DOCTOR’S LETTERHEAD HERE

re: HCPCS E0203, Therapeutic light box

To Whom It May Concern:

The patient has purchased a bright light therapy system (Northern Light Technologies, 10,000 lux) for supervised use in home treatment. The following diagnoses (indicated by check mark for this patient) provide medical indication for use of light monotherapy or adjunctive combination with medication: Major Depressive Disorder, Single episode (☐F32.9), Recurrent (☐F33.9), In remission, unspecified (☐F33.40); Bipolar I Disorder (☐F31.9), Bipolar II Disorder (☐F31.81); Circadian Rhythm Sleep-Wake Disorders – Delayed Sleep Phase type (☐G47.21), Advanced Sleep Phase Type (☐G47.22), Irregular sleep-wake type (☐G47.23), Shift work type (☐G47.26), Unspecified (☐G47.20); Insomnia disorder (☐G47.00), Hypersomnolence disorder (☐G47.1), Other specified sleep-wake disorder (☐G47.8), Unspecified sleep-wake disorder (☐G47.9); Attention-deficit/hyperactivity disorder, Predominantly inattentive presentation (☐F90.0), Unspecified attention deficit/ hyperactivity disorder (☐F90.9).

We endorse insurance reimbursement for the apparatus as durable medical equipment (cf. Blue Cross/Blue Shield policy statement E01.01.04, 1 August 2003). Outpatient light therapy has expert consensus for both first-line and adjunctive treatment of seasonal and nonseasonal depression, and circadian rhythm sleep disorders:

- Terman M, Terman JS. Light therapy for seasonal and nonseasonal depression: efficacy, protocol, safety and side effects. CNS SPECTRUMS. 2005;10:647-663.

__________________________________________________________
(Attach receipt.)

Doctor’s signature

Ver. 08-2018