
Utilization *ALERT*

- Prior to use of this MCP for evaluation of medical necessity, benefit coverage **MUST** be verified in the member's EOC or benefit document.
 - For Medicare members, please refer to CMS guidelines through Medicare Coverage Database requirements
 - Note: After searching the Medicare Coverage Database, if no NCD/LCD/LCA is found, then use the policy referenced above for coverage guidelines
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I. Procedure: Destruction of Cutaneous Vascular Malformations with Pulsed Dye Laser (PDL)

II. Specialty: Dermatology

III. Indications for Referral

A. Cutaneous Hemangioma

The laser treatment of hemangioma is indicated when **one** of the following criteria are met:

1. The hemangioma is symptomatic such as painful, bleeding, ulcerated or subject to recurrent infection;
2. The hemangioma compromises the function of vital structures;
3. The hemangioma is pedunculated;
4. The hemangioma is associated with Kasabach-Merritt syndrome;
5. The hemangioma is on the face, ears and/or neck; or
6. In infants, children and adolescents who are still growing where there is the potential to hypertrophy, thicken and bleed as determined by a dermatologist or vascular specialist.

B. Port Wine Stains on the face or neck,

C. Port Wine Stains other than the face or neck when it is associated with recurrent bleeding, infection, pain or ulceration, or when there is documented evidence of physical functional impairment

D. Hereditary hemorrhagic telangiectasia (Osler-Weber-Rendu disease);

IV. Limitations/Exclusions

Laser treatment is considered not medically necessary for the following:

- A. For cosmetic purposes such as to improve or change appearance; and
- B. Cosmetic surgery of benign asymptomatic cutaneous lesions



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Pulsed Dye Laser (PDL) for Vascular Malformations and Port Wine Stains

Medical Coverage Policy

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Approval History

Effective June 01, 2016, state filing is no longer required per Maryland House Bill HB 798 – Health Insurance – Reporting

Date approved by RUMC*	Date of Implementation
09/26/2018	09/26/2018
09/26/2019	09/26/2019
09/24/2020	09/24/2020
09/27/2021	09/27/2021
06/24/2022	06/24/2022
07/26/2022	07/26/2022
07/25/2023	07/25/2023
07/24/2024	07/24/2024

*The Regional Utilization Management Committee received delegated authority in 2011 to review and approve designated Utilization Management and Medical Coverage Policies by the Regional Quality Improvement Committee.

Note: Kaiser Permanente Mid-Atlantic States (KPMAS) include referral and authorization criteria to support primary care and specialty care practitioners, as appropriate, in caring for members with selected conditions. Medical Coverage Policies are not intended or designed as a substitute for the reasonable exercise of independent clinical judgment by a practitioner in any set of circumstances for an individual member.

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