



It is often possible to receive full or partial insurance coverage of home UVB phototherapy equipment, but this may take some effort and persistence. First, check to see what your insurance benefit plan coverage is for "Durable Medical Equipment (DME)", and determine the exact procedure for making an application. Visit your insurance company's website or call them if necessary.

They will want to know the generic CPT/HCPCS "Procedure Code", as follows:

For the **Solarc/SolRx 1000 Series 6 foot full body panels** the code is **E0693**

"UV light therapy system panel, includes bulbs/lamps, timer, and eye protection; 6 foot panel."

For the **Solarc/SolRx 500 Series Hand/Foot/Spot device** and **100 Series Hand-held models**, the code is **E0691**

"UV light therapy system panel, includes bulbs/lamps, timer, and eye protection; treatment are 2 square feet or less."

If your insurance company does not typically cover "Durable Medical Equipment" or a "pre-authorization" is required, it may be necessary for you to supply your physician with a copy of the following "Doctor's Letter of Medical Necessity" (over) and ask if they have time to create a personalized version of this for you on their stationery, or have them simply fill in the blanks. There may be a cost for this. The website's Download Center has an editable MS-Word (.doc) template that you may wish to provide on disc for their convenience. You can make this request at the same time you get a prescription. You may also be required to submit your medical records and past insurance claims; also available from your physician's office. Once this work is complete, there are two approaches:

### 1) Make your claim directly to your insurance company.

This is the simplest approach, but will require that you pay for the product in advance, then be reimbursed by your insurance company. Because there is no intermediary, this will ensure the lowest possible product cost to your insurance company and minimize the deductible that you will have to pay. You may wish to complement your claim with a letter to your insurance company using the "Patient's Letter to Insurance Company" below. (Also available in MS-Word format from the website "Download Center".) This is your opportunity to make a "business case" for acquiring the device. In other words, based on your usage of drugs and other costs, will the device pay for itself? If you need a "Proforma Invoice", please contact Solarc Systems and we will fax or email one to you promptly. Once your claim is approved, you will receive an authorization letter from your insurance company. Then submit your order to Solarc using our standard order form. The product will be shipped directly to your home and will include a signed and dated invoice that you can use as proof of purchase. Complete your claim by submitting the invoice to your insurance company for reimbursement. Keep a copy of the invoice for your own records.

### 2) Go to a local "Home Medical Equipment" (HME) supplier.

This is a company that deals in supplies like wheelchairs and home oxygen, and could even be your existing pharmacy. The HME can deal directly with your insurance company, and eliminate the need for you to pay for the product in advance. The HME collects from your insurance company, and in turn purchases the product from Solarc. Solarc then normally "drop-ships" the product directly to your home, but in some cases the HME will make the delivery. Solarc traditionally compensates the HME by providing a discount off the standard price. However, the HME may also substantially increase the price further to your insurance company, which could result in a much larger deductible. The deductible and any other amounts are normally payable to the HME before the product will be shipped. The HME will need the following information:

Patient legal name including middle initial  
Patient date of birth  
Name of insurance company  
Insurance company address and phone number  
Insurance web site address if known  
Member Identification Number  
Group/Network number  
Employer name or ID#  
Name of Primary Insured. (This is when someone is covered by a spouse, or parent)

Primary Insured date of birth  
Primary Insured address if different  
Name of Primary Care Physician (PCP) (often different than prescribing physician and many times necessary to place the referral)  
Primary Care Physician (PCP) phone number  
Solarc product and contact information, including the CPT/HCPCS "Procedure Code" listed above.  
(E0693 for 1000 Series, E0691 for 500 Series & smaller)



## Doctor's Letter of Medical Necessity for Home UVB Phototherapy Equipment

Sample Only – Modify to suit the patient's personal circumstances. Template available in MS-Word from SolarcSystems.com

Doctor's Letterhead / Name: \_\_\_\_\_ Date: \_\_\_\_\_ To Whom It May Concern,

My patient, \_\_\_\_\_, has been under my care for \_\_\_\_\_ years for the treatment of \_\_\_\_\_. The acquisition of a UVB phototherapy device for use in the patient's home has been prescribed by me, and is deemed to be a medical necessity because:

- The patient's treatment at the nearest phototherapy clinic requires a \_\_\_\_\_ hour round trip, \_\_\_\_\_ times per week. The hours of operation of the clinic and the patient's working schedule makes this an impractical alternative, and the patient has had to stop treatment as a result. I expect that the patient will require ultraviolet phototherapy for many years to come, thus justifying purchase of a UVB phototherapy device for use in the home.
- Use of a home UVB phototherapy device would eliminate the need for the patient to leave work to visit the phototherapy clinic. The patient's treatment schedule calls for \_\_\_\_\_ visits per week, each taking \_\_\_\_\_ hours for the round trip. This has created problems for the patient's employer that could be eliminated by use of a home UVB phototherapy device.
- Because the patient's home is \_\_\_\_\_ miles/kilometers from the nearest phototherapy clinic, and the patient requires \_\_\_\_\_ treatments per week, institutional phototherapy it is not a practical option. A home UVB phototherapy device is the only way that the patient can fill my prescription for UVB phototherapy.
- The severity of my patient's skin condition has caused me to prescribe UVB phototherapy treatments \_\_\_\_\_ times per week. Since the clinic is closed \_\_\_\_\_, this is not possible unless the patient obtains a home UVB phototherapy device.

Home UVB phototherapy equipment is sold only by physician's prescription and is classified as a Class-2 Medical Device by the US-FDA and Health Canada. It is not a tanning device. (Tanning uses UVA light.)

Please carefully consider this patient's request for health insurance coverage of this equipment. To my knowledge, there are currently no government programs that will provide financial assistance.

Sincerely, Doctor's Signature: \_\_\_\_\_

## Patient's Letter to Insurance Company for Home UVB Phototherapy Equipment

Sample Only – Modify to suit your personal circumstances. Template available in MS-Word from SolarcSystems.com

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient's Contact Information: \_\_\_\_\_

To: Human Resources/Insurance Company Contact Person Name & Company Name: \_\_\_\_\_

I have suffered from \_\_\_\_\_ for over \_\_\_\_\_ years. In that time, I have tried most of the commonly prescribed drugs to control the disease, all with mediocre results. By far the most successful treatment that I have found to date is physician prescribed "UVB phototherapy", which is basically the exposure of my skin to UVB ultraviolet light produced by a special medical device. UVB light is a natural component of the sun's spectrum and has been medically proven to be a very effective treatment for \_\_\_\_\_.

The purpose of this letter is to request health insurance coverage for the purchase of a physician prescribed UVB phototherapy device designed specifically for use in my home. I believe that it is necessary for me to acquire this equipment for the following reasons :

- My treatment at the nearest phototherapy clinic requires a \_\_\_\_\_ hour round trip, \_\_\_\_\_ times per week. The hours of operation of the clinic and my working schedule make this an impractical alternative, and I have had to stop treatment as a result. It is expected that I will require phototherapy for many years to come, thus justifying use of a home UVB phototherapy device.
- Use of a home UVB phototherapy device would eliminate the need for me to leave work to visit the phototherapy clinic. My treatment schedule calls for \_\_\_\_\_ visits per week, each taking \_\_\_\_\_ hours for the round trip. This has created problems for my employer that could be eliminated by my use of a home UVB phototherapy device.
- Because my home is \_\_\_\_\_ miles/kilometers from the nearest phototherapy clinic, and I require \_\_\_\_\_ treatments per week, institutional phototherapy it is not a practical option. A home UVB phototherapy device is the only way that I can fill my doctor's prescription for UVB phototherapy.
- The severity of my skin condition has caused my doctor to prescribed phototherapy treatments \_\_\_\_\_ times per week. Since the phototherapy clinic is closed \_\_\_\_\_, this is not possible unless I use a home UVB phototherapy device.
- Use of a home UVB phototherapy device often results in a substantial reduction in use of expensive drugs. I estimate that I have been using approximately \$ \_\_\_\_\_ per year of the drug(s) \_\_\_\_\_, related directly to the treatment of my skin disease.

Please find enclosed information from a qualified supplier for this equipment. This information can also be found on the internet at [www.SolarcSystems.com](http://www.SolarcSystems.com) . The equipment is sold only by physician's prescription and is classified as a Class-2 Medical Device by the US-FDA and Health Canada. It is not a tanning device. (Tanning uses UVA light.)

I have heard that many health insurance companies will cover the cost of UVB phototherapy equipment and ask that my application be given careful consideration. There are currently no government programs that will provide this assistance.

Sincerely, Patient's Signature: \_\_\_\_\_