

## VSI Sample Letter of Medical Necessity For Home Light Therapy

**Today's Date**

**Address for Claims Review Department of your Insurance Company**

**Name of Insured:** [insert]

**Patient's Date of Birth:**[insert]

**Medical Policy #:** [insert]

**Service requested:** NBUVB treatment via home (outpatient) phototherapy unit

**Diagnosis:** Vitiligo, ICD-9 code 709.01

**Procedure Code:** 96900

Dear Name/or Claims Review Department:

**[Name of Patient]** has been under my care since **[month and year]**. **[Describe clinically relevant aspect of patient's vitiligo.]** **[Describe what treatments patient has tried and currently is using.]**

Vitiligo is a common autoimmune disease that causes the loss of pigment in the skin and results in white spots or patches. In autoimmune diseases, the immune system mistakenly attacks healthy body tissue, and, in vitiligo, the immune response is to melanocytes.

**Light therapy is recognized as a treatment of choice for vitiligo.** Light therapy is not experimental but is scientifically proven effective and widely accepted as a standard treatment for vitiligo by the dermatology professional community.

I am prescribing a regimen of treatment with narrow band ultraviolet B phototherapy with **[a frequency of 3 times per week for at least 6-12 months]**. This treatment modality has been shown in numerous studies to be very effective for vitiligo and is one of the few methods that can prevent progression of the disease. According to the American Academy of Dermatology, light treatments are highly effective for vitiligo patients with up to a 75% success rate and must be used on a continual basis to maintain the benefits. (See <http://www.aad.org/dermatology-a-to-z/diseases-and-treatments/u---w/vitiligo/diagnosis-treatment>.) In addition, Vitiligo Support International (VSI) states that Narrowband UVB is "now considered the gold standard of treatment for vitiligo covering more than 20% of the body. VSI is the largest 501(c)3 patient advocacy organization and has the world's most renowned dermatologists who specialize in vitiligo treatment and research on its Medical Board

(See [http://www.vitigosupport.org/treatments\\_and\\_research/phototherapy.cfm](http://www.vitigosupport.org/treatments_and_research/phototherapy.cfm).)

**Home light therapy is the most cost-effective means of obtaining narrowband UVB light treatment for both the insurance company and the patient.**

The effectiveness of a home-based UV light device is equal to office light therapy and offers positive economic benefits to both the patient and **[his/her]** insurance company. Each treatment at a

phototherapy facility costs about \$75.00, which means that a cost for 50 in-office treatments would run about \$3,750. As vitiligo is a chronic, life-long condition which requires long-term maintenance to prevent future flare-ups, my patient will most likely require UV light treatment at home on an on-going maintenance schedule.

**Home light therapy is more convenient and encourages better compliance with prescribed treatment.**

It would place an undue hardship on my patient if **[he/she]** had to travel to **[my office/the closest treatment facility)** several times per week. The time and expense for travel, the additional time waiting for treatment, and the inconvenience and interference with my patient's other commitments, all add up to a major burden and could lead to non-compliance for a medically necessary treatment.

**Light therapy is a medically necessary treatment:**

- 1) Light therapy is not an experimental treatment but is scientifically proven effective and widely accepted as a standard treatment for vitiligo by the dermatology professional community.
- 2) Phototherapy is disease-modifying and not solely a cosmetic treatment. This treatment is covered for closely related autoimmune conditions such as psoriasis, psoriatic arthritis and alopecia areata. Light therapy provides immune suppression necessary to stop and prevent further depigmentation.

The light device is FDA-listed, has a similar effectiveness profile as the ultraviolet lights used in a phototherapy treatment center, and is easy and safe to operate under my instructions and guidance. I feel my patient is capable of operating the ultraviolet light box, and I will continue to monitor my patient's use of home therapy through routine visits to my office.

Please contact me if you need any further information.

Sincerely,

**Physician's Name**

**Physician's Office Address and Phone Number**

**References:**

Gawkrodder DJ, Ormerod AD, Shaw L et al. Guideline for the diagnosis and management of vitiligo. *Br J Dermatol* 2008; 159: 1051-76.

Nicolaidou E, Antoniou C, Stratigos A et al. Narrowband ultraviolet B phototherapy and 308-nm excimer laser in the treatment of vitiligo: a review. *J Am Acad Dermatol* 2009; 60: 470-7.

Wind BS, et al. Home vs. outpatient narrowband ultraviolet B therapy for the treatment of nonsegmental vitiligo: a retrospective questionnaire study. *Brit J Dermatol* 2010; 162:1142-1144.

Whitton ME, Ashcroft DM, Gonzalez U. Therapeutic interventions for vitiligo. *J Am Acad Dermatol* 2008; 59: 713-7.