Important note
Even though this policy may indicate that a particular service or supply may be considered covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will 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. With respect to Senior Care members, this policy will apply unless Medicare policies extend coverage beyond this Medical Policy & Criteria Statement. Senior Care policies will only apply to benefits paid for under Medicare rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the CMS website.

SERVICE: Pulsed Dye Laser Treatment

PRIOR AUTHORIZATION: Required.

POLICY: Laser therapy may be considered medically necessary for the following conditions:
- Keloids or other hypertrophic scars which are secondary to an injury or covered surgical procedure and either criterion below is met:
  - Causes significant pain requiring chronic analgesic medication; OR
  - Results in significant functional impairment
- Mild to moderate localized plaque psoriasis when the following criteria are met
  - affects 10% or less of their body area AND
  - have failed to adequately respond to 3 or more months of topical treatments
- Port wine stains and other hemangiomas when lesions are located on the face and neck

Pulsed Dye Laser therapy is considered cosmetic for the following conditions (list is NOT inclusive):
- Dyschromia
- Removal of hair for pseudofolliculitis barbae or follicular cysts
- Removal of spider angioma
- Removal of telangiectasias
- Rosacea
- Acne
- Granuloma faciale
- Rhinophyma
- Genital warts
- Granuloma faciale
- Superficial glomangiomas
- Pyrogenic granuloma
- Verrucae

Pulsed Dye Laser therapy is considered experimental and investigational for all other indications.

For Medicare lines of business see LCD referenced below.
OVERVIEW: Laser is an acronym for light amplification by stimulated emission of radiation. A laser creates orderly beams of intense light of one color. These instruments concentrate the light to produce a cut, a burn or seal of tissue.

Many skin lesions are considered cosmetic and thus treatment is not a benefit for many plans.

MANDATES: Reconstructive Surgery for Craniofacial abnormalities in a child TIC §1367.153

CODES: Reconstructive Surgery for Craniofacial abnormalities in a child TIC §1367.153

Important note: CODES: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.

| CPT Codes: | 17106-17108 Destruction of cutaneous vascular proliferative lesions (e.g., laser technique) |
| ICD10 codes | D18.00-D18.09 Q82.5 |

CMS: NCD Manual Section Number 140.5: 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, 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.

No specific LCD for Pulsed Dye Laser Treatment. However, LCD L35090 addresses cosmetic and reconstructive surgery, and LCD L34938 addresses removal of benign skin lesions.

POLICY HISTORY:

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REFERENCES: The following scientific references were utilized in the formulation of this medical policy. SWHP will continue to review clinical evidence related to this policy and may modify it at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the
list, please forward the reference(s) to SWHP so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.