

Physician's Order for Therapeutic Light Box



Patient Name: _____ DOB: _____

Date of F2F Examination: _____ (within 60 months prior to order date)

Diagnosis Code(s) supporting need: _____

Therapeutic light boxes are used for treatment of Seasonal Affective Disorder (SAD).

SAD lights may be covered for eligible patients with a history of winter depressive episodes with seasonal onset that outnumber any non-seasonal depressive episodes, when prescribed by a mental health practitioner.

****SAD lights are not covered by Medicare.****

➤ **Please provide documentation that includes the following:**

- A. Credentials of the mental health practitioner
- B. A written diagnosis of bipolar disorder or recurrent major depression
- C. **Summary in the F2F exam of at least two consecutive years** of seasonal depressive episodes with spring remission, including:
 - 1. Statement detailing depressive symptoms
 - 2. Month and year of onset and remission of depressive episodes
 - 3. Dates of any other depressive episodes
 - 4. Evidence of a positive response to light therapy, if available
 - 5. Documentation of patient's ability and willingness to do the light therapy
 - 6. Summary of patient's compliance with other mental health treatment regimens

Physician Order

Date of Order: _____

Length of Need: 12 months Lifetime Other: _____

Equipment

- Therapeutic Light Box (E0203) minimum 10,000 lux, tabletop model
- Replacement bulb (A4634) for therapeutic light box

Physician Signature: _____ Date: _____

Physician Name: (please print) _____ NPI: _____

*****Please attach copy of F2F exam that supports medical necessity of ordered item*****

Fax back to: 320-231-4941