

Low Level Laser and High Power Laser Therapy



INDEPENDENT CARE HEALTH PLAN

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Medicare Advantage Medical Coverage Policy

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Disclaimer

The Coverage Summaries are reviewed by the iCare Medicare Utilization Management Committee. Clinical policy is not intended to preempt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test, or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. References to CPT® codes or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee of claims payment. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from iCare.

Related Medicare Advantage Medical/Pharmacy Coverage Policies

None

Related Documents

Please refer to [CMS website](#) for the most current applicable National Coverage Determination (NCD)/ Local Coverage Determination (LCD)/Local Coverage Article (LCA)/CMS Online Manual System/Transmittals.

Type	Title	ID Number	Jurisdiction Medicare Administrative Contractors (MACs)	Applicable States/Territories
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LCD	Outpatient Physical and Occupational Therapy Services	L33631	J6 - National Government Services, Inc. (Part A/B MAC)	IL, MN, WI
LCA	Billing and Coding: Outpatient Physical and Occupational Therapy Services	A56566	JK - National Government Services, Inc. (Part A/B MAC)	CT, NY, ME, MA, NH, RI, VT
LCD	Outpatient Physical and Occupational Therapy Services	L34049	J15 - CGS Administrators, LLC (Part A/B MAC)	KY, OH
LCA	Billing and Coding: Outpatient Physical and Occupational Therapy Services	A57067		

Description

Low Level Laser Therapy

Low level laser therapy (LLLT), also known as cold laser or photobiomodulation therapy, refers to a wide variety of procedures involving several laser types and treatment methods. LLLT uses red beam or near infrared nonthermal lasers. When applied, the lasers penetrate the surface of the skin without a heating (burning) effect, produce no sensation and do not damage the skin. Purportedly due to the low skin absorption and no side effects, the laser light can penetrate deeply into tissues and reach the site of damage or injury.

LLLT may be administered by a physician, physical therapist, occupational therapist or Doctor of Chiropractic (DC) in a provider's office or other outpatient setting and requires no sedation or anesthesia. It is theorized that LLLT may cause a biostimulatory healing effect for the treatment of a range of conditions, including alopecia, arthritis, carpal tunnel syndrome, chronic pain, prevention of oral mucositis, temporomandibular joint disorders, tissue injuries (eg, tendinopathy, tendinitis) and wound healing. **These devices are not the same as (or equivalent to) class IV surgical lasers.**

Examples of LLLT devices include, but may not be limited to, **Bioptron 2, Bioptron MedAll, Bioptron Pro 1, Erchonia EVRL, Erchonia FX-635, Luminex Laser Therapy System, MicroLight ML830, RianCorp LTU-904, TerraQuant, Thor Laser System and Willow Curve.** The TerraQuant device uses a combination of a super pulsed laser, pulsed infrared, red light and static magnetic field, which is purported to accelerate pain relief. The Willow Curve primarily uses dual dynamic photonic and dynamic thermokinetic energies proposed for treating musculoskeletal pain.

High Power Laser Therapy

High power laser therapy devices, also referred to as high dose laser therapy (HDLT) or high intensity laser therapy (HILT), (class IV therapeutic lasers) are purported to stimulate accelerated healing energy from

superficial to deep levels (six to nine inches) over a larger surface treatment area. It is proposed for treating conditions such as arthritis, carpal tunnel syndrome, chronic pain, epicondylitis, sprains/strains, trigger points and various other musculoskeletal disorders. **These devices are not the same as (or equivalent to) class IV surgical lasers.**

Examples of high power laser therapy devices that have received US Food & Drug Administration (FDA) approval are the **AVI HP-7.5, AVI HPLL-12** and **Diowave Laser System**.

Coverage Determination

iCare follows the CMS requirements that only allows coverage and payment for services that are reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the functioning of a malformed body member except as specifically allowed by Medicare.

In interpreting or supplementing the criteria above and in order to determine medical necessity consistently, iCare may consider the criteria contained in the following:

The use of the criteria in this Medicare Advantage Medical Coverage Policy provides clinical benefits highly likely to outweigh any clinical harms. Services that do not meet the criteria above are not medically necessary and thus do not provide a clinical benefit. Medically unnecessary services carry risks of adverse outcomes and may interfere with the pursuit of other treatments which have demonstrated efficacy.

Coverage Limitations

[US Government Publishing Office. Electronic code of federal regulations: part 411 – 42 CFR § 411.15 - Particular services excluded from coverage](#)

Low level laser therapy will not be considered medically reasonable and necessary.

A review of the current medical literature shows that the evidence is insufficient to determine that this service is a standard medical treatment. There remains an absence of randomized, blinded clinical studies examining benefit and long-term clinical outcomes establishing the value of this service in clinical management.^{3,4}

High level laser therapy (nonsurgical) will not be considered medically reasonable and necessary.

A review of the current medical literature shows that the evidence is insufficient to determine that **high power laser therapy (nonsurgical)** is a standard medical treatment. There remains an absence of randomized, blinded clinical studies examining benefit and long-term clinical outcomes establishing the value of this service in clinical management

Summary of Evidence

A systematic review (SR) with meta-analyses of nine randomized controlled trials (RCTs) and eight additional RCTs (not included in the SR) found that HILT alone or in combination with other treatments may reduce pain and improve function up to three months in some patients with chronic neck or back pain, the studies assessed too few patients per comparison and too few patients per pain etiology, and most studies include few patients. Additional studies are needed to confirm findings.⁵

A systematic review (SR) with meta-analysis of six randomized controlled trials (RCTs) and 1 additional RCT indicate that HILT alone or in combination with other treatments may reduce pain and improve function in some patients with knee OA up to three months after treatment, most studies in the SR are at high risk of bias and have high heterogeneity; additional RCTs are needed to validate these data.⁶

Coding Information

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

CPT® Code(s)	Description	Comments
97039	Unlisted modality (specify type and time if constant attendance)	
CPT® Category III Code(s)	Description	Comments
0552T	Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional	
HCPCS Code(s)	Description	Comments
No code(s) identified		

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Change Summary

- 01/01/2024 New Policy.