MEDICAL POLICY

POLICY TITLE	TRANSCUTANEOUS LASER THERAPY
POLICY NUMBER	MP- 1.097

Original Issue Date (Created):	July 26, 2004
Most Recent Review Date (Revised):	September 24, 2013
Effective Date:	November 1, 2013

I. POLICY

Low-level laser therapy is considered **investigational** for all indications including but not limited to treatment of carpal tunnel syndrome. There is insufficient evidence to support a conclusion concerning the health outcomes or benefits associated with this procedure.

High power Class IV therapeutic laser light therapy or similar therapeutic laser light therapy is considered **investigational** for all conditions, as there is insufficient evidence to support a conclusion concerning the health outcomes or benefits associated with this procedure.

Cross-reference

MP-1.094 Skin Contact Monochromatic Infrared Energy for the Treatment of Cutaneous Ulcers, Diabetic Neuropathy, and Other Miscellaneous Musculoskeletal Conditions

II. PRODUCT VARIATIONS

[N] = No product variation, policy applies as stated
[Y] = Standard product coverage varies from application of this policy, see below

[N] Capital Cares 4 Kids

[N] PPO

[N] HMO

[N] Indemnity

[N] SpecialCare

[N] POS

[Y] FEP PPO*

[N] SeniorBlue

[N] SeniorBlue PPO

* For low level laser refer to FEP Medical Policy Manual MP-2.01.56 Low-Level Laser Therapy. The FEP Medical Policy manual can be found at: http://bluewebportal.bcbs.com/landingpagelevel3/504100?docId=23980

[Note: Final page is signature page and is kept on file, but not issued with Policy.]

* For High power Class IV therapeutic laser light therapy or similar therapeutic laser light therapy -- The FEP program dictates that all drugs, devices or biological products approved by the U.S. Food and Drug Administration (FDA) may not be considered investigational. Therefore, FDA-approved drugs, devices or biological products may be assessed on the basis of medical necessity.

III. DESCRIPTION/BACKGROUND

Low-Level Laser Therapy

Low-level laser therapy (LLLT), also called photobiomodulation, is being evaluated to treat a variety of conditions including soft tissue injuries, tendinopathies, nerve injuries, and joint pain.

Low-level laser therapy (LLLT) refers to the use of red-beam or near-infrared lasers with a wavelength between 600 and 1,000 nm and power from 5–500 MW. (In contrast, lasers used in surgery typically use 300 W.) When applied to the skin, these lasers produce no sensation and do not burn the skin. Because of the low absorption by human skin, it is hypothesized that the laser light can penetrate deeply into the tissues where it has a photobiostimulative effect. The exact mechanism of its effect on tissue healing is unknown; hypotheses have included improved cellular repair and stimulation of the immune, lymphatic, and vascular systems. LLLT is being evaluated to treat a wide variety of conditions, including soft tissue injuries, tendinopathies, nerve injuries, and joint pain. LLLT has also been evaluated for lymphedema.

One of the disorders that LLLT has been evaluated for is the treatment of carpal tunnel syndrome. Carpal tunnel syndrome is the most common entrapment neuropathy and the most commonly performed surgery of the hand. The syndrome is related to the bony anatomy of the wrist. The carpal tunnel is bound dorsally and laterally by the carpal bones and ventrally by the transverse carpal ligament. Through this contained space run the 9 flexor tendons and the median nerve. Therefore any space-occupying lesion can compress the median nerve and produce the typical symptoms of carpal tunnel syndrome—pain, numbness, and tingling in the distribution of the median nerve. Symptoms of more severe cases include hypesthesia, clumsiness, loss of dexterity, and weakness of pinch. In the most severe cases, patients experience marked sensory loss and significant functional impairment with thenar atrophy. Mild to moderate cases of carpal tunnel syndrome are usually first treated conservatively with splinting and cessation of aggravating activities. Other conservative therapies include oral steroids, diuretics, nonsteroidal anti-inflammatory drugs (NSAIDs), and steroid injections into the carpal tunnel itself. Patients who do not respond to conservative therapy or who present with severe carpal tunnel syndrome with thenar atrophy may be considered candidates for surgical release of the carpal ligament, using either an open or endoscopic approach.

Regulatory Status

A number of low-level lasers have received clearance for marketing from the U.S. Food and Drug Administration (FDA) for the treatment of pain. Data submitted to the FDA as part of the FDA 510(k) approval process for the MicroLight 830 Laser consisted of application of the laser over the carpal tunnel 3 times a week for 5 weeks. The labeling states that the "MicroLight 830 Laser is indicated for adjunctive used in the temporary relief of hand and wrist pain associated with Carpal Tunnel Syndrome." In 2006, the FDA provided marketing clearance for the GRT LITE™, which listed the Tuco Erchonia PL3000, the Excalibur System, the Microlight 830 Laser, and the Acculaser Pro as predicate devices. Indications of the GRT LITE for carpal tunnel syndrome are similar to the predicate devices: "adjunctive use in providing temporary relief of minor chronic pain." The LightStream™ Low Level Laser device received 510(k) marketing clearance in 2009 for adjunctive use in the temporary relief of pain associated with knee disorders with standard chiropractic practice. A number of clinical trials of LLLT are underway in the United States, including studies of wound healing.

High power Class IV Therapeutic Laser Light Therapy

U. S. Food and Drug Administration (FDA-Cleared) High Power Class IV therapeutic laser light therapy produces 7500 milliwatts of continuous power. It is administered with a hand held device and is thought to provide deeper penetration over a larger surface area. Per the manufacturer, Avicenna Laser Technology, Inc.: the High Power, Class IV, therapeutic laser technology is used as a stand-alone modality to produce increased circulation, decreased inflammation, relaxation of muscle spasms and trigger points, accelerated tissue repair, and decreased pain at tissue sites previously unreachable by low-level stimulation. These are not the same as surgical lasers.

IV. DEFINITIONS

CARPAL TUNNEL SYNDROME is a condition of pain or numbness that affects some part of the median nerve distribution of the hand (the palmar side of the thumb, the index finger, the radial half of the ring finger, and the radial half of the palm) and may radiate into the arm.

EPICONDYLITIS is the inflammation of the epicondyle of the humerus and surrounding tissues.

FIBROMYALGIA is chronic and frequently difficult to manage pain in muscles and soft tissues surrounding joints.

RHEUMATOID ARTHRITIS is a chronic systemic disease marked by inflammation of multiple synovial joints.

TENDINITIS is an inflammation of a tendon.

TMJ SYNDROME is severe pain in and about the temporomandibular joint, made worse by chewing.

V. BENEFIT VARIATIONS

The existence of this medical policy does not mean that this service is a covered benefit under the member's contract. Benefit determinations should be based in all cases on the applicable contract language. Medical policies do not constitute a description of benefits. A member's individual or group customer benefits govern which services are covered, which are excluded, and which are subject to benefit limits and which require preauthorization. Members and providers should consult the member's benefit information or contact Capital for benefit information.

VI. DISCLAIMER

Capital's medical policies are developed to assist in administering a member's benefits, do not constitute medical advice and are subject to change. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any medical policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this medical policy and a member's benefit information, the benefit information will govern. Capital considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.

VII. REFERENCE

Low-Level Laser

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High power Class IV Therapeutic Laser Light Therapy

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VIII. CODING INFORMATION

Note: This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

Investigational, and therefore not covered, when used to report transcutaneous laser therapy:

CPT Codes ®							
97026							

Investigational, and therefore not covered:

HCPCS Code	Description
S8948	APPLIC MODAL 1/MORE AREAS; LW-LEVL LASR; EA 15 M

The following ICD-10 diagnosis codes will be effective October 1, 2014

ICD-10-CM Diagnosis Code*	Description
	Investigational for all diagnoses

G56.0-G56.02	Carpal tunnel syndrome
L98.411-L98.499	Non-pressure chronic ulcer of skin, not elsewhere classified, code range
M05.00-M05.9	Rheumatoid arthritis with rheumatoid factor code range
M06.00-M06.9	Other rheumatoid arthritis code range
M17.0-M17.9	Osteoarthritis of knee code range
M25.521-M25.529	Pain in elbow code range
M26.60-M26.69	Temporomandibular joint disorders code range
M54.5	Low back pain
M75.40-M75.42	Impingement syndrome of shoulder code range
M76.60-M76.72	Achilles tendinitis code range
M79.7	Fibromyalgia

*If applicable, please see Medicare LCD or NCD for additional covered diagnoses.

IX. POLICY HISTORY

MP-1.097	CAC 10/28/03
	CAC 5/31/05
	CAC 2/28/06
	CAC 2/27/07
	CAC 1/29/08
	CAC 1/27/09
	CAC 1/26/10 Consensus review.
	CAC 4/26/11 Consensus review.

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	CAC 6/26/12 Consensus review. BCBSA Background/Description adopted for low-level laser therapy. No change to policy statements, references updated.
	7/26/13 Admin coding review complete--rsb
	CAC 9/24/13 Consensus review. No change to policy statements. References updated.

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