

REIMBURSEMENT GUIDE

LIGHT THERAPY FOR SEASONAL AFFECTIVE DISORDER

Billing Guidelines

Two Options:

Option One: Private Pay - Cash Reimbursement

If a patient does not have health insurance coverage, or if this is not a covered benefit under their current insurance plan, then a private pay or cash program is recommended. Since the average price of the units are under typically under \$275.00, patients will find it to be an affordable option.

Option Two: Insurance Reimbursement

Most major insurance companies now authorize or reimburse the purchase of light therapy equipment for Seasonal Affective Disorder (SAD).

The following items are recommended for a person to submit to their insurance company:

- 1) Prescription from your psychiatrist or general practitioner
- 2) Invoice from Northern Light Technologies, Inc. for the light therapy device
- 3) Letter of Medical Necessity (See Example Letter)
- 4) Your own cover letter to the insurance company to include all pertinent member information: policy number; referring physician; and his/her number; date of service; and invoice for light therapy device
- 5) Additional resources to submit include Abstracts from Professional Journals.

Disclaimer:

This Information is a general reference and is intended to assist the physician or provider in obtaining reimbursement for health care services. It is not intended to increase or maximize payment by any payor. Because coverage policies and coding change frequently, it is recommended you check with your local carrier frequently. This is for informational purposes only, and nothing herein shall be construed as a statement, promise or guarantee regarding levels of reimbursement, payment or charge. Furthermore, all codes provided herein are for information purposes only, and shall not be construed as a statement, promise or guarantee that these codes are accurate or reimbursement will be received. The ultimate responsibility for correct coding lies with the physician or provider.



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