

## VSI Sample Appeal Letter For Office Light Therapy

Today's Date

Address for Claims Review Department of your Insurance Company; if you have a name of the person you are dealing with, include this.

Name of Insured:

Company Name if relevant:

Plan #:

Claim #:

Dear Name/or Claims Review Department:

I was denied coverage on **(date)** for the use of phototherapy (or light therapy) for vitiligo provided in my physician's office and am formally appealing that decision with this letter.

Vitiligo is a common autoimmune disease that causes the loss of pigment in the skin and results in white spots or patches. In autoimmune diseases, the immune system mistakenly attacks healthy body tissue, and, in vitiligo, the immune response is to melanocytes.

**Light therapy is considered a key treatment for vitiligo.** According to the American Academy of Dermatology, light treatments are effective for many vitiligo patients, with up to a 75% success rate, and must be used on a continual basis to maintain the benefits. (See <http://www.aad.org/dermatology-a-to-z/diseases-and-treatments/u---w/vitiligo/diagnosis-treatment>.) Vitiligo Support International (VSI) is the largest 501(c)3 patient advocacy organization offering a comprehensive resource for vitiligo education, research and awareness for those whose lives have been affected by vitiligo and has the world's most renowned dermatologists who specialize in vitiligo treatment and research on its Medical Board. The group's website states that Narrowband UVB is "now considered the gold standard of treatment for vitiligo covering more than 20% of the body. Narrowband UVB (NB) uses the portion of the UVB spectrum from 311-312 nm. This region has been determined to help stimulate pigment cells to produce melanocytes in less time than it takes to burn the skin. Any kind of light therapy has a suppressive effect on the immune system, so it can possibly stop new areas from forming as well. NB can be done in the doctor's office with a full-body cabinet or, with a doctor's prescription, from home using a full-length panel or a handheld device. The handhelds are very convenient for small areas of vitiligo but are too tedious and cumbersome to use for larger percentages as they cover a very small area at a time. Only full sized body units provide the immune suppression needed for stabilization that may halt further pigment loss, as the handheld units only treat isolated areas."

(See [https://www.vitigosupport.org/treatments\\_and\\_research/phototherapy.cfm](https://www.vitigosupport.org/treatments_and_research/phototherapy.cfm).)

Light therapy is not experimental but is scientifically proven effective and widely accepted as a standard treatment for vitiligo by the dermatology professional community. My physician, **(name and office address)**, has prescribed this medical therapy for treatment of vitiligo and is sending a letter documenting **(his/her)** recommendation for this treatment.

**[If your insurance letter of denial states that light therapy is denied for cosmetic reasons, include the following:]**

**Light therapy is a medically necessary treatment:**

- 1) Phototherapy is disease-modifying and not solely a cosmetic treatment. This treatment is covered for closely related autoimmune conditions such as psoriasis, psoriatic arthritis and alopecia areata. As mentioned above, light therapy provides immune suppression necessary to stop and prevent further depigmentation.
- 2) Comparatively, wigs would normally be considered cosmetic but are covered by insurance for another closely related autoimmune disease - alopecia areata. The U.S. government recognizes the devastating mental and social consequences of dealing with hair loss and mandates that wigs be covered. Similar psychological consequences are evident with the depigmentation that occurs in vitiligo (Lindhorst *et al* 2009).
- 3) Breast reconstructive surgery is also cosmetic but is covered by most health insurance companies. We recognize the importance of how loss of a breast affects a person's psychological and social well-being; the loss of pigment similarly is devastating for vitiligo patients.

My physician regularly provides light therapy in **[his/her]** office, because **[he/she]** feels it is necessary to offer this standard treatment to vitiligo and other autoimmune disease patients, and can provide expert oversight over how this therapy is executed, monitor for potential side effects and ensure regular compliance.

In addition to the two links from highly respected organizations cited above demonstrating the validity of light therapy as a standard treatment for vitiligo, I have provided journal references below that further elucidate the acceptability and medical necessity of light therapy for treatment of vitiligo.

Thank you for your consideration.

Sincerely,

**Your Name**

**Your Address and Phone Number**

CC: **Your prescribing physician**

**Your employer through which you have health insurance (HR director if you have one or other personnel responsible for your health insurance coverage)**

**State Insurance Commissioner**

**References:**

Gawkrodger DJ, Ormerod AD, Shaw L et al. Guideline for the diagnosis and management of vitiligo. *Br J Dermatol* 2008; 159: 1051-76.

Linthorst Homan MW, Spuls PI, de Korte J, et al. "The burden of vitiligo: patient characteristics associated with quality of life." *J Am Acad Dermatol* 2009; 61: 411-20.

Nicolaidou E, Antoniou C, Stratigos A et al. Narrowband ultraviolet B phototherapy and 308-nm excimer laser in the treatment of vitiligo: a review. *J Am Acad Dermatol* 2009; 60: 470-7.

Whitton ME, Ashcroft DM, Gonzalez U. Therapeutic interventions for vitiligo. *J Am Acad Dermatol* 2008; 59: 713-7.