Laser Treatment for Port Wine Stains

Effective: October 1, 2018

Next Review: September 2019
Last Review: September 2018

IMPORTANT REMINDER

Medical Policies are developed to provide guidance for members and providers regarding coverage in accordance with contract terms. Benefit determinations are based in all cases on the applicable contract language. To the extent there may be any conflict between the Medical Policy and contract language, the contract language takes precedence.

PLEASE NOTE: Contracts exclude from coverage, among other things, services or procedures that are considered investigational or cosmetic. Providers may bill members for services or procedures that are considered investigational or cosmetic. Providers are encouraged to inform members before rendering such services that the members are likely to be financially responsible for the cost of these services.

DESCRIPTION

Port wine stain (PWS) is a capillary malformation that begins as a pale pink flat area (macular lesion) in childhood and grows as the patient ages.

MEDICAL POLICY CRITERIA

I. Laser treatment may be considered medically necessary for port wine stains.
II. Destruction of cutaneous vascular lesions for removal of telangiectasias (spider veins) is considered cosmetic.

NOTE: A summary of the supporting rationale for the policy criteria is at the end of the policy.

CROSS REFERENCES


BACKGROUND

Common areas for PWS to appear are on the face over the areas of the first and second trigeminal nerves and the eyes or mouth. It is common to see a PWS overlying an
arteriovenous, arterial or venous malformation. The abnormal blood vessels within the PWS become progressively more dilated in size, which results in the lesion becoming dark purple and elevated in some instances. Nodules and hypertrophy may develop in the soft tissue underlying the PWS. Nodules may continue to grow and can bleed easily if traumatized. PWS persists into adult life and is associated with systemic abnormalities such as glaucoma.

Treatment of a PWS in its macular stage will prevent the development of the hypertrophic component of the lesion. Laser treatment of a PWS diminishes the existing blood vessels making them smaller, fewer in number, and less likely to progress in size.

REFERENCES

None

CODES

<table>
<thead>
<tr>
<th>Codes</th>
<th>Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPT</td>
<td>17106</td>
<td>Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm</td>
</tr>
<tr>
<td></td>
<td>17107</td>
<td>Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm</td>
</tr>
<tr>
<td></td>
<td>17108</td>
<td>Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm</td>
</tr>
<tr>
<td>HCPCS</td>
<td>None</td>
<td></td>
</tr>
</tbody>
</table>

*Date of Origin: August 2018*