Policy
The Medical Management Department reviews referral requests for authorization of Excimer Laser treatment of psoriasis for any surface area and vitiligo of the head and neck; and Pulsed Dye Laser for treatment of congenital port wine stains and hemangiomas.

This Medical Policy does not constitute medical advice. When deciding coverage, the enrollee’s specific plan document must be referenced. The terms of an enrollee’s plan document (Certificate of Coverage (COC) or Summary Plan Description (SPD)) may differ from this Medical Policy. In the event of a conflict, the enrollee’s specific benefit plan document supersedes this Medical Policy. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements, and the plan benefit coverage prior to use of this Medical Policy. Other Policies and Coverage Determination Guidelines may apply. Quartz reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

Procedure
I. Excimer Laser Treatment of Psoriasis and Vitiligo
   A. Documentation Required:
      In order 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.
      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 months of at least 2 of the following conservative treatments:
   1. Topical or systemic corticosteroids;
   2. Topical calcineurin inhibitors;
   3. NB-UVB phototherapy or PUVA photochemotherapy

D. Criteria for Medical Necessity-Subsequent Course of Treatment for Psoriasis and Vitiligo
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
In order 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 laser treatment of other forms of psoriasis including nail, scalp or palmoplantar psoriasis and pulse dye laser treatment of plaque or nail psoriasis.
4. Excimer or pulsed dye laser treatment of other 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 erythematodes
l. Melasma
m. Morphea (scleroderma of the skin)
n. Mycosis fungoides
o. Onychia
p. Onychomycosis
q. Pilonidal sinus disease
r. Prurigo nodularis
s. Reticular erythematous mucinosis
t. Rosacea
u. Sarcoidosis
v. Spongiotic dermatitis
w. Striae distensae (stretch marks)
x. Vulval intraepithelial neoplasia

CPT/HCPCS CODES:

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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:


