

Medical Affairs Policy & Procedure

Title/Service: Laser Treatment for Psoriasis

Revised	09/16/2011
Reviewed	02/16/07, 05/15/08, 04/24/09, 04/28/10
Developed	02/16/07
Policy Committee Approval	09/16/2011

Description:

Psoriasis is a noncontagious chronic skin disease that most commonly appears as raised red patches covered by a flaky silvery white buildup of dead skin cells (also known as plaque psoriasis or psoriasis vulgaris). Plaque psoriasis usually affects the knees, elbows, scalp, trunk, and nails, although it may appear anywhere on the skin. Treatment for this condition includes topical agents, systemic medications, phototherapy, and laser treatments. The goal of treatment is to reduce inflammation and to limit the buildup and shedding of the skin cells.

Indications of Coverage:

Excimer laser (308 nm, XeCl) treatment for plaque psoriasis is considered medically necessary when **all** of the following criteria are met:

- A. The medical record documents mild to moderate psoriasis affecting 10 % or less of the individual's body surface area (BSA)
 - B. The individual has failed to respond to a three month trial of topical agents (for example, steroid ointments, calcipotriene, tazarotene, retinoids, anthralin, salicylic acid) and/or phototherapy (for example, UVA, UVB)
- If the above criteria are met, a series of thirteen (13) laser treatments is appropriate. An additional series of thirteen (13) treatments may be allowed for individuals with mild to moderate psoriasis affecting 10 % or less of the BSA, who have had a minimum of four months of remission since the previous treatment series, where there is documentation that the previous treatment series provided at least a 90% improvement.

Limitations of Coverage:

- A. Review contract and endorsements for exclusions and prior authorization or benefit requirements.

- B. If used for a condition/diagnosis other than is listed in the Indications of Coverage, deny as experimental or investigative.
- C. If used for a condition/diagnosis that is listed in the Indications of Coverage, but the criteria is not met, deny as not medically necessary.
- D. The use of a laser other than the Excimer laser for the treatment of psoriasis (for example, pulsed dye, erbium: yttrium-aluminum-garnet, Er: YAG) is considered investigational as there is insufficient peer-reviewed scientific literature supporting the effectiveness of these lasers.
- E. More than thirteen (13) treatments per series are considered not medically necessary.

Documentation Required:

- Office notes
- Procedure report

Rationale:

Excimer lasers for the treatment of psoriasis are handheld devices that produce intense UVB light that promotes a more rapid response in the individual while limiting the side effects (for example, phototoxicity and skin cancer) due to exposure of ultraviolet light to skin that is not affected by psoriasis. A 2010 guideline from the American Academy of Dermatology (AAD) defines the appropriate indications for laser therapy for the treatment of psoriasis. In general, the guideline recommends laser treatment for individuals who have failed a trial of topical therapy and recommends a frequency of two to three treatments per week with a minimum of 48 hours between treatments. According to the guideline, studies show that typically thirteen or fourteen treatments are sufficient to cause a 90% improvement for most individuals. The AAD guideline notes that there is little information regarding the expected duration of remission after laser treatment, but reports that studies suggest an average of four months of remission following a series of laser treatments.

References:

1. Centers for Medicare and Medicaid Services (CMS). National Coverage Determination (NCD): Treatment of Psoriasis. NCD 250.1. Effective date not posted. Available at: www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx?list_type=ncd. Accessed: 25 Aug 11.
2. Menter A, Korman NJ, Elmets CA, Feldman SR, Gelfand JM, Gordon KB, Gottlieb A, Koo JYM, Lebwohl M, Lim HW, Van Voorhees AS, Beutner KR, and Bhushan R. Guidelines of care for the management of psoriasis and psoriatic arthritis. Section 5. Guidelines of care for the treatment of psoriasis with phototherapy and



photochemotherapy. J Am Acad Dermatol 2010; 62:114-35. Available at: www.aad.org/education-and-quality-care/clinical-guidelines/current-and-upcoming-guidelines/current-guidelines-and-guidelines-in-development. Accessed: 25 Aug 11.

Approved by the Medical Director