 <b>KMTSJ, Inc.</b>	DEPARTMENT:	Utilization Management
	SUBJECT:	Phototherapy for depression
	PRODUCT LINE:	All
	POLICY NUMBER:	048
	ORIGINAL POLICY EFFECTIVE DATE:	02/16/2011
	LAST REVISED DATE:	04/02/2024
	LAST REVIEWED DATE:	04/02/2024

**SCOPE:** To ensure Group Health Cooperative of Eau Claire (the Cooperative) consistently and correctly administers phototherapy benefits to all members according to their policy specifics.

**POLICY:** It is the policy of the Cooperative to review requests for phototherapy for prior authorization according to evidence based medical criteria.

**PROCEDURE: Prior authorization required: YES**

**Coverage Criteria:**

Phototherapy light box for treating depression is considered medically necessary when the following criteria are met:

1. Diagnosis of bipolar or recurrent major depression, **AND**
2. Meets DSM V criteria for Seasonal Affective Disorder, a subtype or qualifier of Major Depressive Disorder or Bipolar Disorder, as defined as follows:
  - a. At least 2 years of seasonal depressive episodes which completely remit when daylight increases in the spring, **AND**
  - b. Which substantially outnumber any non-seasonal depressive episodes.

Light box therapy is considered **investigational** for all other purposes including but not limited to:

- Postpartum depression
- Premenstrual syndrome
- Non-seasonal depression
- Sleep disorders


Reference source, if applicable: N/A

APPROVED: Michelle Bauer MD. DATE: 04/02/2024

Formal policies and procedures require department manager review, approval and signature. Executive and/or administrative policies and procedures require CEO/General Manager review, approval and signature.

**REVISION HISTORY:**

Rev. Date	Revised By/Title	Summary of Revision
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03/21/2013	Carol E. Ebel ,RN HM Mgr	This is a continuation of the archived P & P.
02/15/2014	Lynne Komanec, RN HM Manager	Reviewed with no changes
01/23/2015	Betsy Kelly, RN	Reformatted, removed references to Core and Benchmark Plans.
04/28/2016	Betsy Kelly, RN	Corrected formatting errors on scope and policy. Otherwise no change.
05/07/2018	Michele Bauer, MD	Reformatted
03/27/2020	Michele Bauer, MD	No changes
03/25/2021	Michele Bauer, MD	Reviewed. No changes.
02/22/2022	Michele Bauer, MD	Reviewed. No changes.
02/21/2023	Michele Bauer, MD	Reviewed. No changes.
04/02/2024	Michele Bauer, MD	Defined SAD as a subtype of MDD or Bipolar