



This form is a Prescription and Statement of Medical Necessity for Daavlin home phototherapy products used for the treatment of skin conditions such as psoriasis. **All fields required for insurance approval.**

Patient Info: First Name _____ Last Name _____ DOB ____/____/____ Gender: M F
 Address _____ City _____ State _____ Zip _____
 Phone # _____ Alt Phone # or Email _____

Home Phototherapy Product:

HCPCS: Product and Description:

E0691 DermaPal: Hand-held treatment wand for scalp, spot treatment or travel. Includes comb attachment.

E0691 1 Series: Small, light-weight panel for hands, face, feet, elbows, or any other localized treatment area.

E0694 7 Series 8 Lamp: Six foot tall, multi-directional unit for large areas and/or full body treatment.

Prescribing Physician Info:

Physician Name _____
 Practice _____
 NPI# _____
 Address _____
 City _____ State _____ Zip _____
 Phone (____) _____ *Fax (____) _____
** IMPORTANT: We will use this fax number to fax the Prescriber's Dosing Guide*

Diagnosis:

ICD-10 Code: Description:

L40 . _____ Psoriasis
 L80 _____ Vitiligo
 _____ . _____ Other: _____

ICD-10 Code **Must Be Indicated**

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

Statement of Medical Necessity:

Estimated Duration of Need: ____ Months (99 = Lifetime)

Body Area Affected (Check all that apply)

3 % - 10 % (Moderate) Hands (2 %)
 > than 10 % (Severe) Feet (2 %)
 Other: _____ % Scalp (9 %)

List Previous Treatments: _____ Was it Effective?
 _____ Yes No
 _____ Yes No
 _____ Yes No

Date Treatment 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

Prescription:

Prescribed Lamp Type: NB UVB UVA UVA1

FlexRx: (Exposure Limiting Software) Yes, # of exposures:

Control Mode:

- 1 Series and 7 Series will be pre-programmed in Guided Mode
- DermaPal Wands are available only in Time Mode

Dosing Instructions:

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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Treatment Frequency:

Every Other Day 2 X per Week 3 X per Week 4 X per Week Other: _____

If skin is not pink at time of next treatment, increase dose by:

10% 15% 20% Other: _____

Other Instructions: _____

Daavlin Phone Training OR Fax Dosing Guide, Provider Will Instruct Patient

Prescriber 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.

Physician Signature (Required) _____ Date _____

(Stamps are not acceptable)

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.A Cutaneous T-cell lymphoma, unspecified
L11.1 Transient acantholytic dermatosis [Grover's Disease]