



MEDICAL COVERAGE GUIDELINES
SECTION: MEDICINE

ORIGINAL EFFECTIVE DATE: 10/05/07
LAST REVIEW DATE: 07/31/18
LAST CRITERIA REVISION DATE: 07/31/18
ARCHIVE DATE:

LASER THERAPY

Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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LASER THERAPY (cont.)

Description:

Laser light energy of varied power output is applied over the affected area as a therapeutic modality. Laser therapy (low, medium and high level) has been investigated for the treatment of pain and other conditions. Low level laser therapy (LLLT) is also called photobiomodulation, cold laser, low power laser, soft laser, biostimulation laser, therapeutic laser and laser acupuncture. LLLT utilizes red-beam or near-infrared lasers with a power output between 5 and 500 milliwatts (mW).

High-level laser therapy, also referred to as high-power, non-surgical laser therapy (HPLT), deep tissue laser therapy, high intensity laser therapy (HILT) and high-dose laser therapy (HDLT), utilizes a class IV therapeutic laser device providing power output greater than 500 mW. It has been proposed to transmit energy beyond the skin to deep tissues to treat musculoskeletal disorders and pain relief.

Criteria:

- Low-level laser therapy for the prevention of oral mucositis is considered **medically necessary** for individuals undergoing cancer treatment associated with increased risk of oral mucositis (i.e., chemotherapy, radiotherapy, hematopoietic cell transplantation).
- Low-level laser therapy for all other indications not previously listed or if above criteria not met is considered **experimental or investigational** based upon:
 1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes and,
 2. Insufficient evidence to support improvement of the net health outcome, and
 3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives.

These indications include, *but are not limited to:*

- Adhesive capsulitis
- Bell palsy
- Carpal tunnel syndrome
- Fibromyalgia
- Heel pain (i.e., Achilles tendinopathy, plantar fasciitis)
- Low back pain
- Lymphedema
- Neck pain
- Osteoarthritis knee pain
- Rheumatoid arthritis
- Subacromial impingement
- Temporomandibular joint pain
- Wound healing

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LASER THERAPY (cont.)

Criteria: (cont.)

- High-level laser therapy for the treatment of pain is considered ***experimental or investigational*** based upon:
 1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes and,
 2. Insufficient evidence to support improvement of the net health outcome, and
 3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives.

Resources:

Literature reviewed 07/31/18. We do not include marketing materials, poster boards and non-published literature in our review.

The BCBS Association Medical Policy Reference Manual (MPRM) policy is included in our guideline review. References cited in the MPRM policy are not duplicated on this guideline.

1. 2.01.56 BCBS Association Medical Policy Reference Manual. Low-Level Laser Therapy. Re-issue date 06/14/2018, issue date 04/29/2003.
2. Bakhtiary AH, Rashidy-Pour A. Ultrasound and laser therapy in the treatment of carpal tunnel syndrome. *Aust J Physiother.* 2004;50(3):147-151.
3. Bjordal JM, Couppe C, Chow RT, Tuner J, Ljunggren EA. A systematic review of low level laser therapy with location-specific doses for pain from chronic joint disorders. *Aust J Physiother.* 2003;49(2):107-116.
4. California Technology Assessment Forum BSoCF. Low Level Laser Therapy for the Treatment of Carpal Tunnel Syndrome. 02/15/2006.
5. External Consultant. Clinical Neurophysiology & Neurology. 02/09/2006.
6. Irvine J, Chong SL, Amirjani N, Chan KM. Double-blind randomized controlled trial of low-level laser therapy in carpal tunnel syndrome. *Muscle Nerve.* 2004 Aug 2004;30(2):182-187.
7. Notarnicola A, Maccagnano G, Tafuri S, Gallone MF, Moretti L, Moretti B. High level laser therapy for the treatment of lower back pain: clinical efficacy and comparison of different wavelengths. *Journal of biological regulators and homeostatic agents.* Oct-Dec 2016;30(4):1157-1164.



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LASER THERAPY (cont.)

Resources: (cont.)

8. White PF, Zafereo J, Elvir-Lazo OL, Hernandez H. Treatment of drug-resistant fibromyalgia symptoms using high-intensity laser therapy: a case-based review. *Rheumatol Int.* Mar 2018;38(3):517-523.
9. Zeini Jahromi N, Ghapanchi J, Pourshahidi S, Zahed M, Ebrahimi H. Clinical Evaluation of High and Low-Level Laser Treatment (CO₂vslnGaAIP Diode Laser) for Recurrent Aphthous Stomatitis. *J Dent (Shiraz).* Mar 2017;18(1):17-23.



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LASER THERAPY (cont.)

Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nilinígíí Blue Cross Blue Shield of Arizona haada yit'éego bina'idíłkígo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yina'idíłkígo beehaz'áanii hólo díí t'áa hazaadk'ehjí háká a'doowołgo bee haz'ą doo baqah ilinígóó. Ata' halne'ígíí kojí' bich'í' hodíłnih 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:

إن كان لديك أو لدى شخص تساعد أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 877-475-4799.

