



Medica Central Coverage Policy

Policy Name: Laser Therapy for Treatment of Pain MP9718

Effective Date: 01/01/2025

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. <https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers>

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

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Note: This topic is no longer scheduled for review of the scientific literature

Laser therapy for treatment of pain is investigative and unproven, and therefore **NOT COVERED**. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

Note: See also related coverage policy, *Laser Therapy for Nicotine Dependence*.

Description

Laser therapy for treatment of pain has been purported for use using either low level lasers or high-power laser therapy (i.e., class IV therapeutic laser therapy). Low level laser therapy (LLLT; also known as photobiomodulation therapy (PBM)) uses monochromatic, non-thermal, red-beam or near-infrared lasers with a wave-length between 600 and 1000nm power. Monochromatic LLLT is also referred to as monochromatic infrared energy (MIRE), cold laser therapy, low-power laser therapy, low-intensity laser, low-energy laser therapy, and (when applied to pressure points) laser acupuncture. The exact mechanism of action for LLLT is unknown. Therapy is delivered via direct contact with the skin using infrared diodes emitting a pulsed laser beam of low intensity light (infrared or visible red). It is theorized that, due to the low absorption of laser light by human skin, the light penetrates into the tissues where it increases circulation, thereby reducing pain and/or partially reversing disease progression.

High-power laser therapy for pain (also known as deep tissue laser therapy or class IV laser therapy) uses hand-held devices providing energy levels ranging from 500 up to 7500 milliWatts and delivered without contact with the skin. These devices are not to be confused with class IV surgical lasers. It is theorized that, due to the higher intensity of energy, high-power lasers provide deeper penetration in less time over a larger treatment area. High-power laser therapy has been

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proposed for use in the office setting to provide topical heating aimed at elevating tissue temperature for relief of pain associated with a number of musculoskeletal conditions.

Laser therapy has been advocated for use in a wide range of medical conditions for the treatment of pain. Examples of conditions that purportedly respond to this therapy include (but are not limited to) back pain; headache and migraine; temporal mandibular joint (TMJ) dysfunction; carpal tunnel syndrome; arthritis; neuropathy; trigeminal neuralgia; fibromyalgia, and tendinitis.

Anesthesia or sedation is not required. Laser therapy may be administered by physicians, chiropractors, physical therapists, or occupational therapists in an office or other outpatient setting. Devices intended for home use are also available.

FDA Approval

Laser therapy is a procedure and is therefore not subject to Food and Drug Administration (FDA) regulation. However, the FDA has approved a number of lasers for pain indications. Examples of low level laser that have received FDA clearance include, but are not limited to the:

1. Acculaser Pro
2. Excalibur System
3. GRT LITE™
4. LightStream™ Low Level Laser
5. MicroLight 830 Laser
6. Tuco Erchonia PL3000.

Examples of high-power laser devices used for deep tissue laser therapy include, but are not limited to the:

1. ALT Laser.
2. K-Laser
3. LCT-1000.

Prior Authorization

Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes:

- **S8948** - Application of a modality (requiring constant provider attendance) to one or more areas, low level laser, each 15 minutes
- **0552T** – Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional
- **97039** – unlisted modality (specify type and time if constant attendance)

Original Effective Date: 01/17/2024

Re-Review Date(s): 10/16/2024

Administrative Update: