

REIMBURSEMENT GUIDE

LIGHT THERAPY FOR SEASONAL AFFECTIVE DISORDER

Most major insurance companies now reimburse the purchase of light therapy equipment for Seasonal Affective Disorder (SAD).

The following documents are recommended for a person to submit to their insurance company:

1. Prescription from your psychiatrist or general practitioner
2. Receipt from Shoreline Medical Services
3. Letter of Medical Necessity (add link)
4. Your own cover letter to the insurance company to include all pertinent member information: policy number, referring physician and his/her NPI number, date of service, and the receipt for the light therapy device.

BILLING CODES FOR LIGHT THERAPY

CPT Code: 96900

HCPCS Codes:

E0203: Therapeutic lightbox, 10,000lux tabletop model

A4634: Replacement bulb for therapeutic lightbox tabletop model

ICD-10 Diagnostic Codes:

Affective psychosis: F39

Neurotic Depression/Dysthymic Disorder: F34.1

Affective personality disorder/Cyclothymic disorder: F34.0

Depressive disorder, not elsewhere classified: F32.9

LETTER OF MEDICAL NECESSITY

LIGHT THERAPY FOR SEASONAL AFFECTIVE DISORDER

To whom it may concern,

This is to certify that _____ has been a patient of mine since _____, 20_____

I have treated him/her for recurrent major depressions (DSM-IV and ICD 10 F33.1), with a seasonal pattern. This condition, also known as Seasonal Affective disorder (SAD), has been shown in many studies in the United States and elsewhere in the world to respond to treatment with bright environmental light (light therapy).

Light Therapy is no longer considered experimental, but is a mainstream type of psychiatric treatment, as described in “The Task Force Report of the American Psychiatric Association: Treatment of Psychiatric Disorders, Vol. 3, pages 1890 – 1896, APA Press, 1989.”

In order to administer light therapy adequately, a quality light box (HCPCS E0203) that meets the treatment guidelines is required.

Sincerely,

NPI:_____