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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.

Pulsed Dye Laser Treatment Policy

Indication/Usage:

Laser therapy provides intense UVB light to a limited area of skin, providing the potential benefit of more rapid clinical response from targeted therapy while avoiding the side effects of ultraviolet light exposure to unaffected skin. The pulsed dye lasers emit short bursts of high-intensity yellow light (wavelength of 585 nm) that destroy the targeted tissue protecting healthy tissue.

The pulsed dye laser (PDL) delivers energy at a wavelength and duration that has been optimized for the selective treatment of vascular lesions. It has been used in the treatment of warts, port wine stains, hemangiomas, hypertrophic scars, and telangiectasias. Pulsed dye lasers have been used as an alternative to surgical excision or carbon dioxide lasers.

The Food and Drug Administration (FDA) has cleared the PDL for use in treatment of warts, port wine stains, hemangiomas, hypertrophic scars, and telangiectasias. The PDL has been shown to be effective in treating glomangiomas in the face and neck, as surgical excision may not be practical in these cosmetically sensitive areas. It has also shown to be effective in removing pyogenic granulomas in cosmetically sensitive areas of the face and neck.

Medical Indications for Authorization Commercial Members

SummaCare considers pulsed dye laser treatment medically necessary for *ANY* of the following conditions:

1. Actinic keratoses if member has failed to adequately respond to topical imiquimod or 5FU, or to cryosurgery
2. Genital warts when home therapy with either podophyllotoxin or imiquimod has failed
3. Granuloma faciale
4. Infantile hemangiomas
5. Keloids or other hypertrophic scars which are secondary to an injury or surgical procedure and 1 of the following:
 - Causes significant pain requiring chronic analgesic medication
 - Results in significant functional impairment
6. Mild-to-moderate localized plaque psoriasis affecting 10 % or less of their body area who have failed to adequately respond to 3 or more months of topical treatments, including at least 3 of the following:
 - Anthralin
 - Corticosteroids
 - Keratolytic agents
 - Retinoids
 - Tar preparations
 - Vitamin D derivatives
7. Multiple, superficially located glomangiomas in the face and neck, where surgical excision is not practical
8. Port wine stains
9. Cutaneous/Deep Tissue Hemangiomas with 1 of the following
 - The lesion affects a vital structure causing impairment
 - The lesion causes pain, bleeding, repeated infection, or difficulty eating\swallowing
10. Pyogenic granuloma in the face and neck
11. Verrucae (warts) after at least two of the following conventional therapies have been tried and failed: topical chemotherapy, curettage, electrodesiccation and cryotherapy

Medicare Members
CMS
NCD ID 140.5 Laser Procedures

Indications and Limitations of Coverage

Medicare recognizes the use of lasers for many medical indications. Procedures performed with lasers are sometimes used in place of more conventional techniques. In the absence of a specific non-coverage instruction, and where a laser has been approved for marketing by the Food and Drug Administration, Medicare Administrative Contractor discretion may be used to determine whether a procedure performed with a laser is reasonable and necessary and, therefore, covered. The determination of coverage for a procedure performed using a laser is made on the basis that the use of lasers to alter, revise, or destroy tissue is a surgical procedure. Therefore, coverage of laser procedures is restricted to practitioners with training in the surgical management of the disease or condition being treated.

CPT Codes

- 17000 Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion
- 17003 second through 14 lesions, each (List separately in addition to code for first lesion)
- 17004 15 or more lesions
- 17106 Destruction of cutaneous vascular proliferative lesions (e.g., laser techniques); less than 10 sq cm
- 17107 10.0 to 50.0 sq cm
- 17108 over 50.0 sq cm
- 17110 Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions
- 17111 15 or more lesions
- 17260 Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), trunk, arms or legs; lesion diameter 0.5 cm or less
- 17261 lesion diameter 0.6 to 1.0 cm
- 17262 lesion diameter 1.1 to 2.0 cm
- 17263 lesion diameter 2.1 to 3.0 cm
- 17264 lesion diameter 3.1 to 4.0 cm
- 17266 lesion diameter Over 4.0 cm
- 17270 Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less
- 17271 lesion diameter 0.6 to 1.0 cm
- 17272 lesion diameter 1.1 to 2.0 cm
- 17273 lesion diameter 2.1 to 3.0 cm
- 17274 lesion diameter 3.1 to 4.0 cm
- 17276 lesion diameter Over 4.0 cm
- 17280 Destruction, malignant lesion (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less

17281	lesion diameter 0.6 to 1.0 cm
17282	lesion diameter 1.1 to 2.0 cm
17283	lesion diameter 2.1 to 3.0 cm
17284	lesion diameter 3.1 to 4.0 cm
17286	lesion diameter Over 4.0 cm

Limitations

SummaCare considers pulsed dye laser treatment unproven and not medically necessary for all other indications unless listed above.

Coverage Decisions

Coverage decisions made per CMS Guidelines, Hayes Research and industry standards research

Plans Covered By This Policy

Commercial and Medicare

Self-funded Commercial groups refer to plan document for coverage

Sources Reviewed

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[NCD - Laser Procedures \(140.5\) \(cms.gov\)](#)