



## Low Level Laser Therapy – LLLT for Oral Mucositis

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

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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

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Oral mucositis is a frequent and severe side effect of oncologic treatments. Low-level laser therapy (LLLT), 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

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#### Commercial

##### **Prior authorization is required**

PacificSource may consider Low-level laser therapy (LLLT) 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

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

## Coding Information

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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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## Appendix

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**Policy Number:**

**Effective:** 4/23/2020

**Next review:** 5/1/2025

**Policy type:** Enterprise

**Author(s):**

**Depts.:** Health Services; Claims

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

**Commercial OPs:** 5/2024

**Government OPs:** 5/2024