



**SSM Health**  
at Home

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**Patient:** First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Gender:  M  F Phone # \_\_\_\_\_ Alt Phone # \_\_\_\_\_

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

**Phototherapy Device Prescribed:** HCPCS: \_\_\_\_\_ Product Description: \_\_\_\_\_

**E0691**  **DermaPal:** Hand-held treatment wand for scalp, spot treatment or travel.

**E0691**  **1 Series:** Small, light-weight panel for face, hands, feet, elbows, or other localized areas.

**E0694**  **7 Series / UV Series:** Six foot tall unit with multi-directional lamps for large treatment areas.

Other: \_\_\_\_\_

**Skin Type:** Patient's Fitzpatrick Skin Type and Suggested Starting Dose for Dosing Guide:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Type I	Type II	Type III	Type IV	Type V	Type VI
200mJ	300 mJ	400 mJ	500 mJ	700 mJ	800 mJ

**Unit Info:** Prescribed Lamp Type:  NB UVB  UVA  \_\_\_\_\_  
 FlexRx (Exposure Limiting Software):  Yes  No  
 If yes, how many exposures?   
*FlexRx can be prescribed in increments of 10 up to 250; the default amount is 40.*

**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 here to 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.

Physician Signature (Required) \_\_\_\_\_ Date \_\_\_\_\_

(Stamps are not acceptable)

**Diagnosis & Statement of Medical Necessity:**

ICD-10:  L40 . \_\_\_\_\_ Description Psoriasis ICD-10 Code Must Be Indicated  
 L80 Vitiligo  
 \_\_\_\_\_ . \_\_\_\_\_ Other: \_\_\_\_\_

(See back for ICD -10 Code Quick Reference Guide)

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 ever 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  
 Distance and Travel Time to Office  
 Co-pay Cost of Frequent In-Office Visits  
 Unable to Take Time Away from Work or School  
 Other: \_\_\_\_\_

## Quick Reference Guide: Commonly Used ICD-10 Codes

<b>L20 Atopic dermatitis / Eczema</b>
L20.81 Atopic neurodermatitis
L20.82 Flexural eczema
L20.84 Intrinsic (allergic) eczema
L20.89 Other Atopic Dermatitis
L20.9 Atopic dermatitis, unspecified
<b>L21 Seborrhoeic dermatitis</b>
L21.8 Other seborrhoeic dermatitis
L21.9 Seborrhoeic dermatitis, unspecified
<b>L23 Allergic contact dermatitis</b>
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
<b>L24 Irritant contact dermatitis</b>
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
<b>L25 Unspecified contact dermatitis</b>
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
<b>L28 Lichen simplex chronicus and prurigo</b>
L28.0 Lichen simplex chronicus
L28.1 Prurigo nodularis
L28.2 Other prurigo
<b>L29 Pruritus</b>
L29.8 Other pruritus
L29.9 Pruritus, unspecified
<b>L30 Other dermatitis</b>
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

<b>L40 Psoriasis</b>
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
<b>L41 Parapsoriasis</b>
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
<b>L42 Pityriasis rosea</b>
<b>L43 Lichen planus</b>
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
<b>L44 Other papulosquamous disorders</b>
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
<b>L50 Urticaria</b>
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
<b>L63 Alopecia areata</b>
L63.8 Other alopecia areata
L63.9 Alopecia areata, unspecified
<b>L80 Vitiligo</b>
<b>L92 Granulomatous disorders of skin and subcutaneous tissue</b>
L92.0 Granuloma annulare
L92.8 Other granulomatous disorders of skin and subcutaneous tissue
L92.9 Granulomatous disorder of skin and subcutaneous tissue, unspecified
<b>L93 Lupus erythematosus</b>
L93.0 Discoid lupus erythematosus (Lupus erythematosus NOS)
L93.1 Subacute cutaneous lupus erythematosus
L93.2 Other local lupus erythematosus (Lupus: erythematosus profundus, panniculitis)
<b>L94 Other localized connective tissue disorders</b>
L94.0 Localized scleroderma [morphea] (Circumscribed scleroderma)
L94.1 Linear scleroderma (En coup de sabre lesion)
<b>C84.A Cutaneous T-cell lymphoma, unspecified</b>
L11.1 Transient acantholytic dermatosis [Grover's Disease]