GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

DESCRIPTION
Port-wine stains (PWS) are a type of vascular lesion involving the superficial capillaries of the skin. At birth, the lesions typically appear as flat, faint, pink macules. With increasing age, they darken and become raised, red-to-purple nodules and papules in adults. Congenital hemangiomas are benign tumors of the vascular endothelium that appear at or shortly after birth. Hemangiomas are characterized by rapid proliferation in infancy and a period of slow involution that can last for several years. Complete regression occurs in approximately 50% of children by 5 years of age and 90% of children by 9 years of age.

The goals of pulsed dye laser (PDL) therapy for cutaneous vascular lesions, specifically PWS lesions and hemangiomas, are to remove, lighten, reduce in size, or cause regression of the lesions to relieve symptoms, to alleviate or prevent medical or psychological complications, and to improve cosmetic appearance. This is accomplished by the preferential absorption of PDL energy by the hemoglobin within these vascular lesions, which causes their thermal destruction while sparing the surrounding normal tissues.

PDLs are classified as Class II devices. In 1986, the Candela Corporation manufactured the first PDL approved by the FDA for the treatment of cutaneous vascular lesions. Since then, various models have been developed and deemed substantially equivalent by the FDA. Pulsed-dye lasers include but are not limited to the following: C-beam Pulse Dye Laser System (Candela Corp.); PhotoGenica V Star and PhotoGenica V lasers (Cynosure, Inc.)

POLICY
PDL therapy (17106, 17107, 17108) for treatment of cutaneous vascular lesions requires prior authorization for all product lines.

HMO, PPO, Individual Marketplace, Elite, Advantage
Coverage for the treatment of a cutaneous hemangioma, port wine stain, or other vascular lesion is dependent upon benefit plan language, may be subject to the provisions of a cosmetic and/or reconstructive benefit and may be governed by state mandates.

Under many benefit plans, the treatment of a cutaneous hemangioma, port wine stain, or other vascular lesion is not covered when performed solely for the purpose of improving or altering appearance or self-esteem, or to treat psychological symptomatology or psychosocial complaints related to one’s appearance.

Please refer to the applicable benefit plan document to determine the terms, limitations and conditions of coverage.

If coverage is available for treatment of a cutaneous and/or deep tissue hemangioma, port wine stain, or other vascular lesion, the following conditions of coverage apply.

Paramount covers PDL therapy (17106, 17107, 17108) for treatment of cutaneous vascular lesions as medically necessary for either of the following conditions:

1. Cutaneous and/or deep hemangioma or other vascular malformation (e.g., venous, arteriovenous, lymphatic) and either of the following indications (lesions thicker than 3mm may not respond):
   a. Lesion is affecting a vital structure (e.g., nose, eyes, ears, lips, or larynx)
   b. Lesion results in any of the following:
      • Bleeding
      • Pain
      • Ulceration
      • Repeated infection
      • Eating difficulty
      • Swallowing difficulty
2. Port wine stain and either of the following indications:
   a. Lesion results in bleeding or painful nodules
   b. Lesion results in obstructed vision

CODING/BILLING INFORMATION
The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

<table>
<thead>
<tr>
<th>CPT CODE</th>
<th>Description</th>
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<tbody>
<tr>
<td>17106</td>
<td>Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm</td>
</tr>
<tr>
<td>17107</td>
<td>Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm</td>
</tr>
<tr>
<td>17108</td>
<td>Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm</td>
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</tbody>
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TAWG REVIEW DATES: 07/17/2013, 08/22/2014, 08/20/2015, 08/26/2016

REVISION HISTORY EXPLANATION
08/22/14: Policy created to reflect most current clinical evidence per TAWG.
08/20/15: Policy reviewed and updated to reflect most current clinical evidence per TAWG.
08/26/16: PPO now requires prior authorization. Policy reviewed and updated to reflect most current clinical evidence per TAWG.

REFERENCES/RESOURCES
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid [http://jfs.ohio.gov/](http://jfs.ohio.gov/)
Industry Standard Review
Hayes, Inc.