Laser Treatment of Port Wine Stains
Corporate Medical Policy

File Name: Laser Treatment of Port Wine Stains
File Code: 7.01.VT40
Origination: 08/2016
Last Review: 03/2022
Next Review: 03/2023
Effective Date: 10/01/2022 (ARCHIVED)

Description/Summary
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. Treatment with lasers (including pulsed dye lasers [PDL], Alexandrite, nd:YAG lasers, and intense pulsed light [IPL]) is proposed. Treatment is not innocuous and cutaneous and ocular damage can occur if clinicians are not vigilant.

Policy
Coding Information
Click the links below for attachments, coding tables & instructions.
Attachment I- Code Table & Instructions

When a service may be considered medically necessary
Laser treatment with pulsed dye lasers may be medically necessary for port wines stains causing functional impairment. Functional impairment may include, but is not limited to:

1. Lesions located where there is potential compromise or actual compromise (see numbers 3 and 4 below) of vital structures (e.g. nose, eyes, ears, lips, tongue or larynx)
2. Lesions which are symptomatic (e.g. bleeding, painful, ulcerated, prior infection, or pedunculated and symptomatic)
3. Lesions which involve the eyelids or periorbital tissue and result in impaired vision or strabismus
4. Lesions which result in auditory impairment and secondary speech delay (lesions which
are located on or around the ear)

5. Lesions which result in a risk of bleeding caused by bleb formation or incidental trauma

Given the higher rate of complications, laser treatment with alexandrite, Nd:YAG lasers, and intense pulsed light [IPL] may be medically necessary for port wines stains which qualify for treatment as listed above but also meet the following criteria:

1) Have failed treatment with pulsed dye laser. OR
2) Darker skin pigmentation precludes treatment with the pulsed dye laser.

When a service is considered investigational

Treatment of port wine stains with lasers in combination with photodynamic therapy or topical angiogenesis inhibitors is considered investigational.

For all other indications that are not listed as medically necessary, not medically necessary or an exclusion.

Policy Guidelines

Performance of a prior spot test is necessary to select suitable candidates for treatment and to determine the degree of scarring that may occur.

The size of the lesion may require more than 1 treatment.

Reference Resources


Document Precedence

Blue Cross and Blue Shield of Vermont (BCBSVT) Medical Policies are developed to provide clinical guidance and are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. The applicable group/individual contract and member certificate language, or employer’s benefit plan if an ASO group, determines benefits that are in effect at the time of service. Since medical practices and knowledge are constantly evolving, BCBSVT reserves the right to review and revise its medical policies periodically. To the extent that there may be any conflict between medical policy and contract/employer benefit plan language, the member’s contract/employer benefit plan language takes precedence.

Audit Information

BCBSVT reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in the medical policy. If an audit identifies instances of non-compliance with this medical policy, BCBSVT reserves the right to recoup all non-compliant payments.

Administrative and Contractual Guidance

Benefit Determination Guidance

NEHP/ABNE members may have different benefits for services listed in this policy. To confirm benefits, please contact the customer service department at the member’s health plan.

Federal Employee Program (FEP): Members may have different benefits that apply. For further information please contact FEP customer service or refer to the FEP Service Benefit Plan Brochure. It is important to verify the member’s benefits prior to providing the service to determine if benefits are available or if there is a specific exclusion in the member’s benefit.

Coverage varies according to the member’s group or individual contract. Not all groups are required to follow the Vermont legislative mandates. Member Contract language takes precedence over medical policy when there is a conflict.

If the member receives benefits through an Administrative Services Only (ASO) group, benefits may vary or not apply. To verify benefit information, please refer to the member’s employer benefit plan documents or contact the customer service department. Language in the employer benefit plan documents takes precedence over medical policy when there is a conflict.
Policy Implementation/Update information

<table>
<thead>
<tr>
<th>Date</th>
<th>Information</th>
</tr>
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<tbody>
<tr>
<td>08/2016</td>
<td>New policy. Adoption of BCBSA MPRM# 7.01.40.</td>
</tr>
<tr>
<td>08/2017</td>
<td>Policy reviewed. Prior Approval requirement removed.</td>
</tr>
<tr>
<td>11/2018</td>
<td>Policy reviewed. Pulse Dye Lasers “PDL” moved to the preferred initial treatment. Other laser treatments with more side effects reserved for treatment failure with PDL. External input received from two tertiary care center pediatric dermatology departments.</td>
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<tr>
<td>02/2021</td>
<td>Policy Reviewed. No change in policy statement.</td>
</tr>
<tr>
<td>03/2022</td>
<td>Policy Archived, removed ICD-10-CM Table, codes 17106, 17107, 17108 remain medically necessary.</td>
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Eligible providers

Qualified healthcare professionals practicing within the scope of their license(s).

Approved by BCBSVT Medical Directors

Joshua Plavin, MD, MPH, MBA
Chief Medical Officer

Tom Weigel, MD, MBA
Senior Medical Director

Attachment I
Code Table & Instructions

The following codes will be considered as Medically Necessary when applicable criteria has been met.

<table>
<thead>
<tr>
<th>Code Type</th>
<th>Number</th>
<th>Brief Description</th>
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<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>CPT®</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>CPT®</td>
<td>17108</td>
<td>Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq. cm</td>
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