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Area Medical Policy

Lines Of All Lines of

Business Business

Laser Treatment for Psoriasis

PURPOSE:

This policy discusses medical necessity criteria for psoriasis treatment using lasers.

DEFINITIONS:

Excimer laser: A targeted UVB laser (308nm) allows for treatment of only the involved skin.

Pulse dye laser: Pulsed dye lasers use light converted into heat. They are called “pulsed dye” because they use a solution with an organic dye to create the laser effect. The lasers deliver intense yet gentle bursts of light into very targeted areas of the skin. The resulting heat destroys damaged blood vessels while keeping surrounding skin safe.

Plaque psoriasis: A chronic inflammatory skin disease that classically presents with well-demarcated, pink plaques with silvery scale, commonly involving the scalp, elbows, knees, and presacral region. Psoriasis is an autoimmune condition stemming from inappropriate activation of cutaneous T cells and dendritic cells, with subsequent release of inflammatory cytokines.

Psoriasis Area and Severity Index (PASI): The PASI is a widely used instrument in psoriasis trials that assesses and grades the severity of psoriatic lesions and the patient’s response to treatment. It produces a numeric score ranging from 0 to 72. In general, a PASI score of 5 to 10 is considered moderate disease, and a score over 10 is considered severe. A 75% reduction in the PASI score (PASI 75) is the current benchmark for most clinical trials in psoriasis and the criterion for efficacy of new psoriasis treatments approved by the FDA.

In calculating the PASI, severity is determined by dividing the body into four regions: head (h), upper extremities (u), trunk (t) and lower extremities (l), that account for 10%, 20%, 30%, and 40% of the total body surface area (BSA), respectively. Each of these areas is assessed separately for erythema, induration, and scaling, which is rated on a scale of 0 (none) to 4 (very severe). Extent of psoriatic involvement is graded as follows:

- 0 = no involvement;
- 1 = 1% to 9%;
- 2 = 10% to 29%;

- 3 = 30% to 49%;
- 4 = 50% to 69%;
- 5 = 70% to 89%;
- 6 = 90% to 100%.

PROCEDURE:

Excimer and pulsed dye laser treatment may be considered medically necessary for individuals with mild to moderate localized plaque psoriasis affecting 10% or less of body area who have failed to adequately respond to three or more months of topical treatments, including at least three of the following:

- Anthralin;
- Corticosteroids (e.g., betamethasone dipropionate ointment and fluocinonide cream);
- Keratolytic agents (e.g., lactic acid, salicylic acid, and urea);
- Retinoids (e.g., tazarotene);
- Tar preparations;
- Vitamin D derivatives (e.g., calcipotriene)

No more than 13 laser treatments per course and 3 courses per year are generally considered medically necessary. If the person fails to respond to an initial course of laser therapy, as documented by a reduction in Psoriasis Area and Severity Index (PASI) score or other objective response measurement, additional courses are not considered medically necessary.

Note: The Health Plan complies with all Medicare National Coverage Determinations (NCDs) and applicable Local Coverage Determinations (LCDs) for all therapies, items, services, and/or procedures that are covered benefits under Medicare. If the coverage criteria in this policy conflicts with any NCDs or relevant LCD, the relevant document controls the application of services regardless of the version of the NCD or LCD listed in the reference section.

CODING:

Procedure Codes:

CPT Code	Description
17110	Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettment), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions
17111	Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettment), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions
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

Diagnosis Codes:

ICD-10 Code	Description
L40.0	Psoriasis vulgaris
L40.1	Generalize pustular psoriasis
L40.2	Acrodermatitis continua
L40.3	Pustulosis palmaris et plantaris
L40.4	Guttate psoriasis
L40.8	Other psoriasis
L40.9	Psoriasis, unspecified

REFERENCES:

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Paller AS, Lund EB. Psoriasis in Children: Management of Chronic Plaque Psoriasis. UpToDate. Last updated August 31, 2022. Accessed December 12, 2022.

Stanford Medicine Health Care. What Is Pulsed Dye Laser Treatment? <https://stanfordhealthcare.org/medical-treatments/p/pulsed-dye-laser-treatment.html>. Accessed December 12, 2022.

POLICY HISTORY:

Date:	Description
12/28/2022	This policy was transitioned from a THP Transplant and New Technology (T&T) policy. Previous versions are available upon request.

POST-PAYMENT AUDIT STATEMENT:

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by THP at any time pursuant to the terms of your provider agreement.

DISCLAIMER:

This policy is intended to serve as a guideline only and does not constitute medical advice, any guarantee of payment, plan pre-authorization, an explanation of benefits, or a contract. This policy is intended to address medical necessity guidelines that are suitable for most individuals. Each individual's unique clinical situation may warrant individual consideration based on medical records. Individual claims may be affected by other factors, including but not necessarily limited to state and federal laws and regulations, legislative mandates, provider contract terms, and THP's professional judgment. Reimbursement for any services shall be subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification, and utilization management guidelines. Unless otherwise noted within the policy, THP's policies apply to both participating and non-participating providers and facilities. THP reserves the right to review and revise these policies periodically as it deems necessary in its discretion, and it is subject to change or termination at any time by THP. THP has full and final discretionary authority for its interpretation and application. Accordingly, THP may use reasonable discretion in interpreting and applying this policy to health care services provided in any particular case.

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All Revision Dates

2/10/2023