



MASSACHUSETTS

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Medical Policy

Low-Level Laser Therapy

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Policy Number: 522

BCBSA Reference Number: 2.01.56

Related Policies

- Skin Contact Monochromatic Infrared Energy as a Technique to Treat Cutaneous Ulcers, Diabetic Neuropathy, and Miscellaneous Musculoskeletal Conditions, #[507](#)
- Treatment of Tinnitus, #[267](#)

Policy

Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

Low-level laser therapy is **INVESTIGATIONAL** for all indications including, but not limited to, treatment of carpal tunnel syndrome.

Medicare HMO BlueSM and Medicare PPO BlueSM

BCBSMA covers low-level laser therapy for the following situations for Medicare HMO Blue and Medicare PPO Blue members in accordance with CMS NCD:

- Where a laser has been approved for marketing by the Food and Drug Administration, AND
- Contractor discretion determines the procedure performed with a laser is reasonable and necessary.

National Coverage Determination (NCD) for Laser Procedures (140.5)

<http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=69&ncdver=1&bc=AqAAgAAAAAA&>

Prior Authorization Information

Commercial Members: Managed Care (HMO and POS)

This is **NOT** a covered service.

Commercial Members: PPO, and Indemnity

This is **NOT** a covered service.

Medicare Members: HMO BlueSM

Prior authorization is **NOT** required.

Medicare Members: PPO BlueSM

Prior authorization is **NOT** required.

CPT Codes / HCPCS Codes / ICD-9 Codes

The following codes are included below for informational purposes. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

CPT Codes

There is no specific CPT code for this service.

HCPCS Codes

HCPCS codes:	Code Description
S8948	Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes

Description

Low-level laser therapy (LLLT), also called photobiomodulation, 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 Watts.) 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 has been used to treat pain associated with a variety of conditions including soft tissue injuries, tendinopathies, and osteoarthritis. LLLT is also being evaluated in the treatment of carpal tunnel syndrome.

Examples of low-level lasers include the ML 830 Laser from MicroLight, the GRT LITE™ from Quantum Neurology, and The LightStream™ Low Level Laser device from Solica Inc. All low-level laser therapy is considered investigational regardless of the commercial name, the manufacturer, or FDA approval status except as noted in the policy statement.

Summary

The available literature on low-level laser therapy as a treatment for lymphedema, wound healing, or pain of various etiologies and in a variety of anatomical sites presents inconsistent results and methodologic

weaknesses, including lack of follow-up evaluation, that prevent drawing firm conclusions regarding efficacy. Therefore, LLLT is investigational for all indications.

Policy History

Date	Action
2/2014	New references added from BCBSA National medical policy.
11/2011-4/2012	Medical policy ICD 10 remediation: Formatting, editing and coding updates. No changes to policy statements.
12/2011	New policy, effective 12/2011, describing ongoing non-coverage.

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

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