****Home Phototherapy Letter Request and Documentation

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient name:** |  | **Date:** |  |
| **Patient DOB:** |  |
| **Patient address:** |  |
| **Date:** |  |
| **Insurance Company:** |  |
| **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 [Date]. 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. 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.

This patient suffers from vitiligo over [specify location(s)], involving approximately XX% body surface area (including highly visible areas like the face and hands), and has been previously treated with XYZ. I have prescribed NBUVB phototherapy three times weekly for this patient in order to prevent disease progression and reverse depigmentation. 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.

Additionally, 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 $15000 compared to in-office treatments over the course of a single year according to conservative estimates published by Pandya, et al in 2017. 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 on an ongoing basis, representing even greater savings over a lifetime. 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,

Jane Smith, M.D.

[Title], Dermatology

Medical Journal References

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.
5. Dillon JP, Ford C, Hynan LS, Pandya AG. A cross-sectional, comparative study of home vs in-office NB-UVB phototherapy for vitiligo. Photodermatol Photoimmunol Photomed. 2017;33(5):282-283. doi:10.1111/phpp.12326