

Excimer Laser Therapy

Description	Excimer laser therapy is used to treat psoriasis, dermatitis (eczema), and vitiligo. Excimer laser therapy delivers focused UV light at a specified wavelength to target affected skin, while sparing unaffected skin.						
See also	<p>Similar, related, or easily confused documents.</p> <ul style="list-style-type: none">Intense Pulsed Light Therapy for Benign Dermatologic Conditions -Application of high intensity broad-spectrum light over a very short time period.Laser Therapy for Benign Dermatologic Conditions - Precisely applied small amounts of very intense laser light at a defined wavelength to the area of diseased skin.Photochemotherapy (PUVA) - Administration of a drug followed by UVA light exposure to activate the drug’s toxic effects.Photodynamic Therapy (PDT) - Uses a drug called a photosensitizer or photosensitizing agent, and a particular type of light to produce a form of oxygen that kills nearby cells.Port Wine Stain Removal - A port wine stain is a pink or purple birthmark on the skin.Ultraviolet (UV) Phototherapy - Uses ultraviolet (UV) light to treat certain skin conditions.						
Table of Contents	<p>The following topics are included in this document:</p> <ul style="list-style-type: none">CommercialGovernment ProgramsIndividual and Family Business (IFB)						
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>2.4.24</td><td><i>See also</i> - Added link to <i>Port Wine Stain Removal</i>.</td></tr><tr><td>2.4.24</td><td>Refreshed due to age.</td></tr></table>	Date	Description	2.4.24	<i>See also</i> - Added link to <i>Port Wine Stain Removal</i> .	2.4.24	Refreshed due to age.
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Commercial

Introduction	<p>This section applies to all Commercial members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).</p>				
Dean (DHP, Prevea360)	<p>Medical Policy, <i>Light Treatment and Laser Therapies for Benign Dermatologic Conditions (MP9057)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Covered indications are listed under <i>Coverage Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If eligible, quote office visit or outpatient hospital benefits.• For investigative indications, not covered.				
Mayo Medical Plan (MMP)	<p>Medica’s Coverage Policy, <i>Light Treatment and Laser Therapies for Benign Dermatologic Conditions</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If eligible, quote office visit or outpatient hospital benefits.• For investigative indications, not covered.				
Medica (including MHPS)	<p>Medica’s Coverage Policy, <i>Light Treatment and Laser Therapies for Benign Dermatologic Conditions</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If eligible, quote office visit or outpatient hospital benefits.• For investigative indications, not covered.				
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.				
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p>Medicaid only groups:</p> <ul style="list-style-type: none">• See Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">• Quote office visit or outpatient hospital benefits.• Follows Medicare guidelines.• Medicare is the primary payer.• If no Medicare eligibility, Medicaid applies. See Medicaid below.				
AccessAbility Enhanced (I-SNBC), DUAL (MSHO)	<p>Medica’s Coverage Policy, <i>Light Treatment and Laser Therapies for Benign Dermatologic Conditions</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If eligible, quote office visit or outpatient hospital benefits.• For investigative indications, not covered.• Medica is the only payer.				
Cost (Prime)	<p>Check for an LCD or NCD. If one does not exist, Medica’s Coverage Policy, <i>Light Treatment and Laser Therapies for Benign Dermatologic Conditions</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If eligible, quote office visit benefits.• For investigative indications, not covered.• Follows Medicare guidelines.				
Med Advantage	<p>Medica’s Coverage Policy, <i>Light Treatment and Laser Therapies for Benign Dermatologic Conditions</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If eligible, quote office visit benefits.• For investigative indications, not covered.• Follows Medicare guidelines.• Medica is the only payer.				
Med Supp (Select, Signature)	<p>Quote office visit or outpatient hospital benefits.</p> <ul style="list-style-type: none">• Follows Medicare guidelines.• Medicare supplement.• Medicare is the primary payer.				
Medicaid	<p>Medica’s Coverage Policy, <i>Light Treatment and Laser Therapies for Benign Dermatologic Conditions</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If eligible, quote office visit or outpatient hospital benefits.• For investigative indications, not covered.				
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Individual and Family Business (IFB)

Introduction	<p>This section applies to all Individual and Family Business (IFB) members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP), Medica (formerly WellFirst), and Prevea360) or Medica.</p>				
Dean (DHP, Medica formerly WellFirst, Prevea360)	<p>Medical Policy, <i>Light Treatment and Laser Therapies for Benign Dermatologic Conditions (MP9057)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Covered indications are listed under <i>Coverage Criteria</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If eligible, quote office visit or outpatient hospital benefits.• For investigative indications, not covered.				
Medica	<p>Medica’s Coverage Policy, <i>Light Treatment and Laser Therapies for Benign Dermatologic Conditions</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If eligible, quote office visit or outpatient hospital benefits.• For investigative indications, not covered.				
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