NATBIO Phototherapy Solutions

Physician's Written Order Form for Home Phototherapy

This form is a Prescription and Statement of Medical Necessity for National Biological home phototherapy devices. **All fields required for insurance approval.**

Fax completed form, along with **patient's medical records** and **current insurance ID**, to **(216) 765-0271** or email **natbio@natbiocorp.com**

Patient Info:

First Name _____ Last Name _____ DOB ____/____/____ Gender : ☐ M ☐ F

Address _____ City _____ State _____ Zip _____

Phone # _____ Email _____

Parent/Guardian (if minor) _____

☐ Check here if the shipping address is same as billing ☐ Check here for alternate shipping address _____

Diagnosis:

Diagnosis Code: **Psoriasis Vulgaris (L40.0)**

Other : _____ . _____

(ICD10 code must match the diagnosis code in the patient's medical records)

Patient Skin Type:

☐ Type I ☐ Type II ☐ Type III ☐ Type IV ☐ Type V ☐ Type VI

Home Phototherapy Options:

(NB-UVB - Only Select One Option) **E0691: DermaPal, scalp/spot treatment, 1 lamp, NB-UVB**

If Other, Please Specify:

(if applicable, only write in one choice) _____

Statement Of Medical Necessity

(Required For Insurance Approval):

BSA (Body Surface Area) Severity: (Please check all that apply)

☐ Hands ☐ Scalp ☐ Legs ☐ Chest/Abdomen ☐ Other
☐ Feet ☐ Back ☐ Full-Body ☐ Arms

The reason for this prescription concerns my patient's **Severe** condition, which affects more than **>10%** of the patient's body surface area. Patient has a history of **Frequent Flaring** which requires immediate treatment to control the disease.

List Previous Treatments: Was it effective?

_____ ☐ Yes ☐ No

_____ ☐ Yes ☐ No

Date treatment of this condition began: ____/____/____

Has patient been treated with UV light therapy in the past? *(Either in the office or at home)* ☐ Yes ☐ No

If yes, did the patient benefit from the treatment? ☐ Yes ☐ No

Reason For Home Use:

(Please check all that apply)

☑ Therapy is considered long-term
☐ Previous in-office treatment proved effective
☑ Patient requires treatment 3x a week
☐ Drugs or topicals contraindicated or too expensive
☐ Financial hardship of frequent in-office visits

Medical Documents:

- REQUIRED* -

☐ Medical records enclosed
☐ Insurance cards enclosed

Prescribing Physician Info:

Physician Name _____ Title: ☐ MD ☐ PA ☐ NP ☐ DO

Practice _____ **NPI #** _____

Address _____ City _____ State _____ Zip _____

Phone # (___)_____ Fax # (___)_____ Email _____

I certify that I am the physician identified on this form. I have reviewed this Physician's Written Order. Any statement on my letterhead attached hereto has also been reviewed and signed by me. I certify that this patient and/or caregiver is capable and will be trained on the proper use of the products prescribed on this Written Order. The patient's record contains supporting documentation that substantiates the utilization and medical necessity of the product listed, and the physician notes and other supporting documentation will be provided upon request. I understand that any falsification, omission, or concealment of material fact in that section may subject me to civil or criminal liability. A copy of this order will be retained as part of the patient's medical record.

Provider Signature (Required) _____ **Date** _____

DF-155-W Rev014

Signature and date fields must match. (Either both handwritten or both electronically signed. A combination is not permitted.)

***Medical documents are required for prescription processing and must be included upon submission of this form.**

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Quick Reference Guide

This form outlines the most commonly used ICD-10 Codes

L20 Atopic dermatitis / Eczema

L20.81 Atopic neurodermatitis
L20.82 Flexural eczema
L20.84 Intrinsic (allergic) eczema
L20.89 Other Atopic Dermatitis
L20.9 Atopic dermatitis, unspecified

L21 Seborrhoeic dermatitis

L21.8 Other seborrhoeic dermatitis
L21.9 Seborrhoeic dermatitis, unspecified

L23 Allergic contact dermatitis

L23.0 Allergic contact dermatitis due to metals
L23.1 Allergic contact dermatitis due to adhesives
L23.2 Allergic contact dermatitis due to cosmetics
L23.3 Allergic contact dermatitis due to drugs in contact with skin
L23.4 Allergic contact dermatitis due to dyes
L23.5 Allergic contact dermatitis due to other chemical products
L23.6 Allergic contact dermatitis due to food in contact with skin
L23.7 Allergic contact dermatitis due to plants, except food
L23.89 Allergic contact dermatitis due to other agents
L23.9 Allergic contact dermatitis, unspecified cause

L24 Irritant contact dermatitis

L24.0 Irritant contact dermatitis due to detergents
L24.1 Irritant contact dermatitis due to oils and greases
L24.2 Irritant contact dermatitis due to solvents
L24.3 Irritant contact dermatitis due to cosmetics
L24.4 Irritant contact dermatitis due to drugs in contact with skin
L24.5 Irritant contact dermatitis due to other chemical products
L24.6 Irritant contact dermatitis due to food in contact with skin
L24.7 Irritant contact dermatitis due to plants, except food
L24.81 Irritant contact dermatitis due to metals
L24.89 Irritant contact dermatitis due to other agents
L24.9 Irritant contact dermatitis, unspecified cause

L25 Unspecified contact

L25.0 Unspecified contact dermatitis due to cosmetics
L25.1 Unspecified contact dermatitis due to drugs in contact with skin
L25.2 Unspecified contact dermatitis due to dyes
L25.3 Unspecified contact dermatitis due to other chemical products
L25.4 Unspecified contact dermatitis due to food in contact with skin
L25.5 Unspecified contact dermatitis due to plants, except food
L25.8 Unspecified contact dermatitis due to other agents
L25.9 Unspecified contact dermatitis, unspecified cause

L28 Lichen simplex chronicus

L28.0 Lichen simplex chronicus
L28.1 Prurigo nodularis
L28.2 Other prurigo

L29 Pruritust

L29.8 Other pruritus
L29.9 Pruritus, unspecified

L30 Other dermatitis dermatitis

L30.0 Nummular dermatitis
L30.1 Dyshidrosis [pompholyx]
L30.2 Cutaneous autosensitization
L30.3 Infective dermatitis
L30.4 Erythema intertrigo
L30.5 Pityriasis alba
L30.8 Other specified dermatitis
L30.9 Dermatitis, unspecified

L40 Psoriasis

L40.0 Psoriasis vulgaris (Nummular psoriasis, Plaque psoriasis)
L40.1 Generalized pustular psoriasis (Impetigo herpetiformis, Von Zumbusch)
L40.2 Acrodermatitis continua
L40.3 Pustulosis palmaris et plantaris
L40.4 Guttate psoriasis
L40.50 Unspecified Arthropathic psoriasis (M07.0-M07.3*, M09.0*)
L40.8 Other psoriasis (Flexural psoriasis)
L40.9 Psoriasis, unspecified

L41 Parapsoriasis

L41.0 Pityriasis lichenoides et varioliformis acuta
L41.1 Pityriasis lichenoides chronica
L41.3 Small plaque parapsoriasis
L41.4 Large plaque parapsoriasis
L41.5 Retiform parapsoriasis
L41.8 Other parapsoriasis
L41.9 Parapsoriasis, unspecified

L42 Pityriasis rosea

L43 Lichen planus

L43.0 Hypertrophic lichen planus
L43.1 Bullous lichen planus
L43.2 Lichenoid drug reaction
L43.3 Subacute (active) lichen planus
L43.8 Other lichen planus
L43.9 Lichen planus, unspecified

L44 Other papulosquamous

L44.0 Pityriasis rubra pilaris
L44.1 Lichen nitidus
L44.2 Lichen striatus
L44.3 Lichen ruber moniliformis
L44.4 Infantile papular acrodermatitis [Giannotti-Crosti]
L44.8 Other specified papulosquamous disorders
L44.9 Papulosquamous disorder, unspecified

L50 Urticaria

L50.0 Allergic urticaria
L50.1 Idiopathic urticaria
L50.2 Urticaria due to cold and heat
L50.3 Dermatographic urticaria
L50.4 Vibratory urticaria
L50.5 Cholinergic urticaria
L50.6 Contact urticaria
L50.8 Other urticarial (Urticaria: chronic, recurrent periodic)
L50.9 Urticaria, unspecified

L63 Alopecia areata

L63.8 Other alopecia areata
L63.9 Alopecia areata, unspecified

L80 Vitiligo

L92 Granulomatous disorders

L92.0 Granuloma annulare
L92.8 Other granulomatous disorders of skin and subcutaneous tissue
L92.9 Granulomatous disorder of skin and subcutaneous tissue, unspecified

L93 Lupus erythematosus

L93.0 Discoid lupus erythematosus (Lupus erythematosus NOS)
L93.1 Subacute cutaneous lupus erythematosus
L93.2 Other local lupus erythematosus (Lupus: erythematosus profundus,panniculitis)

L94 Other localized connective tissue disorders

L94.0 Localized scleroderma [morphea] (Circumscribed scleroderma)
L94.1 Linear scleroderma (En coup de sabre lesion)

C84.A0 Cutaneous T-cell lymphoma, unspecified

C84.00 Mycosis Fungoides

L11.1 Transient acantholytic dermatosis [Grover's Disease]