

## **Sample Letter of Medical Necessity**

All underlined information should be specific to you and your patient

### **Date**

James Smith has been under my care since January 1, 201X and suffers from generalized intractable (severe) psoriasis over most of his abdomen and knees, which is greater than 10% of his body surface area. The patient has **a history of frequent flaring which requires immediate treatment to control the disease.** Numerous medications have been tried including both topical and oral medications.

The patient has been treated with ultraviolet lights in the clinic and has shown significant improvement utilizing ultraviolet (UV-B) therapy. As Psoriasis is usually a life-long condition which requires long-term maintenance to prevent future flare-ups, my patient will most likely require UV light treatment for indefinite use with an on-going maintenance schedule. Treatment frequency of 3 times per week is required with likely moderation during the summer months. An FDA approved home-based UV light device would be effective for the patient's condition.

The home UV light unit would be of lower cost than the same treatment at a clinic as psoriasis is a chronic condition generally requiring a minimum of **60** additional treatments over just the next 12 months. Each in-clinic visit will cost \$85.00 yielding a minimum yearly treatment cost of more than \$5000, whereas a one-time cost of a Home UV unit is (approx. \$4000).

The results of Home UV also compares favorably to a single 12-week course of biologic therapy (i.e. Enbrel / Humira) which literature shows costs a patient's plan over \$20,000 for bi-weekly injections and which will be my likely alternative treatment if home UV light is not a viable option.

Therefore, I am recommending a National Biological **Exact Prescribed Unit**, with Narrowband UVB lamps due to its ease of use, effectiveness and relative safety derived from the device's control of maximum exposure time coupled with its physician controlled timer where I can guide the patient's use through periodic visits to my office. I feel my patient is capable of operating the ultraviolet light box and staying within prescribed exposure times.

Sincerely,

Signature Required  
**Patricia Jones, M.D.**