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#### **INSTRUCTIONS FOR USE DISCLAIMER:**

SummaCare posts policies relating to coverage and medical necessity issues to assist members and providers in administering member benefits. These policies do not constitute a contract or agreement between SummaCare and any member or provider. The policies are guidelines only and are intended to assist members and providers with coverage issues. SummaCare is not a health care provider, does not provide or assist with health care services or treatment, and does not make guarantees as to the effectiveness of treatment administered by providers. The treatment of members is the sole responsibility of the treating provider, who is not an employee of SummaCare, but is an independent contractor in private practice. The policies posted to this site may be updated and are subject to change without prior notice to members or providers.

Medical policies in conjunction with other nationally recognized standards of care are used to make medical coverage decisions.

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#### **Aerolase Policy**

##### **Indication/Usage:**

Aerolase is a 650-microsecond 1064-nm laser device used for performing ablative resurfacing for a variety of skin conditions

##### **Medical Indications for Authorization Commercial and Medicare Members**

Aerolase lasers are a class of cosmetic treatments that address a wide breadth of skin concerns. Laser treatments revolve around emitting laser energy into a concentrated area to correct an imperfection or condition, such as:

- Acne
- Age spots
- Bruising
- Hair removal
- Melasma

- Onychomycosis
- Pigmented lesions
- Port Wine Stains & Vascular Malformations
- Pseudofolliculitis Barbae
- Psoriasis
- Rosacea
- Scar Revision
- Skin Rejuvenation and Tightening
- Veins (Facial and Leg) and Angiomas
- Warts and Skin Tags
- Wound Healing

There are currently no NCD or LCD for Aerolase per CMS

#### CPT Codes

17111 Destruction of 15 or more skin lesions using various methods such as laser, electrosurgery, or cryotherapy.

96920 Laser treatment for inflammatory skin disease total area less than 250 sq. cm

96921 Laser treatment for inflammatory skin disease, 250 sq. cm to 500 sq. cm

96922 Lase treatment for inflammatory skin disease over 500 sq. cm

#### Limitations

Aerolase is a 1064nm laser device with several non-FDA approved indications. Its use is primarily for cosmetic purposes to improve the appearance of skin. SummaCare considers Aerolase laser treatment experimental and investigational for ALL indications because of insufficient evidence in the peer-reviewed literature

#### Coverage Decisions

Coverage decisions made per CMS, Hayes and industry standards research

#### Plans Covered By This Policy

Commercial and Medicare

Considered experimental and investigational for all lines of business

## Sources Reviewed

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