



# Excimer Laser Skin Therapy

## Clinical Coverage Criteria

### Overview

Laser Skin therapies encompass a wide array of treatments aimed at multiple skin conditions. Excimer lasers utilize ultraviolet lights in order to treat a variety of dermatological conditions utilizing a 308- nm (nanometer) wavelength to treat a small, focused area. The use of Excimer therapy over standard therapies can lead to a more rapid response to treatment.

### Policy

Fallon Health requires Prior Authorization for Excimer Laser Skin Therapy, the below criteria must be met. Medical records from the primary care physician and other providers who have diagnosed or treated the symptoms prompting this request are also required.

We will cover treatment for the diagnosis moderate to severe psoriasis and vitiligo 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).

Treatment for any other condition is either considered cosmetic or experimental/investigational and will not be covered.

### Exclusions

- Any use of Excimer Laser Skin Therapy other than listed above
- Excimer Laser Skin Therapy for cosmetic reasons

### Codes

Code type	Code	Description
CPT	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

## References

1. Hayes Inc. Comparative Effectiveness Review of Laser Therapy for Psoriasis Published November 19, 2013. Annual review completed April 25, 2019
2. CMS National Coverage Determination (NCD) 250.1 Treatment of Psoriasis.
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4. Rahman M, Alam K, Ahmad MZ, et al. Classical to current approach for treatment of psoriasis: a review. *Endocr Metab Immune Disord Drug Targets*. 2012;12(3):287-302.
5. Chen X, Yang M, Cheng Y, Liu GJ, Zhang M. Narrow-band ultraviolet B phototherapy versus broad-band ultraviolet B or psoralen-ultraviolet A photochemotherapy for psoriasis. *Cochrane Database Syst Rev*. 2013 Oct 23;(10):CD009481. doi: 10.1002/14651858.CD009481.pub2. PMID: 24151011
6. Whitton ME, Pinart M, Batchelor J, et.al. Interventions for vitiligo. *Cochrane Database Syst Rev*. 2015 Feb 24;(2):CD003263. doi: 10.1002/14651858.CD003263.pub5.
7. Rodrigues M, Ezzedine K, Hamzavi I, et al. Current and emerging treatments for vitiligo. *J Am Acad Dermatol*. 2017 Jul;77(1):17-29. doi: 10.1016/j.jaad.2016.11.010.
8. Abrouk M, Levin E, Brodsky M, et. al. Excimer laser for the treatment of psoriasis: safety, efficacy, and patient acceptability. *Psoriasis (Auckl)*. 2016 Dec 12;6:165-173. doi: 10.2147/PTT.S105047. eCollection 2016

## Policy History

Origination date: 10/01/2017  
Approval(s): Technology Assessment Committee: 09/27/2017 (approved new policy), 08/22/2018 (updated references), 09/10/2019 (updated references)

*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.*