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| **Document:** | **Home Phototherapy Letter** |
| **Author:** | Global Vitiligo Foundation |
| **Date:** |  |

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| **Patient name:** |  |
| **Patient DOB:** |  |
| **Patient address:** |  |
| **Date:** |  |
| **Medical Policy#:** |  |
| **Service requested:** | NBUVB treatment via home (outpatient) phototherapy unit |
| **Diagnosis:** | Vitiligo, ICD-10 code L80 |
| **CPT code:** | 96900 |
| **Procedure/Treatment:** | Phototherapy with NBUVB without mineral oil |

To Whom It May Concern,

The above patient has been under my care for the treatment of vitiligo since \*\*\*. Vitiligo is an autoimmune disease causing disfiguring depigmentation of the body. The significant emotional distress and decreased quality of life of patients caused by untreated vitiligo reinforces the fact that vitiligo is not a cosmetic disease. This patient suffers from vitiligo over \*\*\*(specify locations)\*\*\*, involving approximately \*\*\*% body surface area (including highly visible areas like the face and hands). Narrow Band Ultraviolet B (NBUVB) phototherapy is the treatment of choice for this illness and is recognized by the American Academy of Dermatology. It is considered medically necessary and has proven efficacy as a standard treatment to modify disease progression.

I have prescribed NBUVB phototherapy three times weekly for this patient in order to prevent disease progression and reverse depigmentation. Due to the severity and extent of the disease, I believe that NBUVB treatments will be required for an extended period of time, likely a minimum of 9-12 months of treatment, which represents 100-140 in-office treatment sessions. As a result, it is a hardship for the patient to come in 3 times per week for phototherapy as prescribed. In order to facilitate compliance with the treatment regimen and control costs, I have prescribed a \*\*\* narrow band UVB unit designed to be used by patients in their home. The light device is FDA listed and has a similar effectiveness profile as the ultraviolet lights used in a *phototherapy* treatment center. The unit is safe to operate under my instructions and guidance. I will be following the patient on a routine basis during therapy to monitor for safety and efficacy.

This is a home use unit which is used by patients at home and is not an institutional use unit. Home UV light therapy will be significantly more economical for the patient and their insurance provider compared to in-office treatments and has been shown to be equally effective. Based on standard of care treatment protocol for this disease, a home UV device will save the insurance provider over $3000 compared to in-office treatments. Since vitiligo is typically a life-long condition which requires long-term maintenance to prevent future depigmentation, the patient will likely require light treatments for the rest of their life, and the patient would be able utilize their home-based UV device throughout this period of time. Through a specialized controlled timer feature available from this manufacturer I am able to monitor the patient’s progress and can coordinate periodic follow-up visits in our office to assess disease resolution and therefore will allow no substitutions or my prescription must be rendered void.I believe this is a medically necessary treatment for this patient and should be covered by their insurance provider.

Please contact me if you need any further information.

Sincerely,

\*\*\*\*\*\*\*, M.D.

\*\*(title)\*\*, Dermatology

1. Ezzedine K, Sheth V, Rodrigues M, et al. Vitiligo is not a cosmetic disease. Journal of the American Academy of Dermatology. 2015;73(5):883-885.
2. Wind BS, et al. Home vs. outpatient narrowband ultraviolet B therapy for the treatment of non-segmental vitiligo: a retrospective questionnaire study. Brit J Dermatol 2010; 162:1142-1144.
3. Eleftheriadou V, et al. Feasibility, double-blind, randomised, placebo controlled, multi-centre trial of hand-held NB-UVB phototherapy for the treatment of vitiligo at home (HI-Light trial: Home Intervention of Light therapy). Trials 2014;15:51.
4. Gawkrodger DJ, et al. Guideline for the diagnosis and management of vitiligo. Br J Dermatol 2008; 159: 1051-76.