Overview

Laser is an acronym for light amplification by stimulated emission of radiation. A laser creates orderly beams of intense light of one color. These instruments concentrate the light to produce either a cut, burn or seal of tissue.

Laser procedures are classified into 3 categories:

1. Substantially equivalent laser procedures: Generally accepted surgical procedures in which the laser merely serves as a substitute for the traditional surgical instrument, such as a scalpel or knife.
2. Generally accepted new laser procedures: Laser procedures for which there is no equivalent, conventional, surgical approach, but which has been determined by the plan to meet our technology assessment guidelines.
3. Experimental/investigative laser procedures: Laser procedures which have been determined by the plan to not meet our technology assessment guidelines.

The goals of pulsed dye laser therapy for cutaneous vascular lesions, specifically port-wine stain lesions and hemangiomas, are to remove, lighten, reduce in size, or cause regression of the lesions to relieve symptoms, to alleviate or prevent medical or psychological complications, and to improve cosmetic appearance. This is accomplished by the preferential absorption of pulsed dyed energy by the hemoglobin within these vascular lesions, which causes their thermal destruction while sparing the surrounding normal tissues.

Policy

Fallon Health Requires Prior Authorization for Pulsed Dye Laser Treatment

We cover pulsed dye laser as treatment for port wine stain(s) or other hemangioma(s) for the below conditions

1. On the face or neck; OR
2. On other parts of the body and a functional impairment exists.
3. If significant bleeding, ulceration, or infection exists.

We cover pulsed dye laser as a treatment for intractable, moderate to severe psoriasis when the below criteria has been met:

1. The psoriasis must be localized plaque psoriasis affecting 10% or less of the body area.
2. The member must have tried and failed a minimum 3 months longer of conservative treatments with one or more of the below
   • Topical application of steroids or other drugs; or
   • Ultraviolet light (actinotherapy); or
   • Coal tar alone or in combination with ultraviolet B light (Goeckerman treatment).

Any other use of Pulsed Dye Laser for the treatment of psoriasis will be denied.
Exclusions

- We do not cover services when the above criteria are not met or for any procedures or devices not listed above.
- We do not cover pulsed dye laser treatment, surgery or services related to treatment of the following cosmetic indications of Rosacea with or without rhinophyma, Spider angiomata or vein(s), or Telangiectasias.

Codes

<table>
<thead>
<tr>
<th>Code type</th>
<th>Code</th>
<th>Description</th>
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<tr>
<td>CPT</td>
<td>17106</td>
<td>Destruction of cutaneous vascular proliferative lesions (eg. Laser technique) less than 10sq cm</td>
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<tr>
<td></td>
<td>17107</td>
<td>Destruction of cutaneous vascular proliferative lesions (eg. Laser technique) 10.0 to 50.0sq cm</td>
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<td></td>
<td>17108</td>
<td>Destruction of cutaneous vascular proliferative lesions (eg. Laser technique) over 50 sq cm</td>
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References


Policy History

Origination date: 10/28/2003
Approval(s): Utilization Management Committee: 06/2000, 06/2003 Technology Assessment Committee: 06/25/2013, 12/03/2014 (updated template and references) 12/15/2015 (updated references) 12/07/2016

Pulsed Dye Laser Treatment
Clinical Coverage Criteria
Effective 02/01/2017
Not all services mentioned in this policy are covered for all products or employer groups. Coverage is based upon the terms of a member’s particular benefit plan which may contain its own specific provisions for coverage and exclusions regardless of medical necessity. Please consult the product’s Evidence of Coverage for exclusions or other benefit limitations applicable to this service or supply. If there is any discrepancy between this policy and a member’s benefit plan, the provisions of the benefit plan will govern. However, applicable state mandates take precedence with respect to fully-insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, federal mandates will apply to all plans. For Medicare and Medicaid members, this policy will apply unless Medicare and Medicaid policies extend coverage beyond this policy.