

## Pain Management with HealthLight Red Light Therapy

Available to Veterans with VA Benefits at no out-of-pocket cost



**HealthLight's Red Light Therapy:** Uses targeted red and near-infrared light to support cellular function. This non-invasive, drug-free therapy helps stimulate nitric oxide release to reduce pain, improve circulation, and support overall wellness



Covered by VA Benefits & Worker's Comp Insurance

### Can improve multiple diagnoses, including but not limited to:

- Peripheral neuropathy
- Diabetic neuropathy
- Treatment-induced neuropathy
- Post-surgical recovery
- Arthritis
- Wounds
- Lymphodema/lipedema
- Spinal stenosis and other spinal conditions
- Balance disorders
- Athletic injuries

### Benefits of Red Light Therapy



- Drug-free pain relief reduces opioid dependence
- Increased circulation promotes healing
- Easy to use for daily home treatment
- Easy to resume therapy for chronic conditions

### System & Pad Options

- Controller and Pad(s) are needed for use. See page 2
- Express systems - Pads/Cords are fixed and cannot be interchanged. See page 3

### How to Order

1. Complete DME RFS Form (Page 4)
2. Attach appropriate medical records and care plan supporting the request
3. Submit to Jeannette.Leon@va.gov



Please note: All pads require a Controller to operate.

## Product Catalog

<p><b>2-Port Controller</b></p>  <p>All pads require a controller to operate. 2-port controller can operate up to 2 pads simultaneously.</p> <p><b>SKU: HL502054</b></p>	<p><b>Battery Powered Controller</b></p>  <p>All pads require a controller to operate. Battery controller can operate up to 2 pads simultaneously.</p> <p><b>SKU: HL502057</b></p>	<p><b>3-Port Controller</b></p>  <p>All pads require a controller to operate. 3-port controller can operate up to 3 pads simultaneously.</p> <p><b>SKU: HL502050</b></p>	<p><b>6-Port Controller</b></p>  <p>All pads require a controller to operate. 6-port controller can operate up to 6 pads simultaneously.</p> <p><b>SKU: HL502051</b></p>
<p><b>Foot &amp; Calf Pad (131 LED Boot)</b></p>  <p>Mid-to-bottom section 4.5" wide x 15.5" long. Top section 7" x 9". 83 infrared and 48 red. Pad output is 112 joules/minute.</p> <p><b>SKU: HL502032</b></p>	<p><b>Foot &amp; Ankle Pad (122 LED Boot)</b></p>  <p>Mid section 4" wide by 12" long. Top section 8" x 5". Bottom section 6" x 7". 70 infrared &amp; 52 red. Pad output is 152 joules/minute.</p> <p><b>SKU: HL502006</b></p>	<p><b>Large Pad (264 LED)</b></p>  <p>8" wide x 15" long. 144 infrared and 120 red. Pad output is 280 joules/minute.</p> <p><b>SKU: HL502004</b></p>	
<p><b>Small Pad (90 LED)</b></p>  <p>4.5" wide x 9.8" long. 50 infrared and 40 red. Pad output is 68 joules/minute.</p> <p><b>SKU: HL502001</b></p>	<p><b>Medium Pad (132 LED)</b></p>  <p>8" wide x 9" long. 72 infrared &amp; 60 red. Also available in 72 infrared &amp; 60 blue. Pad output is 176 joules/minute for red; 137 joules/minute for blue.</p> <p><b>Red: HL502002      Blue: HL502040</b></p>		<p><b>Face Mask (104 LED)</b></p>  <p>5" wide x 10.5" long. 52 red and 52 blue. Pad output is 53 joules/minute.</p> <p><b>SKU: HL502005</b></p>
<p><b>T-Pad (261 LED)</b></p>  <p>13.5" wide x 9.5" long. 144 infrared and 117 red. Pad output is 206 joules/minute.</p> <p><b>SKU: HL502046</b></p>	<p><b>Long Pad (180 LED)</b></p>  <p>5" x 16". 100 infrared &amp; 80 red. Also available as Tricolor with 100 infrared, 40 red &amp; 40 blue. Pad output is 117 joules/minute for red; 155 joules/minute for tricolor.</p> <p><b>Red: HL502003      Tri-Color: HL502041</b></p>		<p><b>Knee &amp; Shoulder Pad (204 LED)</b></p>  <p>14" long x 12" wide. 72 red and 132 infrared. Can be used on knee or shoulder. Pad output is 152 joules/minute.</p> <p><b>SKU: HL502052</b></p>
<p><b>HealthLight is distributed by BlackGreyGold</b> BlackGreyGold FSS Vendor Schedule: 65 II A SIN: A-72 Contract: 36F79725D0203</p>			<p><b>*NEW* Neck Pad (208 LED)</b></p>  <p>24" long x 11" wide and designed to wrap comfortably. 156 infrared and 52 red. Pad output is 118 joules/minute.</p> <p><b>SKU: HL502059</b></p>



Clinical Product Usage: Intended to improve circulation, relieve pain, relax muscles, reduce muscle spasms, decrease inflammation, and relieve aches/stiffness/soreness. All HealthLight products are backed by a two-year warranty.

Near Infrared 850 nm  
Red 630 nm  
Blue 465 nm

## Express Systems Catalog

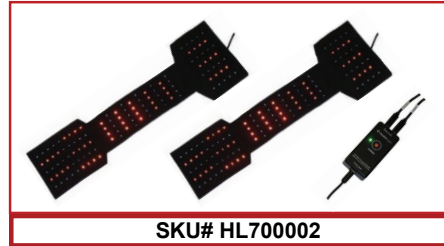
HealthLight Express Systems & Packages **do not** require a separate controller to operate. Please note: Pads in Express System & Packages are **not interchangeable** with other pads.



SKU# HL700001

### Foot & Ankle Boot Express System

Top section 8" wide x 5" long. Mid section 4" wide x 12" long. Bottom section 6" wide x 7" long. Overall length 25". 70 infrared & 52 red. Pad output is 152 joules/min. Includes controller.



SKU# HL700002

### Dual Foot & Ankle Boot Express System

Top section 8" wide x 5" long. Mid section 4" wide x 12" long. Bottom section 6" wide x 7" long. Overall length 25". 70 infrared & 52 red. Each pad output is 152 joules/min. Includes controller.



SKU# HL700003

### Large Pad Express System

8" wide x 15" long rectangular pad. 144 infrared & 120 red. Pad output is 280 joules/min. Includes controller



SKU# HL700004

### Foot & Calf Express System

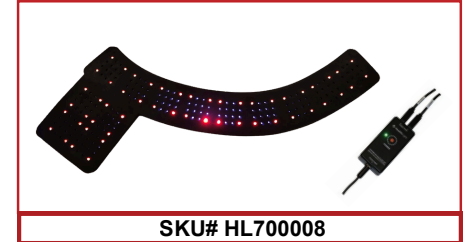
Foot section 4.5" wide by 15.5" long. Top section 7" wide x 9" long. Overall length 25". 83 infrared & 48 red. Pad output is 112 joules/min. Includes controller.



SKU# HL700005

### Dual Foot & Calf Express System

Foot section 4.5" wide by 15.5" long. Top section 7" wide x 9" long. Overall length 25". 83 infrared & 48 red. Each pad output is 112 joules/min. Includes controller.



SKU# HL700008

### Neck Pad Express System

11" wide x 24" long, arc shape with rectangular extension at one end. 156 infrared and 52 red. Pad output is 118.5 joules/min. Includes controller.



SKU# HL700006

### Shoulder Package

Includes: 2-Port Controller and Tpad



SKU# HL700007

### Dual Hands Package

Includes: 2-Port Controller and Two Large Pads



Single Knee SKU# HL700009  
Dual Knee SKU# HL700010

### Knee Package

Includes: 2-Port Controller and Two Knee Pads



SKU# HL7000011

### Total Back Package

Includes: 2-Port Controller, Large Pad, and Tpad



SKU# HL7000012

### Hip Package

Includes: 2-Port Controller, Tpad, and Long Pad



SKU# HL7000013

### Face and Neck Package

Includes: 2-Port Controller, Neck pad, and Facemask

**\*All HealthLight Systems come with 15" Velcro straps to adjust pads and allow a comfortable fit to body.**

Intended to improve local circulation, relieve pain, relax muscles, improve circulation, reduce muscle spasms, decrease inflammation, and relieve aches/stiffness/soreness. All HealthLight products are backed by a two-year warranty.

# COMMUNITY CARE PROVIDER - DURABLE MEDICAL EQUIPMENT/PROSTHETICS REQUEST FOR SERVICE

*(Separate Form Required for Each Service Requested)*

**Request for Service (RFS) Submission Requirements:** Complete the Medical or DME RFS form for services not on the original authorization or to request a new authorization for services. Only one request per form. (1) Complete RFS form 10-10172. (2) Attach appropriate medical records and care plan to support the request. (3) Have the ordering provider sign and date the form. (4) Submit request via HSRM, Fax, or Secure E-mail.

**NOTE:** Failure to thoroughly complete the RFS for DME will result in delayed patient care and prevent the VA from DME fulfillment.

## SECTION I: VETERAN & ORDERING PROVIDER INFORMATION

1. VETERAN'S LEGAL FULL NAME ( <i>First, MI, Last</i> ): [REDACTED]		2. DOB ( <i>MM/DD/YYYY</i> ): [REDACTED]	
3. VA FACILITY & ADDRESS: North Las Vegas VAMC, 6900 N. Pecos Rd, N. Las Vegas, NV 89086		4. VA AUTHORIZATION NUMBER: [REDACTED]	
5. ORDERING PROVIDER OFFICE NAME & ADDRESS: [REDACTED]		6. INDIAN HEALTH SERVICES ( <i>IHS</i> ) PROVIDER/ TRIBAL HEALTH PROGRAM ( <i>THP</i> )? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	
7. PHONE NUMBER ( <i>(999) 999-9999</i> ): [REDACTED]	8. FAX NUMBER ( <i>(999) 999-9999</i> ): [REDACTED]	9. SECURE EMAIL ADDRESS: [REDACTED]	

## SECTION II: HOME OXYGEN REQUEST

10. PA02 AT REST:	11. O2SAT AT REST:	12. OXYGEN FLOW RATE:
13. EXTENT OF SUPPORT ( <i>Continuous, Intermittent, Specific Activity</i> ):	14. OXYGEN EQUIPMENT ( <i>Stationary/Portable</i> ):	15. DELIVERY SYSTEM ( <i>Cannula, Mask, Other</i> ):

## SECTION III: DME & PROSTHETICS REQUEST

*Please see <https://www.va.gov/COMMUNITYCARE/providers/DME-Requirements.asp> for URGENT DME requests.*

16. HCPCS CODE(S) FOR ITEM(S) BEING PRESCRIBED: E0221	17. BRAND, MAKE, MODEL, PART NUMBERS: [REDACTED]	18. MEASUREMENTS: [REDACTED]
19. QUANTITY OF EACH: [REDACTED]	20. ICD-10: [REDACTED]	21. PROVISIONAL DIAGNOSIS: [REDACTED]
22. EDUCATION, TRAINING, &/OR FITTING OF DME MUST BE PROVIDED TO THE VETERAN. HAS THE FOLLOWING BEEN COMPLETED:		23. DELIVERY PREFERENCE ( <i>If incomplete, DME will be mailed to requesting provider</i> ):
A. EDUCATION: <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES B. TRAINING: <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> N/A C. FITTING: <input type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> N/A		<input type="checkbox"/> DELIVER TO ORDERING PROVIDER'S ADDRESS <input type="checkbox"/> VETERAN WILL PICKUP AT THE VA FACILITY <input type="checkbox"/> DELIVER TO COMMUNITY VENDOR FOR DELIVERY & SETUP OF DME <input checked="" type="checkbox"/> DELIVER TO VETERAN'S HOME

## SECTION IV: THERAPEUTIC FOOTWEAR ASSESSMENT INFORMATION

LEFT FOOT  RIGHT FOOT  BILATERAL  PREFABRICATED THERAPEUTIC FOOTWEAR  CUSTOM THERAPEUTIC FOOTWEAR

24. CHECK APPROPRIATE DIABETIC/AMPUTATION RISK SCORE (*Only patients with medical conditions below can be prescribed therapeutic/diabetic footwear*):

**RISK SCORE 2:** Patient demonstrated sensory loss (inability to perceive the Semmes-Weinstein 5.07 monofilament), diminished circulation as evidenced by absent or weakly palpable pulses, foot deformity, or minor foot infection, & a diagnosis of diabetes.

**RISK SCORE 3:** Patient demonstrated peripheral neuropathy with sensory loss (*i.e., inability to perceive the Semmes-Weinstein 5.07 monofilament*), and diminished circulation, and foot deformity, or minor foot infection & a diagnosis of diabetes, or any of the following by itself: (1) prior ulcer, osteomyelitis or history of prior amputation; (2) severe peripheral vascular disease (*PVD*) (*intermittent claudication, dependent rubor with pallor on elevation, or critical limb ischemia manifested by rest pain, ulceration, or gangrene*); (3) Charcot's joint disease with foot deformity; & (4) end stage renal disease.

25. DESCRIBE FOOT DEFORMITY AND DETAILS (*Requires severe or gross foot deformity which cannot be accommodated with conventional footwear*):

26. REASON FOR REQUEST (*To avoid delays in care, include appropriate documentation such as office notes, current treatment plans, clinical history, laboratory results, radiology results &/or medications to support the medical necessity of services requested*):

Patient has tried progressively evolving therapies and now requires HealthLight to improve circulation and reduce pain. See attached for previous therapies/medications/modalities tried. Patient has been evaluated for HealthLight device successfully.

**ATTESTATION:** I do hereby attest that the forgoing information is true, accurate, & complete to the best of my knowledge & I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability. I do hereby acknowledge that VA reserves the right to perform the requested service(s) if the following criteria are met: (1) The patient agrees to receive services from VA (2) Service(s) are available at VA facility & are able to be provided by the clinically indicated date (3) It is determined to be within the patient's best interest. Upon completion of the requested service(s), VA will provide all resulting medical documentation to the ordering provider. If all criteria listed are not true & VA agrees the service(s) are clinically indicated, VA will provide a referral for services to be performed in the community. I do hereby attest that upon receipt of order/consult results, I will assume responsibility for reviewing said results, addressing significant findings, & providing continued care.

27. ORDERING PROVIDER NAME ( <i>PRINTED</i> ): [REDACTED]	28. ORDERING PROVIDER NPI#: [REDACTED]
29. ORDERING PROVIDER SIGNATURE ( <i>Required</i> ): [REDACTED]	30. TODAY'S DATE ( <i>MM/DD/YYYY</i> ): [REDACTED]