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:

☒ Fallon Medicare Plus, Fallon Medicare Plus Central (Medicare Advantage)
☒ MassHealth ACO
☒ NaviCare HMO SNP (Dual Eligible Medicare Advantage and MassHealth)
☒ NaviCare SCO (MassHealth-only)
☒ PACE (Summit Eldercare PACE, Fallon Health Weinberg PACE)
☒ Community Care (Commercial/Exchange)

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 Clinical Coverage Criteria

Fallon Health Clinical Coverage Criteria apply to all products.

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 of 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.

Medicare Variation

None.

Medicare statutes and regulations do not have coverage criteria for excimer laser skin therapy. 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 (Medicare Coverage Database search 04/15/2025). Coverage criteria for excimer laser skin therapy are not fully established by Medicare, therefore the Plan's coverage criteria are applicable.

MassHealth Variation

None.

MassHealth does not have Guidelines for Medical Necessity Determination for excimer laser skin therapy, therefore, Fallon Health Clinical Coverage Criteria are applicable (MassHealth website search 04/15/2025).

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

1. CMS National Coverage Determination (NCD) 250.1 Treatment of Psoriasis.
2. Mudigonda T, Dabade TS, West CE et al. Therapeutic modalities for localized psoriasis: 308-nm UVB excimer laser versus nontargeted phototherapy. *Cutis*. 2012; 90(3):149-54.
3. Rahman M, Alam K, Ahmad MZ, et al. Classical to current approach for treatment of psoriasis: a review. *Endocr Metab Immune Disord Drug Targets*. 2012;12(3):287-302.
4. Chen X, Yang M, Cheng Y, Liu GJ, Zhang M. Narrow-band ultraviolet B phototherapy versus broad-band ultraviolet B or psoralen-ultraviolet A photochemotherapy for psoriasis. *Cochrane Database Syst Rev*. 2013 Oct 23;(10):CD009481.
5. Whitton ME, Pinart M, Batchelor J, et.al. Interventions for vitiligo. Cochrane Database Syst Rev. 2015 Feb 24;(2):CD003263.

6. Rodrigues M, Ezzedine K, Hamzavi I, et al. Current and emerging treatments for vitiligo. *J Am Acad Dermatol*. 2017 Jul;77(1):17-29.
7. Abrouk M, Levin E, Brodsky M, et. al. Excimer laser for the treatment of psoriasis: safety, efficacy, and patient acceptability. Psoriasis (Auckl). 2016 Dec 12;6:165-173.
8. Feldman SR, Mellen BG, Housman TS, et. al. Efficacy of the 308-nm excimer laser for treatment of psoriasis: results of a multicenter study. *J Am Acad Dermatol*. 2002 Jun;46(6):900-6.
9. Abrouk M, Nakamura M, Zhu TH, et al. The impact of PASI 75 and PASI 90 on quality of life in moderate to severe psoriasis patients. *J Dermatolog Treat*. 2017 Sep;28(6):488-491.
10. Elmets CA, Lim HW, Stoff B, et al. Joint American Academy of Dermatology-National Psoriasis Foundation guidelines of care for the management and treatment of psoriasis with phototherapy. *J Am Acad Dermatol*. 2019 Sep;81(3):775-804.
11. Almutawa F, Thalib L, Hekman D, et al. Efficacy of localized phototherapy and photodynamic therapy for psoriasis: a systematic review and meta-analysis. *Photodermatol Photoimmunol Photomed*. 2015 Jan;31(1):5-14.

Policy history

Origination date:	10/01/2017
Review/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). Utilization Management Committee: 04/15/2025 (annual review; approved with no changes to coverage criteria).

Instructions for Use

Fallon Health complies with CMS's national coverage determinations (NCDs), local coverage determinations (LCDs) of Medicare Contractors with jurisdiction for claims in the Plan's service area, and applicable Medicare statutes and regulations when making medical necessity determinations for Medicare Advantage members. When coverage criteria are not fully established in applicable Medicare statutes, regulations, NCDs or LCDs, Fallon Health may create internal coverage criteria under specific circumstances described at § 422.101(b)(6)(i) and (ii).

Fallon Health generally follows Medical Necessity Guidelines published by MassHealth when making medical necessity determinations for MassHealth members. In the absence of Medical Necessity Guidelines published by MassHealth, Fallon Health may create clinical coverage criteria in accordance with the definition of Medical Necessity in 130 CMR 450.204.

For plan members enrolled in NaviCare, Fallon Health first follows CMS's national coverage determinations (NCDs), local coverage determinations (LCDs) of Medicare Contractors with jurisdiction for claims in the Plan's service area, and applicable Medicare statutes and regulations when making medical necessity determinations. When coverage criteria are not fully established in applicable Medicare statutes, regulations, NCDs or LCDs, or if the NaviCare member does not meet coverage criteria in applicable Medicare statutes, regulations, NCDs or LCDs, Fallon Health then follows Medical Necessity Guidelines published by MassHealth when making necessity determinations for NaviCare members.

Each PACE plan member is assigned to an Interdisciplinary Team. PACE provides participants with all the care and services covered by Medicare and Medicaid, as authorized by the interdisciplinary team, as well as additional medically necessary care and services not covered by Medicare and Medicaid. With the exception of emergency care and out-of-area urgently needed care, all care and services provided to PACE plan members must be authorized by the interdisciplinary team.

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.