Date: 4/26/2018

To whom it may concern,

I am writing to request coverage for laser treatment for @PATNAME@ DOB There is no date of birth on file. for the treatment of severe hidradenitis suppurativa and associated scar with alexandrite/Nd:YAG\*\*\* laser (Dx L73.2, L90.5, CPT 17108).  I realize the policy may not specifically cover laser treatment of hidradenitis suppurativa or scar, but I am requesting an appeal based on medical evidence and lack of other more specific CPT codes.  Laser treatment of hidradenitis typically involves several treatments (from 6-12) for the fullest response as it takes this many treatments to permanently reduce the maximal number of follicles and remodel scar in the affected areas.

This patient has severe, painful disease with constant drainage, pain, and abscess formation in the axillae, inframammary area, buttocks, and groin verify locations\*\*\*.  This has disrupted the patient’s ability to work at times.  Development of further sinuses and scarring will certainly be expected over time with potential for meaningful physical disability relating to chronic pain and reduced mobility.  The patient has required multiple prescriptions for pain medications and not responded adequately to treatments including \*\*\*.  With treatments carried out so far there is clear improvement (please verify as this only applies to some patients)\*\*\*.

Hidradenitis suppurativa is an inflammatory disorder of hair follicles in which abscesses and nodules develop from the follicles with eventual rupture with foreign body reaction to hair shafts.  Destruction of hair follicles is a helpful treatment option.  This is most readily and safely obtained with the use of a long-pulsed laser such as the Nd:YAG or alexandrite laser we would use in the case of this patient.  This is much less costly and invasive than extensive surgical excisions and long term medication use. Lasers of these types have been shown in prospective studies and randomized controlled trials to reduce disease activity in as few as 3 treatments spaced monthly.  This results in only partial permanent reduction of hair, and the therapeutic benefit is likely due to the temporary complete absence of hair shafts and the effects of the laser on the local vasculature and immune response.  Continued treatment for additional sessions would more fully reduce the hair permanently in the treated areas and likely result in better long term outcomes.  This is a disease that lasts for decades so preventing and reducing severity is extremely important to prevent long term complications, invasive procedures, and major impairments in quality of life. Additionally, hypertrophic scar (ICD10 L90.5) is present throughout treatments areas and adds to the symptoms of pain and restricted physical function with disease flares, and there is ample evidence supporting the use of lasers for treatment of symptomatic scars.

There is also likely to be significant cost savings with the use of laser intervention. Typical medical therapies including long-term antibiotic regimens, systemic retinoids, surgical intervention, and systemic immunomodulators including anti-TNF agents, but these all have substantial risks and financial costs.  Planned surgical interventions and urgent procedures in the emergency room or outpatient setting such as incision and drainage are also very costly.  The risks and costs of a series of laser procedures are quite small in comparison with these chronic medical and surgical options with a series of laser procedures costing substantially less than a year supply of many antibiotics or even a few months’ supply of a systemic immunomodulator.  The use of a laser has a substantial likelihood or reducing reliance on other medical and surgical interventions over the course of months and years and will likely result in substantial cost savings in the long term for this patient (the cost of the only approved medication, adalimumab, can be over $80,000/year at appropriate weekly hidradenitis suppurativa dosing).  Treating with the laser is likely to help us avoid the use of expensive medications like this or stop them sooner as we achieve improved disease control.

I have listed references in support of the use of laser for hidradenitis.  I would plan on using CPT code 17108 depending on the surface areas treated, which specifically refers to laser vascular destructions and is often used for the treatment of symptomatic scars and other vascular lesions.  Hidradenitis treatment with the laser is typically more complicated than treating vascular lesions due to the pain, drainage, and location of involved areas around the genitals, perianal area, and axillae, but I believe it is the most analogous billing code.  Given that this is not a cosmetic problem and good evidence exists of efficacy of this treatment for hidradenitis, please consider this treatment medically necessary as an exception to currently existing coverage guidelines.  Please let me know if I can provide any further support, clarification, or assistance that will help result in coverage of this treatment.  Thank you for your time and consideration.

Sincerely,

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References:

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