

The Insurance Example

Instructions:

Many insurance companies will reimburse all or a portion of the cost of a light therapy device if proper diagnosis has been made by a qualified health professional. The following sample letter has been prepared to assist you in requesting reimbursement. It is to be prepared and signed by your doctor.

SAMPLE LETTER FOR INSURANCE COMPANY

To whom it may concern: (Insurance carrier)

This is to certify that (your name) is a patient of mine. He/she is being treated for recurrent major depressions with a seasonal pattern.

Referral to "seasonal patterns of depression" has been included in the most recent revision of the Diagnostic and Statistical Manual of Mental Disorders (DSM IV). **Phototherapy is no longer considered experimental, but is a mainstream type of psychiatric treatment for Seasonal Affective Disorder (SAD).** According to the December 8, 1993 issue of The Journal of the American Medical Association (JAMA), "for many patients with SAD, light therapy should be regarded as a first-line treatment, given its high success and acceptance rate" (Vol. 270, No. 22, pages 2717-2720). In 1989, the American Psychiatric Association's Task Force on Treatment of Psychiatric Disorders (Vol. 3, pages 1890-1896, A.P.A. Press), recommended light therapy as treatment for the range of clinical depression diagnoses including:

CODE NO.	DIAGNOSIS
DSM IV-296.3X	Major Depression, Recurrent
DSM IV-296.4X	Bipolar Disorder, most recent episode-Manic
DSM IV-296.5X	Bipolar Disorder, Depressed
DSM IV-296.6X	Bipolar Disorder, Mixed
DSM IV-296.8	Bipolar Disorder, NOS
DSM IV-296.90	Mood Disorder, NOS - Seasonal Affective Disorder
DSM IV-311.00	Depressive Disorder, NOS

In order to administer phototherapy adequately, a bright light unit is required. In (your name)'s case, the use of the bright light unit should be regarded as a medical necessity and may be used in conjunction with other forms of treatment.

These procedures conform to April 1993 U.S. Public Health Service-Agency for Health Care Policy and Research guidelines for management of this disorder.

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AHCPR93-0551	Depress: Guideline Vol. 2
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