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SHP Laser Therapy

AUTH: SHP Surgical 58 v4 (AC)

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Coverage

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See the appropriate benefit document for specific coverage determination. Individual specific benefits take precedence over medical policy.

Application to Products

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Policy is applicable to all products.

Authorization Requirements

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Pre-certification by the Plan is required.

Description of Item or Service

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Laser therapy is the use of specific wavelengths of light as medical treatments for various medical conditions.

Exceptions and Limitations

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- Carbon Dioxide (CO2) Laser for Hailey-Hailey Disease is considered experimental and investigational upon technology review as it is unproven to improve health outcomes and is thus not medically necessary.
- There is insufficient scientific evidence to support the medical necessity of laser therapy for uses other than those listed in the clinical indications for procedure section.

Clinical Indications for Procedure

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- Laser therapy with FDA approved equipment is considered medically necessary for **1 or more** of the following:
 - Initial excimer and pulsed dye laser treatment for mild to moderate localized plaque psoriasis is considered medically necessary with **ALL** of the following:
 - Affecting 10 percent or less of body
 - Failed to adequately respond to three or more months of single/combo topical treatments including **1 or more** of the following:
 - Corticosteroids
 - Vitamin D derivatives
 - Calcipotriene
 - Retinoids
 - Tazarotene
 - Anthralin
 - Tar preparations
 - Keratolytic agents
 - Salicylic acid
 - Lactic acid
 - Urea
 - Repeat Excimer and pulsed dye laser treatment for mild to moderate localized plaque psoriasis is considered medically necessary with **ALL** of the following:
 - No more than 13 laser treatments per course or three courses per year
 - Individual has responded to initial course of laser therapy as documented by a reduction in Psoriasis Area and Severity Index (PASI) Score or other objective response measurement
 - Initial Excimer laser therapy for the treatment of vitiligo with **ALL** of the following
 - Failed to adequately respond to medical therapy including **ALL** of the following
 - An eight week trial of one topical corticosteroid
 - A twelve week trial of one topical calcineurin inhibitor (e.g., tacrolimus 0.03% or 0.1% ointment, pimecrolimus 1% cream)
 - Continued Excimer laser treatment for vitiligo is considered medically necessary with **ALL** of the following
 - Up to 200 total treatments
 - Individual has documentation showing favorable clinical response to initial course of excimer laser therapy
 - Pulsed dye laser treatment is considered medically necessary for **1 or more** of the following:
 - Verrucae when standard treatments have failed
 - Keloids or other hypertrophic scars which are secondary to an injury or surgical procedure with **1 or more** of the following:
 - Results in substantial loss of function
 - Keloids/Hypertrophic scars cause substantial pain necessitating constant pain relief medication
 - Numerous glomangiomas superficially located in the face and neck where surgical removal is not feasible
 - Pyogenic granuloma in the face and neck
 - Genital warts when home therapy with **1 or more** of the following has been unsuccessful:
 - Podophyllotoxin
 - Imiquimod
 - Granuloma faciale
 - Multiple superficially located port wine stains and other hemangiomas in the face and neck where surgical removal is not feasible
 - Ablative Fractional Carbon Dioxide Laser Therapy is considered medically necessary for **ALL** of the following:
 - Scar revisions post burns with **ALL** of the following:

- Procedure is being done by a plastic surgeon
- Individual has functional impairment
- Individual has tried and failed **1 or more** of the following:
 - Silicone gel
 - Pressure garments
 - Sheeting
- Carbon Dioxide laser treatments are considered medically necessary for **1 or more** of the following:
 - Removal of superficial basal cell carcinomas of the skin
 - Removal of actinic keratosis when failed treatments include **1 or more** of the following:
 - Topical imiquimod or 5-fluorouracil with or without tretinoin cream
 - Cryosurgery with liquid nitrogen
 - Curettage or excision when squamous cell carcinoma is suspected
 - Failed adequate response of **1 or more** of the following:
 - Chemical peel
 - Dermabrasion
 - Photodynamic therapy following **1 or more** of the following:
 - Topical imiquimod
 - 5-fluorouracil
 - Cryosurgery
- Yttrium aluminum garnet (YAG) Laser Therapy for **ALL** of the following:
 - Hidradenitis Suppurativa
- Laser therapy is **NOT COVERED** for **ANY** of the following:
 - Carbon Dioxide (CO2) Laser for Hailey-Hailey Disease

Document History

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- Revised Dates:
 - 2021: July
 - 2020: July
 - 2019: October
 - 2015: May
 - 2012: May
 - 2011: May, October
 - 2010: May
 - 2009: May
- Reviewed Dates:
 - 2022: June
 - 2019: February, June
 - 2018: November
 - 2017: January, November
 - 2016: May, October
 - 2014: May
 - 2013: May
- Effective Date: May 2008

Coding Information

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- CPT/HCPCS codes covered if policy criteria is met:
 - CPT 0479T - Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; first 100 cm² or part thereof, or 1% of body surface area of infants and children
 - CPT 0480T - Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; each additional 100 cm², or each additional 1% of body surface area of infants and children, or part thereof (List separately in addition to code for primary procedure)
 - CPT 17106 - Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm
 - CPT 17107 - Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm
 - CPT 17108 - Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm
 - CPT 96920 - Laser treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm
 - CPT 96921 - Laser treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm
 - CPT 96922 - Laser treatment for inflammatory skin disease (psoriasis); over 500 sq cm
 - CPT 97039 - Unlisted modality (specify type and time if constant attendance)
- CPT/HCPCS codes considered not medically necessary per this Policy:
 - HCPCS S8948 - Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes

References

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References used include but are not limited to the following:

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CPT® : 0479T, 0480T, 17106, 17107, 17108, 96920, 96921, 96922, 97039
HCPCS: S8948

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