

Phototherapy for Behavioral Health

Coverage and Payment Policy

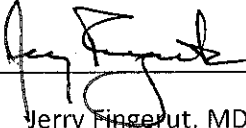
Phototherapy for Behavioral Health is defined as use of a high intensity light box or bright light therapy for the treatment of specific disorders.

This policy does not address metabolic use of specific light therapies for disorders such as neonatal hyperbilirubinemia or for dermatologic or other physical diagnosis.

This service requires prior authorization.

The prescribing provider must submit the following documentation:

- Beneficiary must have a documented diagnosis of a major depressive disorder, bi-polar disorder or seasonal affective disorder with a temporal relationship to a particular time of the year (ex: winter depression with onset in fall/winter and remission in the spring).

Approved:  Associate Medical Director  
Jerry Fingerhut, MD

Date: 23 November 2015

Reviewed: \_\_\_\_\_

Revised: \_\_\_\_\_