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National Coverage Determination (NCD) for Laser Procedures (140.5)

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Tracking Information

Publication Number 100-3	Manual Section Number 140.5	Manual Section Title Laser Procedures
Version Number 1	Effective Date of this Version 5/1/1997	

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Description Information

Benefit Category

Physicians' Services

Note: This may not be an exhaustive list of all applicable Medicare benefit categories for this item or service.

Indications and Limitations of Coverage

Medicare recognizes the use of lasers for many medical indications. Procedures performed with lasers are sometimes used in place of more conventional techniques. In the absence of a specific noncoverage instruction, and where a laser has been approved for marketing by the Food and Drug Administration, Medicare Administrative Contractor discretion may be used to determine whether a procedure performed with a laser is reasonable and necessary and, therefore, covered.

The determination of coverage for a procedure performed using a laser is made on the basis that the use of lasers to alter, revise, or destroy tissue is a surgical procedure. Therefore, coverage of laser procedures is restricted to practitioners with training in the surgical management of the disease or condition being treated.

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Transmittal Information

Transmittal Number

99

Revision History

04/1986 - Consolidated all other laser guideline-related sections into one section called Laser Procedures. Effective date NA. (TN 6)

05/1997 - Restricted coverage to practitioner's with training in surgical management of disease or condition being treated. Effective date NA. (TN 99)

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