Medical Coverage Policy | Laser Treatment for Proliferative Vascular Lesions

EFFECTIVE DATE: 10|1|2014
POLICY LAST UPDATED: 04|02|2020

OVERVIEW

Port wine stains are common vascular malformations that start as pink macules and, if untreated, tend to become darker and thicker over time. They usually occur on the face and neck, but can be located elsewhere on the body. They are also referred to as proliferative vascular lesions.
This policy addresses only laser treatment of port wine stains, hemangiomas, and vascular malformations. It does not address deep, structural lesions that require surgical treatment as those are considered medically necessary and covered.

MEDICAL CRITERIA

BlueCHiP for Medicare and Commercial
Laser treatment for port wine stains, hemangiomas, and other proliferative vascular lesions, or vascular malformations are considered medically necessary when a vascular lesion is one of the following:

- Currently symptomatic (e.g., bleeding, painful, ulcerated, prior infection, or pedunculated [growth on a small stalk]); or
- In a periorificial location (region immediately surrounding one of the body openings, including the mouth and the anogenital area, etc).

PRIOR AUTHORIZATION

Prior authorization is required for BlueChip for Medicare and recommended for Commercial Products via the online tool for participating providers. See the Related Policies section.

POLICY STATEMENT

BlueCHiP for Medicare and Commercial
Laser treatment for hemangiomas, proliferative vascular lesions or vascular malformations is considered medically necessary for patients who meet the medical criteria listed below.

Laser treatment for port wine stains, hemangiomas, or superficial vascular malformations to alter or to enhance appearance and that do not interfere with physical body function is not covered and considered cosmetic.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement or Member Certificate for applicable surgery benefit/coverage.

BACKGROUND

A vascular birthmark is an abnormal cluster of blood vessels that occurs during fetal development. Vascular lesions are the most common birthmark encountered in children. Vascular birthmarks may be classified as either hemangiomas or vascular malformations.

Hemangiomas are benign tumors of the endothelial cells characterized by spontaneous involution. The endothelial cells multiply at an abnormally rapid rate producing a hemangioma lesion. Hemangiomas grow rapidly following birth and usually reach maximum size by 12 months of age. Over time, they become smaller and lighter in color. The involution process may take 3 to 10 years. Complications from hemangiomas occur in approximately 20 percent of patients; however, few are life threatening. Approximately 83% occur

on the head and neck area. Most hemangiomas require no specific therapy other than patient education. The most common complications are ulceration and compromise of function. In some instances hemangiomas may impair vision, breathing, feeding, or movement.

Vascular malformations may be composed of arteries, veins, capillaries, or lymphatic vessels and are classified by sub-type depending on the predominant abnormality. Vascular malformations are present at birth; however, they may not become visible until weeks or months after birth. They grow at a rate that is commensurate with the growth of the child and continue to grow throughout life and may slowly worsen. Vascular malformations may be superficial or deep, or may have both superficial and deep components. Examples of capillary malformations include nevus flammeus neonatorum (i.e., "stork bite," "angel kiss," salmon patch"), which tends to lighten over time, and the port wine stain (PWS), which tends to darken over time.

The management and severity of hemangiomas and vascular malformations vary greatly dependent upon the type, location, and depth. Most hemangiomas do not require treatment as they involute naturally, and initial management consists of observation. Systemic and/or intra-lesional corticosteroid therapy may be used in complicated hemangiomas to arrest the growth of the lesion. Deep malformations might require surgical removal or other therapies. Pulse-dye lasers may be used for the treatment of hemangiomas and vascular malformations that are superficial, as the laser only penetrates the top 0.75 to 1.5 mm of skin. Combined vascular malformations may require the use of surgery and laser therapy.

CODING

BlueCHiP for Medicare and Commercial

The following codes are covered when the above medical criteria has been met:

17106 Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm
17107 Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm
17108 Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm

RELATED POLICIES

Procedures Preauthorization via Web-Based Tool

PUBLISHED

Provider Update, May 2020
Provider Update, November 2019
Provider Update, September 2018
Provider Update, June 2017
Provider Update, September, 2016
Provider Update, December 2015

REFERENCES

1. Faurschou A, Olesen AB, Leonardi-Bee J et al. Lasers or light sources for treating port-wine stains. Cochrane Database Syst Rev 2011; (11):CD007152.
2. Faurschou A, Togsverd-Bo K, Zachariae C et al. Pulsed dye laser vs. intense pulsed light for port-wine stains: a randomized side-by-side trial with blinded response evaluation. Br J Dermatol 2009; 160(2):359-64.
3. Babilas P, Schreml S, Eames T et al. Split-face comparison of intense pulsed light with short- and long-pulsed dye lasers for the treatment of port-wine stains. Lasers Surg Med 2010; 42(8):720-7.
4. Klein A, Szeimies RM, Baumler W et al. Indocyanine green-augmented diode laser treatment of port-wine stains: clinical and histological evidence for a new treatment option from a randomized controlled trial. Br J Dermatol 2012; 167(2):333-42.
5. Tremaine AM, Armstrong J, Huang YC et al. Enhanced port-wine stain lightening achieved with combined treatment of selective photothermolysis and imiquimod. J Am Acad Dermatol 2012; 66(4):634-41.

6. Alster TS, Tanzi EL. Combined 595-nm and 1,064-nm laser irradiation of recalcitrant and hypertrophic port-wine stains in children and adults. Dermatol Surg 2009; 35(6):914-8; discussion 18-9.