

## OHCA Guideline

<b>Medical Procedure Class:</b>	<b>Dermatologic Laser Treatment</b>
Initial Implementation Date:	5/6/2022
Last Review Date:	08/06/2025
Effective Date:	11/1/2025
Next Review:	November 2028
*This document is not a contract, and these guidelines do not reflect or represent every conceived situation. Although all items contained in these guidelines may be met, this does not reflect or imply any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.	
<input type="checkbox"/> New Criteria	<input checked="" type="checkbox"/> Revision of Existing Criteria
<b>Summary</b>	
<b>Purpose:</b>	To provide guidelines to assure medical necessity and consistency in the prior authorization process.
<b>Definitions</b>	
<p><b>Actinotherapy</b>-phototherapy-the exposure to nonionizing radiation for therapeutic benefit; it may involve exposure to ultraviolet A (UVA), ultraviolet B (UVB) or various combinations of UVA or UVB radiation.</p> <p><b>Excimer laser</b>-a laser that emits very concentrated light in the ultraviolet (UV) region of the spectrum.</p> <p><b>Porphyria</b>-one of a variety of hereditary diseases that are characterized by abnormalities in the reactions needed to produce heme, resulting in increased formation and excretion of chemicals called porphyrins; most porphyria affects the skin or nervous system.</p> <p><b>Psoriasis Area and Severity Index (PASI)</b>-a tool used to measure the severity and extent of psoriasis; a PASI score of &lt;5 indicates mild chronic plaque psoriasis; a score of 5-10 represents moderate chronic plaque psoriasis; a score of &gt;10 describes severe plaque psoriasis; the maximum PASI score is 72.</p> <p><b>Psoriasis</b>-a reddish, scaly rash often located over the surface of the elbows, knees, scalp, and around or in the ears, navel, genitals, or buttocks.</p> <p><b>Systemic Lupus Erythematosus</b>-chronic inflammatory condition caused by an autoimmune disease which can cause disease of the skin, heart, lungs, kidneys, joints and nervous system.</p> <p><b>Vitiligo</b>-a condition in which the skin turns white due to the loss of pigment from the melanocytes, cells that produce the pigment melanin that gives skin color.</p>	
<b>Description</b>	
<p><b>Office-Based Excimer Laser Therapy</b> - Excimer laser, also called exciplex laser, is a form of ultraviolet laser proposed for the treatment of various dermatologic conditions including psoriasis and vitiligo. An excimer laser releases a spectrum of 308-nm UVB wavelengths and is used to treat small, focused areas of the body (e.g., 2 X 2 centimeters).</p> <p>Laser therapy is proposed to increase the precision and delivery of UVB energy to targeted tissue. The increased precision results in a faster therapeutic effect and decreases the total number of treatments needed, limits the amount of UV radiation exposure, and decreases the risk of skin cancer (Feldman, 2019). This precision makes total-body treatment with laser therapy difficult.</p> <p><b>Psoriasis:</b> Excimer laser therapy is an established treatment option for patients with psoriasis that is unresponsive to topical agents or phototherapy.</p>	

**Vitiligo:** Use of an FDA-approved excimer laser meets the definition of medical necessity for the treatment of vitiligo for members who have failed to respond to a consecutive 3-month trial of conservative treatment (i.e. topical agents, non-laser ultraviolet therapy).

#### **CPT Codes Covered Requiring Prior Authorization (PA)**

**96920** - laser treatment for inflammatory skin disease (psoriasis), total area <250 sq cm

**96921** - laser treatment for inflammatory skin disease (psoriasis), total area 250 sq cm to 500 sq cm

**96922** - laser treatment for inflammatory skin disease (psoriasis), total area >500 sq cm

#### **Approval Criteria**

##### **I. GENERAL**

- A. Medical Necessity must be met. All documentation submitted to request services or substantiate previously provided services must demonstrate through adequate objective medical records, evidence sufficient to justify the member's needs for the service in accordance with the **OAC 317:30-3-1(f)(2)**.
- B. Documentation for **ALL** 96920, 96921, 96922 requests must include:
  - 1. Attending physician initial assessment, **AND**
  - 2. Attending physician history & physical, **AND**
  - 3. Attending physician visit notes that include documentation of failed response after 3 consecutive months of conservative therapy:
    - a. For **psoriasis**-failure to respond to 3 or more months of topical treatments, including at least 3 of the following with or without standard non-laser ultraviolet actinotherapy: OK
      - i. Corticosteroids **or**
      - ii. Keratolytic agents **or**
      - iii. Retinoids **or**
      - iv. Vitamin D derivatives.
    - b. For **vitiligo**:
      - i. Failure, intolerance or contraindication to an eight consecutive week trial of at least ONE topical corticosteroid **AND**
      - ii. 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).

##### **II. INDICATIONS**

- A. Office-Based Excimer Laser Therapy: **Treatment for Psoriasis** - Office-based targeted excimer laser therapy is considered medically necessary for the treatment of localized, plaque psoriasis refractory to conservative treatment with topical agents and/or phototherapy.
  - 1. The American Academy of Dermatology (AAD) recommends the use of excimer laser therapy for the treatment of mild, moderate or severe psoriasis with less than 10% body surface area involvement.
  - 2. Initial dosage depends on the skin type and plaque characteristics and thickness.
  - 3. Treatment is typically administered two to three times a week until the condition clears (average of 10–12 weeks).
  - 4. Mean remission time is reported to be 3.5–6 months.
- B. Office-Based Excimer Laser Therapy: **Treatment for Vitiligo** - An initial regimen (i.e., for up to 12 weeks) of office-based targeted excimer laser therapy is considered medically necessary for the treatment of localized vitiligo when **BOTH** of the following criteria are met:

1. Failure, intolerance or contraindication to an eight consecutive week trial of at least ONE topical corticosteroid, **AND**
2. 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).
- C. Continued office-based targeted excimer laser therapy beyond the initial 12 weeks and for up to 52 weeks is considered medically necessary for the treatment of localized vitiligo when there is a beneficial clinical response to treatment.
- D. Continued office-based targeted excimer laser therapy beyond 52 weeks up to and including 200 total treatments is considered medically necessary when there is a continued beneficial clinical response.

**III. Targeted excimer laser therapy is considered NOT medically necessary for the treatment of atopic dermatitis (i.e. atopic eczema).**

**IV. FREQUENCY**

- A. Treatments are typically given two to three times a week on nonconsecutive days, last for 15-30 minutes, and are given for 4–36 weeks resulting in improvement of the condition.
- B. The number of treatments required depends on multiple factors including the condition being treated, the severity of the condition, skin type, and response to treatment.
- C. A minimum of 48 hours between treatments is advised.

**V. CONTINUED MEDICAL NECESSITY**

- A. Services in excess of limitations noted above in II C and D are subject to review of the following documentation to support medical necessity:
  1. Attending physician initial assessment,
  2. Attending physician history & physical,
  3. Attending physician visit notes that include documentation of:
    - a. For **psoriasis** - member's response to laser therapy treatment including reduction in Psoriasis Area and Severity Index (PASI) score or other objective response measurement,
    - b. For **vitiligo** - significant follicular pigmentation.
- B. Documentation that treatment is affecting the underlying condition.

**Discontinuation Criteria**

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.

More than 200 treatment sessions of office-based targeted excimer laser therapy for the treatment of vitiligo are considered not medically necessary.

**Additional Information**

Phototherapy, photochemotherapy, and excimer laser therapy are contraindicated in individuals with known photosensitivity, porphyria, or systemic lupus erythematosus.

**References**

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