

02-10000-13

Original Effective Date: 07/15/02

Reviewed: 03/25/21

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Subject: Excimer Laser Therapy for Treatment of Dermatologic Conditions

THIS MEDICAL COVERAGE GUIDELINE IS NOT AN AUTHORIZATION, CERTIFICATION, EXPLANATION OF BENEFITS, OR A GUARANTEE OF PAYMENT, NOR DOES IT SUBSTITUTE FOR OR CONSTITUTE MEDICAL ADVICE. ALL MEDICAL DECISIONS ARE SOLELY THE RESPONSIBILITY OF THE PATIENT AND PHYSICIAN. BENEFITS ARE DETERMINED BY THE GROUP CONTRACT, MEMBER BENEFIT BOOKLET, AND/OR INDIVIDUAL SUBSCRIBER CERTIFICATE IN EFFECT AT THE TIME SERVICES WERE RENDERED. THIS MEDICAL COVERAGE GUIDELINE APPLIES TO ALL LINES OF BUSINESS UNLESS OTHERWISE NOTED IN THE PROGRAM EXCEPTIONS SECTION.

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DESCRIPTION:

Excimer lasers (also called exciplex lasers) are proposed for the treatment of a variety of dermatological conditions including psoriasis, vitiligo, and atopic dermatitis. The laser utilizes xenon chloride to emit a wavelength of 308 nanometers (nm) and targets specific lesions or affected areas, thus limiting exposure to the surrounding normal tissues. The laser allows higher dosages which could result in fewer treatments to produce clearing. The original indication of the excimer laser was for patients with mild-to-moderate psoriasis, defined as involvement of less than 10% of the skin. Newer excimer laser devices are faster and more powerful than the original models, which may allow treatment of patients with more extensive skin involvement (10%-20% body surface area).

POSITION STATEMENT:

Use of an FDA-approved xenon chloride excimer laser (308 nm) **meets the definition of medical necessity** for the treatment of mild to moderate localized plaque psoriasis (comprising <20% body area) for members who have failed to respond to a consecutive 2 month trial of conservative treatment (i.e. topical agents, non-laser ultraviolet therapy).

Use of an FDA-approved excimer laser (308 nm) **meets the definition of medical necessity** for the treatment of moderate-to-severe localized plaque psoriasis.

NOTE: If the member fails to respond to an initial course of laser therapy for the treatment of localized plaque psoriasis additional therapy **does not meet the definition of medical necessity**.

Use of an FDA-approved excimer laser (308 nm) **meets the definition of medical necessity** for the treatment of vitiligo for members who have failed to respond to a consecutive 2 month trial of conservative treatment (i.e. topical agents, non-laser ultraviolet therapy).

NOTE: If the member fails to respond to an initial course of laser therapy for the treatment of vitiligo additional therapy **does not meet the definition of medical necessity**.

Use of excimer laser (308 nm) is considered **experimental or investigational** for all other indications including, but not limited to, the first line treatment of mild psoriasis, the treatment of generalized psoriasis, and the treatment of psoriatic arthritis. There is insufficient clinical evidence to permit conclusions on health outcomes.

BILLING/CODING INFORMATION:

CPT Coding:

96920	Laser Treatment for inflammatory skin disease (psoriasis); total area less than 250 sq cm
96921	Laser Treatment for inflammatory skin disease (psoriasis); 250 sq cm to 500 sq cm
96922	Laser Treatment for inflammatory skin disease (psoriasis); over 500 sq cm

ICD-10 Diagnosis Codes That Support Medical Necessity:

L40.0 – L40.4 L40.8, L40.9	Psoriasis
L80	Vitiligo

REIMBURSEMENT INFORMATION:

Total numbers of sessions per target area are limited to 30 in a 6-month period for codes 96920 – 96922 in any combination.

Services in excess of this limitation are subject to review of the following documentation to support medical necessity: attending physician initial assessment, attending physician history & physical, and attending physician visit notes that include documentation of failed response after 2 consecutive months of conservative therapy, member’s response to laser therapy treatment including: reduction in Psoriasis Area and Severity Index (PASI) score or other objective response measurement; significant follicular pigmentation, and documentation that treatment is affecting the underlying condition.

LOINC Codes:

DOCUMENTATION TABLE	LOINC CODES	LOINC TIME FRAME MODIFIER CODE	LOINC TIME FRAME MODIFIER CODES NARRATIVE
Physician Initial assessment	18736-9	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Physician history and	28626-0	18805-2	Include all data of the selected type that represents observations made

physical			six months or fewer before starting date of service for the claim.
Attending physician visit note	18733-6	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Clinical notes and chart sections (i.e., documentation that shows failed response after 2 consecutive months of conservative therapy; patient's response to laser therapy treatment)	18741-9	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Advantage products:

The following National Coverage Determinations (NCDs) were reviewed on the last guideline reviewed date: Laser Procedures (140.5) and Treatment of Psoriasis (250.1) located at cms.gov.

DEFINITIONS:

No guideline specific definitions apply.

RELATED GUIDELINES:

[Psoralens Plus Ultraviolet A \(PUVA\) Therapy \(Photochemotherapy\), 02-10000-16](#)

OTHER:

None applicable.

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COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy & Coverage Committee on 03/25/21.

GUIDELINE UPDATE INFORMATION:

07/15/02	New Medical Coverage Guideline.
01/01/03	Annual HCPCS coding update.
07/15/03	Annual review. Added program exception for Medicare & More. Updated references.
07/15/04	Unscheduled review and revision; consisting of updated references and added investigational statement for excimer laser in the treatment of vitiligo.
05/15/05	Scheduled review and revision of guideline; consisting of updated references.
06/15/06	Scheduled annual review; eligible for coverage of psoriasis.
06/15/07	Annual review, maintained coverage and limitation language; reformatted guideline; references updated.
05/15/10	Guideline returned to active status; description section, position statements, reimbursement information section and references updated.
10/15/10	Revision; related ICD-10 codes added.
03/15/11	Annual review; position statements maintained and references updated.
07/01/11	Revision; formatting changes.
05/11/14	Revision: Program Exceptions section updated.
10/01/15	Revision; ICD10 coding section updated.
11/01/15	Revision: ICD-9 Codes deleted.
04/15/19	Review; Position statements, description, and references updated.
04/15/21	Review; Policy title, description, position statements, and references updated.