



Low Level Laser Therapy – LLLT for Oral Mucositis

State(s):

☒ Idaho ☒ Montana ☒ Oregon ☒ Washington ☐ Other:

LOB(s):

☒ Commercial ☒ Medicare ☒ Medicaid

Enterprise Policy

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determination are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

Oral mucositis is a frequent and severe side effect of many oncologic treatments. Low-level laser therapy (LLLTT), also known as cold laser or photobiomodulation, is used for the prevention or treatment of oral mucositis due to chemotherapy or radiotherapy treatment for cancer diagnoses. LLLT is thought to have an anti-inflammatory effect by inhibiting prostaglandin concentration and does not produce sensation or burn skin with direct application to affected areas.

Criteria

Commercial

Prior authorization is required.

PacificSource may consider Low-level laser therapy (LLLTT) to be medically necessary for prevention or treatment of oral mucositis in patients undergoing cancer treatment associated with an increased risk of oral mucositis, including chemotherapy and/or radiotherapy, and/or hematopoietic cell transplantation.

Medicaid

PacificSource Community Solutions follows Guideline Note 173 of the OHP Prioritized List of Health Services and considers Low Level Laser Therapy – LLLT for Oral Mucositis as insufficient evidence of effectiveness.

Medicare

PacificSource Medicare follows CMS guidelines and criteria. In the absence of CMS criteria, internal policy guidelines and evidence-based criteria, requests are reviewed on an individual basis for determination of coverage and medical necessity. CPT code S8948 is not covered by Medicare.

Experimental/Investigational/Unproven

PacificSource considers Low-level laser treatment (LLLT) to be experimental, investigational or unproven for all other indications.

Coding Information

The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

- 97039 Unlisted modality (specify type and time if constant attendance)
- 97139 Unlisted therapeutic procedure (specify)
- 0552T Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care profession
- S8948 application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes

CPT® codes, descriptions and materials are copyrighted by the American Medical Association (AMA).

HCPCS® codes, descriptions and materials are copyrighted by Centers for Medicare and Medicaid Services (CMS).

References

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Appendix

Policy Number: [Policy Number]

Effective: 4/23/2020

Next review: 3/1/2023

Policy type: Enterprise

Author(s):

Depts.: Health Services

Applicable regulation(s): [Applicable Regulations(s)]

Commercial Ops: 03/2022

Government Ops: 03/2022