ultraviolet B can be delivered by a home panel or unit (National Comprehensive Cancer Network, 2026). Pediatric consensus recommendations also support narrowband ultraviolet B as first-line phototherapy for early-stage mycosis fungoides when treatment selection accounts for age, disease extent, and long-term safety (Hodak, 2025).
Evidence for home narrowband ultraviolet B in vitiligo is less robust than the evidence for psoriasis. A systematic review of randomized controlled trials found that home-based phototherapy may improve adherence and may produce repigmentation in selected individuals with vitiligo, but the evidence base was limited and adverse effects were more frequent in home-treatment groups (Ashraf, 2022). A broader systematic review of home-

based dermatology devices found potential benefit but emphasized training, dosing controls, and monitoring because erythema and overexposure can occur (Cohen, 2022).

Guidelines for atopic dermatitis support narrowband ultraviolet B phototherapy for selected individuals, particularly when disease is moderate to severe and standard topical therapy is inadequate, contraindicated, or not tolerated (Davis, 2024; Joint Task Force on Practice Parameters, 2023). These guidelines do not provide strong direct evidence for home devices. For that reason, home equipment for atopic dermatitis should be limited to narrow, clinician-supervised circumstances.

Guidelines and evidence reviews consistently emphasize protective eyewear, avoidance of unsafe exposure, screening for photosensitive disorders and skin cancer risk, and dose adjustment when medications or comorbid conditions increase photosensitivity (Elmets, 2019; Hum, 2019; Ontario Health, 2020). Home equipment requests should include a written dosing plan, device controls, member or caregiver training, and periodic reassessment.

References

On 5/18/2026, we searched PubMed and the databases of the Cochrane Library, the U.K. National Health Services Centre for Reviews and Dissemination, the Agency for Healthcare Research and Quality, and the Centers for Medicare & Medicaid Services. Search terms were: home phototherapy, home ultraviolet, narrowband ultraviolet B, ultraviolet B, ultraviolet light therapy equipment, psoriasis, vitiligo, atopic dermatitis, mycosis fungoides, cutaneous T-cell lymphoma, durable medical equipment, and FDA ultraviolet dermatological light. We included the best available evidence according to established evidence hierarchies (typically systematic reviews, meta-analyses, and full economic analyses, where available) and professional guidelines based on such evidence and clinical expertise.

Ashraf AZ, Azurdia RM, Cohen SN. The effectiveness of home-based phototherapy for vitiligo: a systematic review of randomised controlled trials. Photodermatol Photoimmunol Photomed. 2022;38(5):409-417. Doi:10.1111/phpp.12774.

Code of Federal Regulations. Sunlamp products and ultraviolet lamps intended for use in sunlamp products. 21 C.F.R. Section 1040.20. https://www.ecfr.gov/current/title-21/part-1040/section-1040.20. Current as of May 18, 2026.

Code of Federal Regulations. Ultraviolet lamp for dermatologic disorders. 21 C.F.R. Section 878.4630. https://www.ecfr.gov/current/title-21/part-878/section-878.4630. Current as of May 18, 2026.

Cohen M, Austin E, Masub N, Kurtti A, George C, Jagdeo J. Home-based devices in dermatology: a systematic review of safety and efficacy. Arch Dermatol Res. 2022;314(3):239-246. Doi:10.1007/s00403-021-02231-0.

Davis DMR, Drucker AM, Alikhan A, et al. Guidelines of care for the management of atopic dermatitis in adults with phototherapy and systemic therapies. J Am Acad Dermatol. 2024;90(2):e43-e56. Doi:10.1016/j.jaad.2023.08.102.

Elmets CA, Lim HW, Stoff B, et al. Joint American Academy of Dermatology-National Psoriasis Foundation guidelines of care for the management and treatment of psoriasis with phototherapy. J Am Acad Dermatol. 2019;81(3):775-804. Doi:10.1016/j.jaad.2019.04.042.

Gelfand JM, Armstrong AW, Lim HW, et al. Home- vs office-based narrowband UV-B phototherapy for patients with psoriasis: the LITE randomized clinical trial. JAMA Dermatol. 2024;160(12):1320-1328. Doi:10.1001/jamadermatol.2024.3897. ClinicalTrials.gov identifier NCT03726489.

Hodak E, Amitay-Laish I, Bagot M, et al. ISCL/EORTC-CLTG/USCLC recommendations for the diagnosis, staging and treatment of early-stage paediatric mycosis fungoides: a modified Delphi consensus. Part two: treatment. Br J Dermatol. 2025;193(4):653-661. Doi:10.1093/bjd/ljaf198.

Hum M, Kalia S, Griadecki R. Prescribing home narrowband UVB phototherapy: a review of current approaches. J Cutan Med Surg. 2019;23(1):91-96. Doi:10.1177/1203475418800947.

Joint Task Force on Practice Parameters. Atopic dermatitis (eczema) guidelines: 2023 GRADE- and Institute of Medicine-based recommendations. Ann Allergy Asthma Immunol. 2023. Doi:10.1016/j.anai.2023.11.009.

Koek MB, Buskens E, van Weelden H, et al. Home versus outpatient ultraviolet B phototherapy for mild to severe psoriasis: pragmatic multicentre randomised controlled non-inferiority trial. BMJ. 2009;338:b1542. Doi:10.1136/bmj.b1542. ClinicalTrials.gov identifier NCT00150930.

National Comprehensive Cancer Network. NCCN Clinical Practice Guidelines in Oncology: Cutaneous Lymphomas. Version 2.2026. February 13, 2026.

Ontario Health (Quality). Home narrowband ultraviolet B phototherapy for photoresponsive skin conditions: a health technology assessment. Ont Health Technol Assess Ser. 2020;20(12):1-134.

U.S. Food and Drug Administration. 510(k) Premarket Notification K253871: Klär Lite (RCW-KL1000). https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm?ID=K253871. Decision date March 4, 2026. Last updated May 18, 2026.

U.S. Food and Drug Administration. Product classification: light, ultraviolet, dermatological. https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpcd/classification.cfm?id=6038. Last updated May 18, 2026.

Policy updates

Initial review date: 5/2026 and clinical policy effective date: 6/2026

6/2026: Policy created.

Related codes

Below are the most commonly submitted codes for the service(s)/item(s) subject to this policy CCP.1564. This is not an exhaustive list of codes. Providers are expected to consult the appropriate coding manuals and bill accordingly.

Code	Code description
E0691	Ultraviolet light therapy system panel, includes bulbs/lamps, timer, and eye protection; treatment area 2 square feet or less.
E0692	Ultraviolet light therapy system panel, includes bulbs/lamps, timer, and eye protection; 4-foot panel.

Code	Code description
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer, and eye protection; 6-foot panel.
E0694	Ultraviolet multidirectional light therapy system in 6-foot cabinet, includes bulbs/lamps, timer, and eye protection.