

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.

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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.