

MEDICAL POLICY	Hemangioma and Vascular Malformation Laser Treatment
Effective Date: 3/1/2022	Medical Policy Number: 62
 3/1/2022	Medical Policy Committee Approved Date: 5/02; 5/03;11/04; 11/06; 9/08; 8/10; 10/12; 8/13; 10/14; 10/15; 8/16; 2/17; 2/18; 8/19; 12/19; 2/2021; 2/2022
Medical Officer	Date

See Policy CPT/HCPCS CODE section below for any prior authorization requirements

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

All lines of business

BENEFIT APPLICATION

Medicaid Members

Oregon: Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Medical policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

DOCUMENTATION REQUIREMENTS

In order to determine the medical necessity of the request, the following documentation must be provided at the time of the request. Medical records to include documentation of all of the following:

- All medical records and chart notes pertinent to the request. This includes:
 - History
 - Physical examination

POLICY CRITERIA

I. Laser therapy for port wine stains and other vascular lesions of the skin may be considered **medically necessary and covered** when **one or more** of the following (A-C) criteria are met:

A. Documented evidence of functional impairment (e.g. eating or swallowing difficulty); **or**

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- B. Lesion results in any of the following:
 - 1. Bleeding
 - 2. Ulceration
 - 3. Repeated infection; **or**
 - C. Port wine lesions located on the face or neck.
- II. Laser therapy is considered **cosmetic and is not covered** as a treatment of port wine stains and other vascular lesions of the skin when the above criteria I. are not met.
- Link to [Policy Summary](#)

CPT CODES

All Lines of Business	
Prior Authorization Required	
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

DESCRIPTION

Hemangiomas

Hemangiomas are benign tumors made up of blood vessels. They can be found anywhere on the body, but commonly appear on the face, scalp, chest, or back. Hemangiomas rarely become malignant and usually fade and shrink over time, and therefore they are not commonly treated. Some may treat hemangiomas when the tumor interferes with vision, breathing, or may potentially cause disfigurement. Treatment may involve beta blockers, steroids, compression, embolization, and laser treatment.¹

Port Wine Stains (PWS)

Port wine stains (nevus flammeus) are capillary malformations occurring from vascular anomalies that cause discoloration of the skin.² Present at birth, port wine stains (PWS) are most commonly singular in occurrence. They are distinct from infantile hemangiomas. Rarely, they occur as part of a larger constellation of malformation syndromes. As a child grows, the pink to red patches grow in proportion to the child’s growth, the red color deepens, and the area thickens. Capillary malformations occur in 0.1 to 2 percent of newborns. The etiology is unknown.

Laser Treatment of Hemangiomas and Port Wine Stains (PWS)

Laser treatment of hemangiomas and PWS in its macular stage (childhood) may prevent the development of the hypertrophic component of the lesion. The pulsed dye laser was developed specifically to treat cutaneous vascular lesions. Laser treatment diminishes the existing blood vessels, making them smaller and fewer in number, reducing the progression of these lesions. Laser treatment can be administered in an outpatient setting, usually in multiple sessions.³

REVIEW OF EVIDENCE

A review of the ECRI, Hayes, Cochrane, and PubMed databases was conducted regarding the use of laser treatment for port-wine stains. Below is a summary of the available evidence identified through December of 2021.

- In 2012 (archived in 2018), Hayes conducted a health technology assessment of pulsed dye laser (PDL) therapy for cutaneous vascular lesions.³ Eight randomized trials and 14 nonrandomized trials were included in the assessment for PWS. The review found that PDL offered a better blanching response with fewer side effects than other laser treatments. Three studies found that cryogen sprayed cooled PDL was superior to PDL with respect to PWS clearing, while a fourth study found no difference between treatments in lightening or pain. When comparing PDL to newer technologies such as intense pulsed light and photodynamic therapy, there was no consistent evidence that newer technologies had greater benefit than PDL.

Two randomized trials, 3 retrospective comparative studies, and 3 case series were included for hemangiomas, mainly focusing on infant and child populations. One randomized trial found no difference between cryogen PDL and PDL therapy for lesion clearance, although cryogen PDL significantly reduced the mean time of maximum hemangioma proliferation with fewer adverse effects. Another randomized trial found that early PDL treatment was no better than observation in infants, potentially increasing risk of skin atrophy and hypopigmentation. There is contrasting evidence for the benefits or different laser treatments versus observations in children. Hemangiomas may resolve spontaneously without treatment, but 20-40% of children are left with residual skin changes that may lead to permanent deformation of facial features.

Hayes included 2 systematic review in their assessment. One systematic review conducted by the Canadian Agency for Drugs and Technologies in Health found that included studies were generally of poor quality, but the evidence suggests that PDL is a safe and effective treatment for PWS compared to alternative treatments.

The second systematic review was a 2011 systematic review by Cochrane that included 5 randomized controlled trials (RCTs) involving 103 subjects to evaluate (pulsed dye laser) PDL against other light sources.⁴ PDL resulted in more than 25% reduction in redness in 50-100% of the participants. This result was after 1 to 3 treatments for up to 4-6 months post operatively. Cochrane reviewers noted that additional high-quality RCTs are needed to compare different laser treatments and assess patient satisfaction. The authors concluded the PDL leads to clinically relevant clearance of PWS.

- In 2018, a Cochrane review was published on interventions for infantile hemangiomas of the skin.⁵ The review included 28 randomized trials with a total of 1728 participants, assessing interventions including beta blockers, lasers, radiation therapy, and steroids. Two trials with 142 children were assessed comparing PDL to wait-and-see. The trials found no differences between the two groups in terms of clearance. In one study, risk of skin atrophy was 3.46 times higher after PDL than wait and see, and risk of hypopigmentation was 3.05 times higher after PDL. The authors concluded that there is no evidence of a difference in achieving clearance of hemangiomas between PDL and wait-and-see.
- Additional, small, nonrandomized studies were identified which support the use of laser treatment of port wine stains.⁶⁻⁸

CLINICAL PRACTICE GUIDELINES

American Academy of Pediatrics (AAP)

In 2019, the AAP published a clinical practice guideline for the management of infantile hemangiomas. They recommend surgery and laser therapy as treatment options in managing selected infantile hemangiomas, giving the recommendation a grade C, moderate recommendation rating.⁹

CENTERS FOR MEDICARE & MEDICAID

Cosmetic surgery is statutorily excluded by Medicare, and thus, is not a covered Medicare benefit.

Title XVIII of the Social Security Act, Section 1862(a)(1)(P)(10)(4):

“Notwithstanding any other provision of this title, no payment may be made under part A or part B for any expenses incurred for items or services where such expenses are for cosmetic surgery or are incurred in connection therewith, except as required for the prompt repair of accidental injury or for improvement of the functioning of a malformed body member.”

General Medicare guidance regarding cosmetic and reconstructive procedures is as follows:

Medicare Benefit Policy Manual, Chapter 16, §120:

“Cosmetic surgery or expenses incurred in connection with such surgery is not covered. Cosmetic surgery includes any surgical procedure directed at improving appearance, except when required for the prompt (i.e., as soon as medically feasible) repair of accidental injury or for the improvement of the functioning of a malformed body member. For example, this exclusion does not apply to surgery in connection with treatment of severe burns or repair of the face following a serious automobile accident, or to surgery for therapeutic purposes which coincidentally also serves some cosmetic purpose.”

In addition, the Noridian LCD for *Plastic Surgery* ([L37020](#)) calls out several key points regarding cosmetic vs. reconstructive procedure decision-making.

As of 1/6/2021, no Medicare coverage policy or guidance (e.g., manual, national coverage determination [NCD], local coverage determination [LCD] article [LCA], etc.) was identified which **specifically** addresses laser treatment of port wine stains or other vascular lesions of the skin. However, the LCA for *Billing and Coding: Benign Skin Lesion Removal (Excludes Actinic Keratosis, and Mohs)* ([A57162](#)) states, "CPT codes 17106, 17107 and 17108 describe treatment of lesions that are usually cosmetic. When using these CPT codes the clinical records should clearly document the medical necessity of such treatment and why the procedure is not cosmetic."

Neither the Noridian LCA A57162, nor any other Medicare policy provide specific coverage criteria to be used to determine whether laser treatment of vascular lesions may be considered cosmetic or reconstructive. In the absence of any NCD, LCD, or other Medicare policy, Medicare guidelines allow a Medicare Advantage Organization (MAO) to make coverage determinations, applying an objective, evidence-based process, based on authoritative evidence. (*Medicare Managed Care Manual, Ch. 4, §90.5*) The Medicare guidance for cosmetic vs. reconstructive decision-making are in alignment with the policy criteria noted above; therefore, this Company medical policy will be applied for medical necessity decision-making.

POLICY SUMMARY

There are limited large studies regarding pulsed dye laser (PDL) to treat hemangiomas and port wine stains (capillary malformations). However, the evidence does demonstrate that PDL is an effective method for reducing the progression of skin thickening and lesion formation, and is therefore considered standard of care.

INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously

considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

MEDICAL POLICY CROSS REFERENCES

- Cosmetic and Reconstructive Procedures (All Lines of Business except Medicare)
- Cosmetic and Reconstructive Surgery (Medicare Only)

REFERENCES

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8. Perruchoud DL, Cazzaniga S, Heidemeyer K, et al. Treatment of sporadic port-wine stains: a retrospective review of 17 cases consecutively treated by pulsed sequential dual wavelength 595 and 1064 nm laser. *J Eur Acad Dermatol Venereol.* 2017;31(3):557-563. <https://www.ncbi.nlm.nih.gov/pubmed/27658196>
9. Krowchuk DP, Frieden IJ, Mancini AJ, et al. Clinical Practice Guideline for the Management of Infantile Hemangiomas. *Pediatrics.* 2019;143(1):e20183475. <https://pediatrics.aappublications.org/content/pediatrics/143/1/e20183475.full.pdf>