Subject: Laser Treatment of Plaque Psoriasis *

Effective Date: January 25, 2011

Department(s): Utilization Management

Policy: Laser treatment of plaque psoriasis is reimbursable under Plans administered by QualCare, Inc. when medical necessity criteria delineated below are met.

Objective: To ensure proper and consistent reimbursement for a medically necessary service.

Procedure: Excimer or pulsed dye laser treatment (CPT 96920-22) of Plaque Psoriasis (ICD-9 696.1; ICD-10 L40.0, L40.4, L40.9) is considered medically necessary when ALL of the following are met:

1. Disease is mild to moderate and affecting 10% or less of the body surface area.

2. There has been inadequate response to topical therapy over at least three months to include at least three agents from the following groups:
   - Anthralin
   - Corticosteroids
   - Keratolytics (lactic acid, salicylic acid, urea)
   - Retinoids (tazarotene)
   - Tar preparations
   - Vitamin D derivatives (calcipotriene)

Excimer laser treatment is performed 2 to 3 times per week with a minimum 48 hour interval between sessions, with the majority of individuals obtaining a
response after 10 to 13 sessions. Pulsed dye laser is performed once every three weeks with the majority of individuals obtaining a response after 4 to 6 sessions.

References


Drafted By/Date: MMcNeil MD 12/17/11
Approved By/Date: QMC, 1.25.11
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Approved By/Date: QM Committee 04/19/16
Reviewed w/o Revision By/Date: MMcNeil, MD 12/07/17
Approved By/Date: QM Committee 12/19/17
*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.