



ND

Medical Policies



Print

Policy Number: E-9002

Policy Name: Phototherapy for Psychiatric Disorders

Policy Type: Medical

Policy Subtype: Durable Medical Equipment (DME)

Effective Date: 09-15-2025

Description

Seasonal affective disorder (SAD) is a seasonal form of major depression with features similar to major depressive disorder but occurring on a cyclical basis related to ambient light deprivation during winter months. Both phototherapy and medications are frequently used (University of Michigan, 2005). Current evidence-based guidelines on treatment of depression state that use of bright light therapy for the treatment of major depression with a seasonal specifier is well-established (ICSI, 2006; American Psychiatric Association, 2000).

Westrin and Lam (2007) stated that clinical studies show equal effectiveness with light and anti-depressants, so individual preference should be considered in the selection of initial treatment. Dawn stimulation, negative air ions, exercise as well as cognitive behavioral therapy are under investigation and may also be helpful treatments for SAD.

Policy Application

All claims submitted under this policy's section will be processed according to the policy effective date and associated revision effective dates in effect on the date of service.

Blue Cross Blue Shield North Dakota considers a high-intensity light unit for light box therapy medically necessary durable medical equipment (DME) for members who have seasonal affective disorder (SAD) and meet **both** of the following criteria.

- Member is diagnosed with bipolar disorder or recurrent major depression; **and**
- Member meets DSM-V criteria for a seasonal mood disorder: at least two (2) years of seasonal depressive episodes which completely remit when daylight increases in the spring, and which substantially outnumber any non-seasonal depressive episodes.

Blue Cross Blue Shield North Dakota considers light box therapy experimental and investigational for depressive symptoms in persons with any of the following: anorexia nervosa, cystic fibrosis, type 2 diabetes,

post-natal depression, premenstrual syndrome, non-seasonal depression, childhood sleep disorders, sleep disorders in the elderly and in visually impaired children, sleep or behavioral disorders in dementia, Parkinson disease, and for all other indications because its effectiveness for these indications has not been established.

Note: Light box therapy requires a high-intensity light unit (e.g., Bio-Light, Brite Lite, Dawn Simulator, etc.). They are not the same as "Tanning Lights" that give off an entirely different band or spectrum of light.

- Blue Cross Blue Shield North Dakota considers extra-ocular light therapy (application of phototherapy to areas of the body other than the retina) experimental and investigational for all indications including the treatment of members with SAD because its effectiveness has not been established.
- Blue Cross Blue Shield North Dakota considers non-retinal photo-biomodulation with red and near-infrared light (also known as low-level light therapy) experimental and investigational for the treatment of depressive disorder because its effectiveness has not been established.

Procedure Codes

E0203	E0691
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Criteria

Coverage is subject to the specific terms of the member's benefit plan.

Professional Statements and Societal Positions Guidelines

Not Applicable

Diagnosis Codes

Not Applicable

CURRENT CODING

HCPCS:

E0203	Therapeutic lightbox tabletp	Commercial
E0691	Uvl pnl 2 sq ft or less	Commercial
E0203	Therapeutic lightbox tabletp	Medicaid Expansion
E0691	Uvl pnl 2 sq ft or less	Medicaid Expansion

References

E-9002

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ND Committee Review

Internal Medical Policy Committee 7-22-2021 New Policy for ND *Effective September 06, 2021*

Internal Medical Policy Committee 7-21-2022 Annual Review-no changes in criteria *Effective September 05, 2022*

Internal Medical Policy Committee 7-26-2023 Annual Review-no changes in criteria *Effective September 04, 2023*

Internal Medical Policy Committee 7-16-2024 Annual Review-no changes in criteria *Effective September 02, 2024*

- *Added* Policy Application

Disclaimer

Current medical policy is to be used in determining a Member's contract benefits on the date that services are rendered. Contract language, including definitions and specific inclusions/exclusions, as well as state and federal law, must be considered in determining eligibility for coverage. Members must consult their applicable benefit plans or contact a Member Services representative for specific coverage information. Likewise, medical policy, which addresses the issue(s) in any specific case, should be considered before utilizing medical opinion in adjudication. Medical technology is constantly evolving, and the Company reserves the right to review and update medical policy periodically.