



Ablative Laser Treatment of Burns and Traumatic Scars SRG-022

Iowa Medicaid Program	Prior Authorization	Effective Date	06/01/2022
Revision Number	5	Last Reviewed	01/16/2026
Reviewed B	Medicaid Medical Director	Next Review	01/15/2027
Approved By	Medicaid Clinical Advisory Committee	Approved Date	01/21/2022

Descriptive Narrative

Hypertrophic burns or traumatic scars are cutaneous lesions resulting from an excessive tissue response to dermal injury and are characterized by local fibroblast proliferation and overproduction of abnormal collagen. Up to 77 percent of burn injuries develop pathological scarring. Of these, 44 percent result in hypertrophic scarring and 28 percent exhibit both hypertrophic scarring and contractures. Contractures alone are present in 5 percent of individuals with burns. Associated symptoms include pain, pruritus, restricted movement, decreased overall function, and disfigurement. ⁱ

Scar formation may result from healed wounds, lesions from diseases, surgical operations, or trauma. The amount of scarring may be determined by the size, depth, and location of the wound; the age of the person; heredity; and skin characteristics, including pigmentation. Scar tissue may be associated with symptoms of discomfort, become hypertrophic, or breakdown. Hypertrophic scarring typically occurs within 4 to 8 weeks following wound infection, wound closure with excess tension, or other traumatic skin injury, and has a rapid growth phase for up to 6 months. Hypertrophic scarring may gradually regress over a period of a few years, eventually leading to flat scars with no further symptoms. A contracture is a severe form of a scar and is commonly associated with thermal injuries. ⁱⁱ

Pulsed dye laser (PDL) therapy was the first laser to gain wide acceptance for the management of hypertrophic scars and keloids and is the standard of care in some major burn centers. The primary mechanism of PDL therapy is the destruction of small blood vessels by photothermolysis. PDL therapy can improve the appearance and normalize the vascularity and pliability of postoperative scars. Both long- and short-pulse PDL treatments are safe and improve the quality and cosmetic appearance of new surgical scars. However, PDL therapy may be more effective in preventing hypertrophic scars rather

than treating established scars. Two to six treatment sessions are often needed to successfully improve scar color, height, pliability, and texture. Based upon the German guidelines on scarring,ⁱⁱⁱ PDL can be used for reduction of erythema (e.g., fresh, highly vascularized, reddish scars) and may also be considered for improvement of severe pruritus.

Criteria

Prior authorization is required.

Ablative laser treatment for scar revision is considered medically necessary when **BOTH** the following are met:

1. There is documented evidence of significant functional impairment related to the scar; **AND**
2. The treatment can be reasonably expected to improve the functional impairment.

Approval would be for up to six treatments.

Ablative laser treatment for scar revision may be considered medically for continuation of therapy with submission of clinical records describing previous treatments (both laser and non-laser) and documentation of why further treatment should be considered.

Use of ablative laser therapy is considered cosmetic and not medically necessary for any of the following conditions including, but not limited to:

1. To enhance appearance of affected upper skin layers resulting from acne, acne scars, uneven pigmentation, wrinkles, spider angiomas, telangiectasia, rosacea, or stretch marks.
2. The absence of a functional impairment.

Coding

The following list of codes is provided for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment, nor does the exclusion of a code imply that its association to the CPT code is inappropriate.

CPT	Description
0479T	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; first 100 cm ² or part thereof, or 1% of body surface area of infants and children.
0480T	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; each additional 100 cm ² , or each additional 1% of body surface area

CPT	Description
	of infants and children, or part thereof (List separately in addition to code for primary procedure).

Compliance

1. Should conflict exist between this policy and applicable statute, the applicable statute shall supersede.
2. Federal and State law, as well as contract language, including definitions and specific contract provisions or exclusions, take precedence over medical policy and must be considered first in determining eligibility for coverage.
3. Medical technology is constantly evolving, and Iowa Medicaid reserves the right to review and update medical policy on an annual and as-needed basis.

Medical necessity guidelines have been developed for determining coverage for member benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. Criteria are revised and updated annually, or more frequently if new evidence becomes available that suggests needed revisions.

References

EncoderPro Optum 360.

Gakuglitz GG. Hypertrophic scarring and keloids following burn injuries. UpToDate. Topic last updated: August 6, 2025. Accessed 10/28/2025

Leszczynski R da Silva CA. Pinto ACPN.et al. Laser therapy for treating hypertrophic and keloid scars. Cochrane Database Syst Rev. Sep 262022; 9(9): CD011642

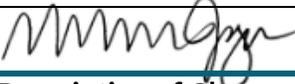
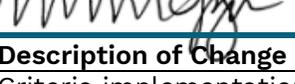
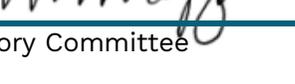
Hayes, Inc. Health Technology Assessment. Fractional Laser Treatment of Burn and Traumatic Scars for Functional Improvement. Hayes, Inc.; July 11, 2023

ⁱ Stella M. Castagnoli C Gangemi EN. Postburn Scars: An Update. The international Journal of Lower Extremity Wounds. September 1, 2008 <https://doi.org/10.1177/1534734608323057>.

ii Gauglitz GG. Korting HC. Pavicic T. et al. Hypertrophic scarring and keloids: pathomechanisms and current and emerging treatment strategies. Mol Med. 2011; 17(1-2):113-125.

iii Nast A. Gauglitz G Lorenz K. et al. S2k guidelines for the therapy of pathological scars – Update 2020. Journal of the German Society of Dermatology. October 4, 2020. [S2k guidelines for the therapy of pathological scars \(hypertrophic scars and keloids\) – Update 2020 - Nast - 2021 - JDDG: Journal der Deutschen Dermatologischen Gesellschaft - Wiley Online Library.](#)

Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

Criteria Change History			
Change Date	Changed By	Description of Change	Version
[mm/dd/yyyy]			[#]
Signature			
Change Date	Changed By	Description of Change	Version
01/16/2026	CAC	Annual Review. References updated.	5
Signature			
William (Bill) Jagiello, DO			
Change Date	Changed By	Description of Change	Version
01/17/2025	CAC	Annual Review. References updated.	4
Signature			
William (Bill) Jagiello, DO			
Change Date	Changed By	Description of Change	Version
01/19/2024	CAC	Annual Review.	3
Signature			
William (Bill) Jagiello, DO			
Change Date	Changed By	Description of Change	Version
01/20/2023	CAC	Annual Review.	2
Signature			
William (Bill) Jagiello, DO			
Change Date	Changed By	Description of Change	Version
01/21/2022	CAC	Criteria implementation.	1
Signature			
William (Bill) Jagiello, DO			

CAC = Medicaid Clinical Advisory Committee