Laser Therapy for Psoriasis and Vitiligo

Policy Number:	**M20141017001**
Effective Date:	**12/1/2014**
Sponsoring Department:	**Health Care Services**
Impacted Department(s):	**Health Care Services**

Type of Policy: ☒ Internal ☒ External

Data Classification: ☐Confidential ☐Restricted ☒Public

Applies to (Line of Business):

☐ Corporate (All)
☒ State Products, if yes which plan(s): ☒MediSource; ☒ MediSource Connect; ☒Child Health Plus; ☒ Essential Plan
☒ Medicare, if yes, which plan(s): ☒MAPD; ☐PDP; ☒ISNP; ☒CSNP
☒ Commercial, if yes, which type: ☒Large Group; ☒Small Group; ☒Individual
☒ Self-Funded Services *(Refer to specific Summary Plan Descriptions (SPDs) to determine any pre-authorization or pre-certification requirements and coverage limitations. In the event of any conflict between this policy and the SPD of a Self-Funded Plan, the SPD shall supersede the policy.)*

Excluded Products within the Selected Lines of Business (LOB)

Applicable to Vendors? Yes ☐ No☒

Purpose and Applicability:

To set forth the criteria utilized to determine the medical necessity for use of **laser therapy** for **psoriasis** and **vitiligo**.

Policy:

Background

Psoriasis is a chronic inflammatory disorder of the skin that is characterized by patches, scaly plaques, and papules that are often painful or pruritic. Plaque psoriasis is the most common form of psoriasis, affecting 80% to 90% of patients. Plaque psoriasis is characterized by well-defined plaques that vary in size from one to several centimeters and

may range in severity from only a few plaques to plaques covering almost the entire body surface. The excimer laser, a laser that emits UVB light, is an alternative for the treatment of localized areas of psoriasis. The 308 nm excimer laser allows treatment of only involved skin; thus, considerably higher doses of UVB can be administered to psoriatic plaques at each treatment session when compared with traditional phototherapy. The Joint American Academy of Dermatology National Psoriasis Foundation guidelines of care for the management and treatment of psoriasis states phototherapy Targeted UVB phototherapy, including excimer laser (308 nm), excimer light (308 nm), and targeted NB-UVB light (311-313 nm), is recommended for use in adults with localized plaque psoriasis (10% BSA), for individual lesions, or in patients with more extensive disease.

Vitiligo is a common, acquired, autoimmune, chronic disorder of pigmentation characterized by the development of white macules on the skin due to loss of epidermal melanocytes. The depigmented areas are often symmetrical and usually increase in size with time. Given the contrast between the white patches and areas of normal skin, the disease is most disfiguring in darker skin types and has a profound impact on the quality of life of children and adults. For patients with limited disease affecting 2 to 3 percent of total body surface area that does not respond to topical corticosteroids or topical calcineurin inhibitors, targeted phototherapy using 308 nm monochromatic excimer lamps or lasers may be employed. Excimer lamps or lasers deliver high-intensity light only to the affected areas while avoiding exposure of the healthy skin and lowering the cumulative UVB dose.

An evaluation of the peer-reviewed scientific literature, including but not limited to subscription materials, has provided Independent Health the basis for its medical necessity coverage outlined below.

Commercial and Self-Funded: covers laser treatment for Psoriasis utilizing the Commercial criteria below.

Medicare Advantage:
There are currently National Coverage Determinations (NCD) for the treatment of psoriasis. Please refer to the links listed in the Reference section for Medicare Advantage members.

MediSource, MediSource Connect, Child Health Plus and Essential Plan:
MediSource, MediSource Connect, Child Health Plus and Essential Plan covers laser treatment for Psoriasis utilizing the Commercial criteria below. Laser treatment for the diagnosis of Vitiligo is not a covered benefit.

Preauthorization is not required for up to 10 treatments over a four-month period. Repeat courses are considered only if there is objective documentation of a significantly positive response including plaque thinness, reduced scaliness or reduced pigmentation, to the first course of laser therapy.

The laser being used must be one for which the U.S. Food and Drug Administration (FDA) has rendered approval for use in treatment of psoriasis.

For psoriasis, the use of excimer lasers should be limited to the targeted treatment of individual psoriatic plaques.
For vitiligo, the use of excimer lasers should be limited to the targeted treatment of daily sun exposed regions (such as the face, neck and dorsum of the hands) because the depigmented skin is sun sensitive, subject to severe sunburn and may pose a risk for skin cancer.

The determination of coverage for a procedure performed using 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.

Clinical Indications

Laser therapy for psoriasis is considered medically necessary if **ALL** of the following criteria are met:

- Mild-to-moderate plaque psoriasis
- Less than 10% of body surface area involved
- Topical and intralesional therapy (minimum trial: three months) has failed to produce significant improvement. Such therapies include corticosteroids, vitamin D derivatives, retinoids, anthralin, tar preparations and/or keratolytic agents
- The patient is not a candidate for systemic therapy
- The practitioner has training in the surgical management of the disease or condition being treated

Laser therapy for vitiligo is considered medically necessary if **ALL** of the following criteria are met:

- Failure, intolerance or contraindication to an eight consecutive week trial of at least ONE topical corticosteroid
- Failure, intolerance or contraindication to a twelve consecutive week trial of at least ONE topical calcineurin inhibitor (e.g., tacrolimus 0.03% or 0.1% ointment, pimecrolimus 1% cream)
- The practitioner has training in the surgical management of the disease or condition being treated

Contraindications for laser therapy, **NOT COVERED** for **ANY** of the following:

- **Xeroderma pigmentosum**
- Disorders with significant light sensitivity (i.e., albinism)
- **Lupus erythematous**

Pre-Authorization Required? Yes ☐ No ☒

Pre-authorization is not required for laser treatment for psoriasis.
Preauthorization is not required for up to 10 treatments over a four-month period.
Criteria above will be utilized upon retro-review.

Definitions

Laser therapy is targeted UVB light to a limited area providing the potential benefit of a rapid clinical response while avoiding the side effects of ultraviolet light exposure to unaffected skin. This laser therapy is provided by either an excimer laser or a pulsed dye laser.

Systemic lupus erythematosus (SLE) is an autoimmune disease affecting the skin, joints, kidneys, brain, and other organs. There is no cure for SLE, and the goal of treatment is symptom control.

Psoriasis is a chronic inflammatory disorder of the skin that is characterized by patches, scaly plaques, and papules that are often painful or pruritic. Plaque psoriasis is the most common form of psoriasis, affecting 80% to 90% of patients with well-defined plaques that vary in size from one to several centimeters, and may range in severity from only a few plaques to plaques covering almost the entire body surface.

Vitiligo is an acquired chronic disorder of pigmentation characterized by the development of white macules on the skin due to loss of epidermal melanocytes. The depigmented areas are often symmetrical and usually increase in size with time.

Xeroderma pigmentosum is a rare genetic condition in which the skin and tissue covering the eye are extremely sensitive to ultraviolet light.

References

Related Policies, Processes and Other Documents
N/A

Non-Regulatory references
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Regulatory References

Centers for Medicare and Medicaid (CMS) [web site]. National Coverage Determination (NCD) for Laser Procedures (140.5). Available at: http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=69&ncdver=1&bc=AAAAgAAAAAAA&
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New York State Department of Health [web site]. New York State Medicaid Program Physician Procedure Codes. Section 2 – Medicine, Drugs, and Drug Administration. April 2023 . Available at: https://www.emedny.org/providermanuals/physician/PDFS/Physician_Procedure_Codes_Sect2.pdf
Accessed October 16, 2023.

New York State Department of Health, Division of Managed Care Response to Coverage Question (CovQuest), December 9, 2024

This policy contains medical necessity criteria that apply for this service. Please note that payment for covered services is subject to eligibility criteria, contract exclusions and the limitations noted in the member's contract at the time the services are rendered.

Version Control

Signature / Approval on File? Yes ☒ No☐

Revision Date	Owner	Notes
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