



## Excimer Laser Skin Therapy Clinical Coverage Criteria

### Overview

Laser skin therapies encompass a wide array of treatments aimed at multiple skin conditions. Excimer lasers utilize ultraviolet lights in order to treat a variety of dermatological conditions utilizing a 308- nm (nanometer) wavelength to treat a small, focused area. Although the excimer laser is not a first-line treatment, it remains an excellent treatment option for psoriasis patients (Abrouk et al., 2016).

Several different treatment protocols have been developed and optimized to more effectively treat psoriatic lesions and to achieve greater improvements in the Psoriasis Area and Severity Index (PASI) score with fewer treatments. Each of these protocols make use of different features of the patients' psoriasis to help determine the optimal dosimetry when utilizing the excimer laser. (Abrouk et al., 2016). In Feldman et al., 2002, treatments were scheduled twice weekly with a minimum of 48 hours between treatments for a total of 10 treatments. Of the patients who met the protocol requirements of 10 treatments or clearing, 72% (66/92) achieved at least 75% clearing in an average of 6.2 treatments; 35% (28/80) achieved at least 90% clearing in an average of 7.5 treatments (Feldman et al., 2002).

For the treatment of localized plaque psoriasis, including scalp and palmoplantar psoriasis, a recent systematic review and meta-analysis of 13 studies concluded that the excimer laser is the most effective of the 3 targeted UVB therapies (excimer laser, excimer light and narrowband UVB). In studies, 70% of patients achieved PASI 75. The authors concluded that excimer laser should be considered if topical treatments fail prior to progressing to systematic treatments or biologics (Almutawa et al., 2015).

To achieve maximal efficacy, treatment with targeted excimer laser should be carried out 2-3 times weekly (Elmets et al., 2019).

### Policy

This Policy applies to the following Fallon Health products:

- Commercial
- Medicare Advantage
- MassHealth ACO
- NaviCare
- PACE

Fallon Health follows guidance from the Centers for Medicare and Medicaid Services (CMS) for organization (coverage) determinations for Medicare Advantage plan members. National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and guidance in the Medicare manuals are the basis for coverage determinations. When there is no NCD, LCD, LCA or manual guidance, Fallon Health Clinical Coverage Criteria are used for coverage determinations.

Medicare has an **NCD for Treatment of Psoriasis (250.1)**. National Government Services, Inc. does not have an LCD or LCA for excimer laser skin therapy for psoriasis (MCD search 06-23-2021)

For plan members enrolled in NaviCare and PACE plans, Fallon Health follows guidance from CMS for coverage determinations. In the event that there is no Medicare guidance or if the plan member does not meet medical necessity criteria in Medicare guidance, Fallon Health will follow guidance published by MassHealth. When there is no Medicare or MassHealth guidance, Fallon Health Clinical Coverage Criteria are used for coverage determinations for NaviCare members. Each PACE plan member is assigned to an Interdisciplinary Team. When there is no Medicare or MassHealth guidance, the member's Interdisciplinary Team is responsible for coverage determinations.

Fallon Health requires prior authorization for excimer laser skin therapy. Medical records from the primary care physician and other providers who have diagnosed or treated the symptoms prompting this request are also required.

Fallon Health will cover excimer laser skin therapy for moderate to severe psoriasis and vitiligo when all of the following criteria are met:

1. The psoriasis must be localized plaque psoriasis affecting 10% or less of the body surface area.
2. The member must have tried and failed a minimum 3 months longer of conservative treatments with one or more of the below:
  - Topical application of steroids or other drugs; or
  - Ultraviolet light (actinotherapy); or
  - Coal tar alone or in combination with ultraviolet B light (Goeckerman treatment).

Treatment for any other condition is either considered cosmetic or experimental/investigational and will not be covered.

## Exclusions

- Any use of Excimer Laser Skin Therapy other than listed above
- Excimer Laser Skin Therapy for cosmetic reasons.

## Coding

The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage or reimbursement.

Code	Description
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

## References

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## Policy history

Origination date: 10/01/2017  
 Approval(s): Technology Assessment Committee: 09/27/2017 (approved new policy), 08/22/2018 (updated references), 09/10/2019 (updated references)

06/25/2021 (Added clarifying language related to Medicare Advantage, NaviCare and PACE under policy section).

*Not all services mentioned in this policy are covered for all products or employer groups. Coverage is based upon the terms of a member's particular benefit plan which may contain its own specific provisions for coverage and exclusions regardless of medical necessity. Please consult the product's Evidence of Coverage for exclusions or other benefit limitations applicable to this service or supply. If there is any discrepancy between this policy and a member's benefit plan, the provisions of the benefit plan will govern. However, applicable state mandates 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.*