



Low Level Laser Therapy – LLLT for Oral Mucositis

LOB(s): <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid	State(s): <input checked="" type="checkbox"/> Idaho <input checked="" type="checkbox"/> Montana <input checked="" type="checkbox"/> Oregon <input checked="" type="checkbox"/> Washington <input type="checkbox"/> Other: <input checked="" type="checkbox"/> Oregon <input type="checkbox"/> Washington
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Enterprise Policy

PacificSource is committed to assessing and applying current regulatory standards, widely-used treatment guidelines, and evidenced-based clinical literature when developing clinical criteria for coverage determination. Each policy contains a list of sources (references) that serves as the summary of evidence used in the development and adoption of the criteria. The evidence was considered to ensure the criteria provide clinical benefits that promote patient safety and/or access to appropriate care. Each clinical policy is reviewed, updated as needed, and readopted, at least annually, to reflect changes in regulation, new evidence, and advancements in healthcare.

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 determinations 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 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 Oregon Health Plan (OHP) Prioritized List of Health Services, which considers Low Level Laser Therapy and the associated HCPCS code S8948 to have 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 S codes are 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.

- 0552T Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care profession
- 97037 Application of a modality to 1 or more areas; low-level laser therapy (e.g., nonthermal and non-ablative) for post-operative pain reduction.
- 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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Sung, L., Robinson, P., Treister, N., Baggott, T., Gibson, P., Tissing, W., Wiernikowski, J., Brinklow, J., & Dupuis, L. L. (2017). Guideline for the prevention of oral and oropharyngeal mucositis in children receiving treatment for cancer or undergoing hematopoietic stem cell transplantation. *BMJ supportive & palliative care*, 7(1), 7–16. <https://doi.org/10.1136/bmjspcare-2014-000804>

Appendix

Policy Number:

Effective: 4/23/2020

Next review: 5/1/2025

Policy type: Enterprise

Author(s): Eric Lowery; Polly Watt-Geier

Depts.: Health Services; Claims

Applicable regulation(s): GN 173 of OHP Prioritized List

Commercial OPs: 5/2024

Government OPs: 5/2024

Modification History

Date	Modified By	Reviewed By	Modifications
4/25/2024	E. Lowery	PNP Committee Miriam McDonell, MD Amy Strachan, MD	Update: added code 974037. Approved as part of the consent agenda.
2/22/2024	E. Lowery P. Watt-Geier J. Viola N. Williams M. Bach A. Prinzing	PNP Committee Mark Buchholz, MD Kyle Ash, MD	Annual review. Added SOE statement. Updated Medicare. Updated references and appendix. Approved as part of the consent agenda.

11/15/2023	E. Lowery		Approved by Medicare Advantage UM Committee
10/26/2023	E. Lowery P. Watt-Geier	PNP Committee Miriam McDonell, MD Amy Strachan, MD	Updated Medicare Section to clarify coverage when CMS is silent and removed S8948 code. Updated Appendix. Approved as part of the consent agenda.
2/16/2023	P. Watt-Geier	PNP Committee Miriam McDonell, MD Mark Buchholz, MD	Approved as part of the consent agenda.
2/02/2023	J. Viola N. Williams A. Prinzing E. Lowery P. Watt-Geier	PNP Subcommittee	Updated LOB Header. Updated Medicaid Section language. Updated References to APA format and removed LLLT for carpal tunnel references. Updated Appendix with next review, Commercial and Government Ops dates. Subcommittee approved for the consent agenda.
2/24/2022	K. Pittman	Justin Montoya, MD Jeffrey Davis, MD PNP Committee	Annual review completed. Added "may consider." Updated Coding Information section with 97039 and 97139 with descriptions. Updated Medicare section. Updated Appendix with next review, Commercial and Government Ops dates.
10/28/2021	K. Pittman	Justin Montoya, MD David Stenstrom, MD	Formatted spacing, numbering and punctuation. Replaced preauthorization with prior authorization. Updated Coding Information section with disclaimer. Added E/I/U section and statement "PacificSource considers Low-level laser treatment (LLLT) to be experimental, investigational or unproven for all other indications." Updated references. Updated Appendix with removal of External Entities Affected, Commercial, Government Ops and Annual review dates.
3/04/2021	J. Viola K. Pittman	Justin Montoya, MD	Updated Medicaid and Medicare criteria. Added code 0552T Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care profession. Added code S8948 application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes.
6/22/2020	M. Gabbard L. LaFerriere	Alison Little, MD Justin Montoya, MD	Added code 0552T Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care profession.
4/13/2020	J. Viola D. Scantling M. Hodge L. LaFerriere	Alison Little, MD Justin Montoya, MD	Updated to an Enterprise policy. Added the Medicare and Medicaid coverage sections. Reorganized the wording in the background section. Updated references
5/22/2019		CQUM	Approved as written
5/13/2019	L. LaFerriere	Justin Montoya, MD	Approved new policy