

Patient Info: First Name _____ Last Name _____ DOB ___/___/___ Gender: M F Other

Address _____ City _____ State _____ Zip _____

Phone # _____ Alt Phone # or Email _____

Home Phototherapy Product:

HCPCs:	Product and Description:
E0691 <input type="checkbox"/>	PhoThera 100: Hand-held treatment wand for scalp, spot treatment or travel. Includes comb attachment.
E0691 <input type="checkbox"/>	PhoThera 200: Small, light-weight panel for hands, face, feet, elbows, or any other localized areas.
E0693 <input type="checkbox"/>	PhoThera 600: Six foot tall, 4 or 6 lamp, directional unit for large areas and/or full body treatment.
E0694 <input type="checkbox"/>	PhoThera 600-3D: Six foot tall, multi-directional unit for large areas and/or full body treatment.
_____ <input type="checkbox"/>	Other: _____

Prescribing Physician:

Physician Name _____

Practice _____

NPI _____ TIN _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

Diagnosis:

ICD-10 Code:	Description:	ICD-10 Code Must Be Indicated
L40.9 <input type="checkbox"/>	Psoriasis, Unspecified	<input type="checkbox"/>
L40. _____ <input type="checkbox"/>	Psoriasis: _____	<input type="checkbox"/>
L80 <input type="checkbox"/>	Vitiligo	<input type="checkbox"/>
_____ <input type="checkbox"/>	Other: _____	<input type="checkbox"/>

Helpful Tip: See back of page for ICD-10 Code Quick Reference Guide

Patient's Fitzpatrick Skin Type and Starting Dose:

<input type="checkbox"/> Vitiligo & Type I 200 mJ	<input type="checkbox"/> Type II 300 mJ	<input type="checkbox"/> Type III 400 mJ	<input type="checkbox"/> Type IV 500 mJ	<input type="checkbox"/> Type V 700 mJ	<input type="checkbox"/> Type VI 800 mJ
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Estimated Duration of Need: 99 Months or Other: _____ (99 = Lifetime)

Prescription:

Prescribed Lamp Type: NB UVB Other _____

FlexRx Exposure Limiting Software:

Unlimited exposures (FlexRx turned off. Default if none are specified.)

100 Exposures (Shipped to patient with 100 exposures pre-programmed.)

Zero Exposures (Patient will need a code from Dr. to begin treating.)

ClearLink Control Mode: If not specified, the default mode is Time Only.

Time Only Mode (ALL PhoThera 100) Dosimetry Only Mode

Guided Mode: (Controller is pre-programmed with prescribed dose and protocol)

Prescribe PhoThera's exclusive Guided Mode option for your patients in PhoThera's free provider's portal, ClearLink. Visit clearlink.daavjin.com to get started today!

Statement of Medical Necessity (Required for Insurance Approval):

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

Percentages are totaled to calculate the severity level.

Greater than 10% = Severe 3% to 10% = Moderate Less than 3% = Mild

<input type="checkbox"/> Hands 2%	<input type="checkbox"/> Chest/Abdomen 18%	Total BSA: <input type="text"/> %
<input type="checkbox"/> Feet 2%	<input type="checkbox"/> Arms 18%	
<input type="checkbox"/> Scalp 9%	<input type="checkbox"/> Legs 18%	
<input type="checkbox"/> Back 18%	<input type="checkbox"/> Other _____%	

Patient Training:

Our Patient Training process has been improved! You will no longer need to wait for a fax in order to relay your instructions to your patient. Now, send your treatment instructions instantly to your patients using PhoThera's online training tool. Simply visit phothera.com/healthcare-providers/tools-resources/prescribing-tools/patient-treatment-plans/ and fill in the protocol you wish to send to your patient.

Your directions will be formatted into an easy to read email and automatically sent to your patient. The email will also include training videos, product information, tips for success, and a link to schedule phone training with a PhoThera team member, if needed.

List Previous Treatments: _____ Was it Effective? Yes No

_____ Was it Effective? Yes No

Date Treatment of this Condition Began: ___ / ___ / ___

Has patient been treated w/ UV Light Therapy in the past? (Either in the office or at home). Yes No

If yes, did the patient benefit from it? Yes No

Is the patient and/or caregiver reliable, motivated and able to adhere to instructions? Yes No

Reason for Home Use: (Please check all that apply)

Therapy is Considered Long-Term

Drugs or Topicals are Contraindicated or Too Expensive

Distance and Travel Time to Office

Co-pay Cost of Frequent In-Office Visits

Unable to Take Time Away from Work or School

Other: _____

Provider Signature:

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) _____ Title MD DO PA NP Date _____

(Stamps are NOT acceptable) (Provider's title and Rx date are required)

Quick Reference Guide: 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 dermatitis
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 and prurigo
L28.0 Lichen simplex chronicus
L28.1 Prurigo nodularis
L28.2 Other prurigo
L29 Pruritus
L29.8 Other pruritus
L29.9 Pruritus, unspecified
L30 Other 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 disorders
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 of skin and subcutaneous tissue
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, unspecified site
L11.1 Transient acantholytic dermatosis [Grover's Disease]