Subject: Cold Laser Therapy*

Effective Date: May 18, 2004

Department(s): Utilization Management

Policy: Therapy with a low-energy (cold) laser (HCPCS, S8948) consisting of pure red or near-infrared light of a single wavelength (between 600-1000nm) and power from 5 to 500mW, with non-thermal effects is not reimbursable under Plans administered by QualCare, Inc.

Objective: To assure proper and consistent reimbursement and to limit reimbursement to interventions of proven efficacy.

Procedure: Requests for coverage of low energy or cold laser treatment for any condition will be denied as not medically necessary due to lack of evidence of efficacy in referenced literature and is thus deemed unproven. Additional terms used for this service are low-level laser therapy, low-level light therapy and infrared therapy.

References


Vlassov VV, MacLenose HG. Low level laser therapy for treating tuberculosis. *Cochrane Database Syst Rev* 2006(2): CD003490 (Jan)


Low level laser therapy in primary Raynaud’s phenomenon—results of a placebo controlled, doubleblind intervention study. *J Rheumatol* 2004;31(12):2408-2412 (Dec)


O’Connor D, Marshall S, Massy-Westropp N. Non-surgical treatment (other than steroid injection) for carpal tunnel syndrome. *Cochrane Database Syst Rev* 2003(1):CD003219 (Jan 1)


Naeser MA. Carpal tunnel syndrome pain treated with low-level laser and microamperes transcutaneous electric nerve stimulation: A controlled study. *Arch Phys Med Rehabil* 2002;83(7):978-988 (Jul)


Gerritsen AA. Conservative treatment options for carpal tunnel syndrome: a systematic review of randomised controlled trials. *J Neurol* 2002;249(3):272-80 (Mar)


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*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.