1. **Purpose**
   The purpose of this policy is to establish the criteria for the medically necessary use of ultraviolet light therapy.

2. **Definitions**
   Ultraviolet light therapy incorporates the use of specific light emitting diodes or lamps which emit ultraviolet light.

3. **Statement of Policy**
   3.1. The determination of medical necessity for the use of ultraviolet light therapy is always made on a case-by-case basis.

   3.2. Certain forms of ultraviolet light therapy may be indicated in the treatment of a variety of dermatological conditions and certain sleep disorders. There is no scientific evidence of efficacy for the use of ultraviolet light therapy for complaints or conditions not noted above and therefore may be considered **not medically necessary**.

4. **References**
   4.1. Scientific:

   The following scientific references were utilized in the formulation of this medical policy. Triad Healthcare, Inc. will continue to review clinical evidence surrounding ultraviolet light therapy and may modify this policy at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to Triad Healthcare, Inc. so the information can be reviewed by the Academic Advisory Committee (AAC) and the Medical Quality Improvement Committee (MQIC) to determine if a modification of the policy is in order.

   - Goel N, Terman M, Terman JS, Macchi MM, Stewart JW. Controlled trial of bright light and negative air ions for chronic depression. Psychological Medicine 2005;35


4.2. Related Triad Medical Policies:

- *TMMP 18 - Medical Necessity*
- *TMMP 10 - The Use of Physical Modalities and Therapeutic Procedures*

5. Attachments

5.1. *Provider Manual*

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