I. Excimer Laser Treatment of Psoriasis

A. Documentation Required:
To facilitate the authorization process, referral requests must include the following:

1. Dermatologist documentation of mild to moderate localized psoriasis vulgaris (plaque psoriasis) or vitiligo of the face and neck;
2. Dermatologist documentation of percent body surface area of plaque psoriasis to be treated;
3. Dermatologist documentation of failed response to topical treatment;
4. Order from a dermatologist.

B. Criteria for Medical Necessity-Psoriasis Initial Course of Treatment
Up to 13 excimer laser treatments using an FDA approved device is considered medically necessary for the treatment of mild to moderate localized plaque psoriasis if BOTH of the following are met:

1. Treatment area of localized plaque psoriasis affects 10% or less of body surface area;
   AND
2. Failed response to 3 or more consecutive months of topical treatments from at least 3 of the following:
   a. Anthralin;
   b. Corticosteroids;
   c. Keratolytic agents;
   d. Retinoids;
   e. Tar preparations;
   f. Vitamin D derivatives;
   g. Calcineurin inhibitors

C. Criteria for Medical Necessity-Vitiligo Initial Course of Treatment
Up to 13 excimer laser treatments using an FDA approved device is considered medically necessary for the treatment of vitiligo of the face and neck with documented failed response to 3 or more consecutive months of at least 2 of the following treatments:

1. Topical corticosteroids;
2. Topical calcineurin inhibitors;
3. NB-UVB phototherapy

D. Criteria for Medical Necessity-Subsequent Course of Treatment
Up to 13 excimer laser treatments per course and up to 2 additional courses per year is considered medically necessary for the treatment of mild to moderate localized plaque psoriasis of any body surface or vitiligo of the face and neck if there is documented, measurable response to treatment.
II. Pulsed Dye Laser (PDL) Treatment

A. Documentation Required
To facilitate the authorization process, referral requests must include the following:
1. Dermatologist documentation of the type of lesion and specific areas to be treated;
2. Dermatologist documentation of the treatment plan and anticipated outcome of treatment;
3. Documentation of symptoms and degree of functional impairment;
4. Order from a dermatologist.

B. Criteria for Medical Necessity-Pulsed Dye Laser (PDL)
Treatment with PDL is considered medically necessary for EITHER of the following conditions:
1. Treatment of congenital port-wine stains and hemangiomas when they are located on the face or neck; OR
2. Treatment of superficial involuting, ulcerating or cavernous hemangiomas when ONE of the following is met:
   i. The lesion compromises vital structures (e.g., nose, eyes, ears, lips); OR
   ii. Is symptomatic (e.g., bleeding, painful, ulcerated); OR
   iii. Results in a documented functional impairment.

III. Indications Considered Experimental, Investigational, or not Medically Necessary: (This list is not all inclusive).
1. Excimer laser treatment of plaque psoriasis affecting greater than 10% of body surface area is considered not medically necessary;
2. Subsequent courses of excimer or pulsed dye laser treatment after failure to respond to the initial course of treatment is considered not medically necessary;
3. Excimer or pulsed dye laser treatment of other forms of psoriasis or dermatologic conditions is considered experimental or investigational (this list is not all inclusive):
   a. Acne vulgaris
   b. Atopic dermatitis
   c. Dyschromia (caused by café au lait spots, rashes, sunburn)
   d. Eczematous lesions
   e. Granuloma annulare
   f. Granuloma faciale
   g. Herpes simplex labialis
   h. Hidradenitis suppurative
   i. Jessner lymphocytic infiltration of skin
   j. Lichen sclerosus
   k. Lupus erythematoses
   l. Melasma
   m. Morphea (scleroderma of the skin)
   n. Mycosis fungoides
   o. Onychia
   p. Onychomycosis
   q. Pilonidal sinus disease
   r. Prurigo nodularis
   s. Reticular erythematosus mucinosis
   t. Rosacea
   u. Sarcoidosis
   v. Spongiotic dermatitis
   w. Striae distensae (stretch marks)
   x. Vulval intraepithelial neoplasia
CPT/ HCPCS CODES:

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<th>Code</th>
<th>Description</th>
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<td>250 sq cm to 500 sq cm</td>
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<td>over 500 sq cm</td>
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<td>17108</td>
<td>Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); over 50 sq cm</td>
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REFERENCES:


UpToDate®, Treatment of Psoriasis, March 1, 2017.

UpToDate®, Vitiligo: Management and Prognosis. May 5, 2017

