



CIGNA MEDICAL COVERAGE POLICY

The following Coverage Policy applies to all health benefit plans administered by CIGNA Companies including plans formerly administered by Great-West Healthcare, which is now a part of CIGNA.

Subject Light Therapy for Seasonal Affective Disorder (SAD)

Effective Date 1/15/2011
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Coverage Policy Number 0015

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Complementary and Alternative Medicine
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INSTRUCTIONS FOR USE

Coverage Policies are intended to provide guidance in interpreting certain **standard** CIGNA HealthCare benefit plans. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement (GSA), Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document **always supercedes** the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. Proprietary information of CIGNA. Copyright ©2011 CIGNA

Coverage Policy

Coverage for home light therapy/phototherapy units is subject to the terms, conditions and limitations of the applicable benefit plan's Durable Medical Equipment (DME) benefit and schedule of copayments. Please refer to the applicable benefit plan document to determine benefit availability and the terms, conditions and limitations of coverage. Under many benefit plans, coverage for DME is limited to the lowest cost alternative.

If coverage is available for light therapy units for seasonal affective disorder (SAD), the following conditions of coverage apply.

CIGNA covers a high intensity light box (i.e., bright light therapy [BLT]) as medically necessary for the treatment of SAD when BOTH of the following criteria are met:

- The individual meets the Diagnostic and Statistical Manual (DSM)-IV-TR* criteria for Major Depressive Episodes in Bipolar I Disorder, Bipolar II Disorder, or Major Depressive Disorder, Recurrent
- The individual meets the DSM-IV-TR criteria for Seasonal Pattern Specifier[†]

*See page two in the General Background for Diagnostic and Statistical Manual (DSM)-IV-TR criteria for Major Depressive Episodes in Bipolar I Disorder, Bipolar II Disorder, or Major Depressive Disorder, Recurrent

†See page two in the General Background for DSM-IV-TR criteria for Seasonal Pattern Specifier

CIGNA does not cover any other light delivery source (e.g., light visors, light caps, eyeglass clips, tanning beds) for the treatment of SAD because they are considered experimental, investigational or unproven.

CIGNA does not cover high intensity light box therapy for any other indication because it is considered experimental, investigational or unproven.

General Background

Seasonal affective disorder (SAD) is a blend of physiologic and mood disturbances with a clear seasonal pattern. SAD sufferers generally describe a cluster of complaints and symptoms including decreased activity, sadness, anxiety, social withdrawal, increased appetite (especially for carbohydrates), weight gain, decreased libido, and hypersomnia. SAD symptoms are reported in children but are more common following puberty. Women are more affected than men of the same age group, especially during childbearing years, with typical age of onset in the early to mid-twenties. Rates of SAD decline among elderly populations, and men and women are more equally affected. In the case of winter depressions, a seasonal pattern of onset in the fall and winter and full remissions (or a switch to mania or hypomania) in the spring should be established for the two years preceding clinical assessment. The cause of SAD is not yet fully understood, although hypotheses have been developed that seem to relate to duration of sunlight, changes in the circadian cycle, secretion of melatonin and genetics. Seasonal depressive symptoms may be combined with mood disorders other than major depression, for instance in a milder subsyndromal form. Compared with symptoms of the full SAD syndrome, symptoms of subsyndromal SAD affect more people but are less disruptive of mood, activity, or productivity (Byrne, et al., 2008).

*According to the American Psychiatric Association (APA), in order to be diagnosed with SAD, a patient must be diagnosed with either major depressive disorder, recurrent or bipolar I or bipolar II disorder and ALL of the following:

- There has been a regular temporal relationship between the onset of major depressive episodes in bipolar I or bipolar II disorder or major depressive disorder, recurrent, and a particular time of the year (e.g., regular appearance of the major depressive episode in the fall or winter). Note: Do not include cases in which seasonal-related psychosocial stressors (e.g., regularly being unemployed every winter) create an obvious effect.
- Full remissions (or a change from depression to mania or hypomania) also occur at a characteristic time of the year (e.g., depression disappears in the spring).
- In the past two years, two major depressive episodes have occurred that demonstrate the temporal seasonal relationships defined in criteria A and B, and no nonseasonal major depressive episodes have occurred during that same period.
- Seasonal major depressive episodes (as described above) substantially outnumber the nonseasonal major depressive episodes that may have occurred over the individual's lifetime.

*Source: DSM of Mental Disorders, 4th edition, 2000 (DSM-IV-TR)

SAD is the most overt manifestation of seasonality in humans. It is characterized by recurrent major depressive episodes followed by periods of remission that occur on a seasonal basis. SAD is not categorized as a distinct mood disorder in the fourth revised edition of the DSM-IV-TR. Rather, once the diagnostic criteria for a major depressive episode have been met, then it can be determined whether the seasonal pattern specific criteria are present, thus indicating a diagnosis of SAD. The SAD specifier criteria[†] are:

- There is a regular temporal relationship between the onset of major depressive episodes and a particular time of the year (unrelated to obvious season-related psychosocial stressors).
- Full remissions (or a change from depression to mania or hypomania) also occur at a characteristic time of the year.
- Two major depressive episodes meeting criteria A and B have occurred in the last two years, and no nonseasonal episodes have occurred in the same period.
- Seasonal major depressive episodes substantially outnumber the nonseasonal episodes over the individual's lifetime (Provencio, 2009).

The use of bright light therapy (BLT) has become a standard of care within the armamentarium of treatments for patients with seasonal affective disorder. Other treatment options for SAD that have been proposed include cognitive behavior therapy and pharmacotherapy (Lurie, et al., 2006).

Bright Light Therapy (BLT) for SAD

BLT is based on the principle that the presentation of artificial light at a similar strength to natural sunlight will prevent the biologic changes that mediate SAD during the winter. There have been numerous randomized trials comparing light treatment with placebo in the treatment of SAD. Some of these trials have found a benefit; others have been unable to indicate a benefit over placebo. Phototherapy for SAD tends to use 2500 to 10,000 lux delivered via a commercial light box or a portable head-mounted unit. Phototherapy is recommended to commence within two weeks of the start of symptoms and to continue through the winter months. Patients are instructed to sit approximately 18 inches away from the light box for 30 minutes up to several hours once or twice per day for a minimum of one week. It has been suggested that cognitive-behavioral therapy plus light therapy may improve short-term remission rates over light therapy alone (Feldman, 2011).

BLT is generally most effective when administered earlier in the day, since early morning light therapy regulates the circadian pattern of melatonin secretion. The use of BLT in the evening delays the normal melatonin phase shift (Lurie, et al., 2006).

Based on current patient response to standard bright light and/or pharmacologic combinations of therapy for SAD, newer devices that deliver various spectrums of light arrays are being developed and studied for the possible treatment of SAD (e.g., light visors, light caps and eyeglass clips). The Deluxe Light Visor (manufactured by Life with Ease, Newbury, NH) produces glare-free white light above the eyes, runs on a rechargeable battery pack for one to three hours, and provides 3000 lux of glare-free white light. According to the manufacturer, this visor is also available with light-emitting diodes (LEDs). Other examples of these products include: the Bio-Brite Visor, the Lite-Cap, and the THERA CLIP, (this list may not be all-inclusive). At the present time, there is a lack of evidence within the peer-reviewed literature to support the use of these products for the treatment of SAD.

Literature Review

Evidence in the published, peer-reviewed literature shows a number of studies that support the effectiveness of bright-light therapy (BLT) in the management of seasonal affective disorder (SAD). The use of BLT has become a standard of care within the armamentarium of treatments for patients with seasonal affective disorder. The literature appears to support greater effectiveness with early morning administration and the use of dawn simulators (Institute for Clinical Systems Improvement [ICS] (2010); Desan, et al., 2007; Rohan, et al., 2007; Lam, et al., 2006; MacKenzie, et al., 2005; Winkler, et al., 2005; Glickman, et al., 2005; Martiny, 2004; Rohan, 2004; Avery, 2002; Avery, 2001; Eastman, 1998; Joffe, et al., 1993).

Professional Societies/Organizations

In the 2005 American Psychiatric Association (APA) News Release titled "APA Offers Tips for Managing SAD," the authors stated, "For many suffering from more severe cases of seasonal affective disorder (SAD), LT (phototherapy) has proven an effective treatment option. This form of therapy involves exposure to very bright light (usually from a special fluorescent lamp) for a few hours each day during the winter months" (APA, 2005).

Light Therapy for Other Indications: BLT has been proposed for use in a number of other indications, including, but not limited to, nonseasonal mood disorders, Alzheimer's disease, circadian-related sleep disorders, eating disorders and depression during and after pregnancy. Conclusions about the safety and efficacy of BLT for other indications cannot be made at this time due to limited data and heterogeneity of studies in the peer-reviewed scientific literature.

A meta-analysis was conducted by Tuunainen et al. (2006) to evaluate the clinical effects of LT in comparison to the inactive placebo treatment for nonseasonal depression. Twenty studies were included in this review, and BLT was used as an adjunctive treatment to drug therapy, sleep deprivation, or both. The authors noted that the quality of these reports was poor, and many did not report adverse effects systematically. The studies averaged about eight days of treatment and showed that patients responded to BLT versus alternative treatment, but these findings were not statistically significant. The authors reported that LT offers modest though promising antidepressive efficacy, especially when administered during the first week of treatment, in the morning, and as

an adjunctive treatment to sleep deprivation responders. Due to the limited data and heterogeneity of these studies, these outcomes need to be interpreted with caution.

Golden et al. (2005) presented their findings from a meta-analysis of the literature concerning the efficacy of using LT to treat mood disorders. Most of the studies they reviewed did not meet the criteria for a rigorous clinical trial, in that creating a placebo in the study of LT is challenging, while using a placebo pill would be easier to test. The authors also found variances as to treatment times, lux parameters for treatment protocols, and characteristics of placebo control conditions. LT should be tempered with the knowledge that safety measures must also be used. Most studies are concerning the treatment of adults, children and the geriatric population for SAD. LT in these various populations for any other conditions including, but not limited to, nonseasonal mood disorders, Alzheimer's disease, circadian-related sleep disorders, eating disorders and depression during and after pregnancy warrants additional study. The authors reported that LT (i.e., bright light, dawn simulation) is effective in the treatment of SAD and other forms of depression associated with this disorder.

In a Cochrane analysis, Montgomery and colleagues (2004) reviewed all randomized trials that studied the use of bright LT for primary sleep disorders in individuals 60 years of age and older. This analysis acknowledges the prevalence of sleep disorders with increasing age and that sleep disturbances can contribute to the development of depression, cognitive impairments, and deterioration of the quality of life, while producing significant stressors. The authors reported that, although the use of bright LT is effective in other populations with problems of sleep timing, studies to date have failed to indicate the efficacy of using bright LT for the treatment of sleep disorders in normal, older adults.

Summary

Evidence in the published, peer-reviewed literature shows a number of studies that support the effectiveness of bright-light therapy (BLT) in the management of seasonal affective disorder (SAD). The literature appears to support greater effectiveness with early morning administration and the use of dawn simulators.

There is insufficient evidence in the published, peer-reviewed literature to support the use of BLT for the treatment of SAD when delivered by devices other than high intensity light boxes (e.g., visors, eyeglass clips, tanning beds or light caps). These devices have not been shown in well-designed trials to be more effective than dim light in the treatment of SAD; therefore, their therapeutic effect has not been demonstrated.

BLT has been proposed for use in a number of other indications, including, but not limited to, nonseasonal mood disorders, Alzheimer's disease, circadian-related sleep disorders, eating disorders and depression during and after pregnancy. Conclusions about the safety and efficacy of BLT for other indications cannot be made at this time due to limited data and heterogeneity of studies in the peer-reviewed scientific literature.

Coding/Billing Information

Note: This list of codes may not be all-inclusive.

Covered when medically necessary:

HCPCS Codes	Description
E0203	Therapeutic lightbox, minimum 10000 lux, table top model

ICD-9-CM Diagnosis Codes	Description
296.00-296.99	Episodic Mood Disorders

Experimental/Investigational/Unproven/Not Covered when used for the treatment of SAD:

HCPCS Codes	Description
E0694	Ultraviolet multidirectional light therapy system in 6 foot cabinet, includes bulbs/lamps, timer and eye protection.

***Current Procedural Terminology (CPT®) © 2010 American Medical Association: Chicago, IL.**

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Policy History

<u>Pre-Merger Organizations</u>	<u>Last Review Date</u>	<u>Policy Number</u>	<u>Title</u>
CIGNA HealthCare	1/15/2008	0015	Light Therapy for Seasonal Affective Disorder (SAD)

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