Medical Policy:
Pulse Dye Laser Therapy for Cutaneous Vascular Lesions (Commercial)

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<th>POLICY NUMBER</th>
<th>EFFECTIVE DATE</th>
<th>APPROVED BY</th>
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<td>MG.MM.SU.46aC8</td>
<td>07/08/2020</td>
<td>MPC (Medical Policy Committee)</td>
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**IMPORTANT NOTE ABOUT THIS MEDICAL POLICY:**
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**Definitions**

| Pulsed Dye Laser (PDL) | Pulsed dye laser (PDL) emits a specific color or light wavelength that can be varied in intensity and pulse duration. When this light energy interacts with the hemoglobin found in accessible blood vessels comprising a cutaneous lesion, heat is generated that destroys the vessels within the targeted lesion while sparing the surrounding tissue. Refinement of the technology includes a cryogen spray cooled (CSC) that involves the application of a cryogen spurt to the skin milliseconds prior to laser irradiation. This cools the epidermis thereby reducing thermal injury during treatment. |
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Guideline

See also *Cosmetic Surgery Procedures*

Members with port wine stains and hemangiomata are eligible for PDL, with or without local topical or general anesthesia. Coverage will be considered until the lesion is gone or when maximum efficacy has been achieved.

Any of the following criteria must be demonstrated as met:

1. Presence of port wine stains in children and adults when a prescription (Rx) is required to alleviate or prevent clinical complications.
2. Presence of superficial hemangiomas or the superficial component of mixed hemangiomas in infants and children when a definitive Rx is required to alleviate or prevent clinical complications.
3. Presence of post involutional hemangiomas and telangiectasias in infants and children when a definitive Rx is required to alleviate or prevent clinical complications.

Documentation

1. Initial pre-treatment photos.
2. Post-treatment photos (for treatment requests beyond 3 cycles, or 6 months; each cycle consists of up to 2 months).

Limitation/Exclusion

Requests for cherry angiomas and pyogenic granulomas will be reviewed on a case by case basis.

Coding Criteria

To access the codes, please download the policy to your computer, and click on the paperclip icon within the policy

| Applicable CPT and Diagnosis Codes |

References


Specialty-matched clinical peer review.

Revision history

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<th>DATE</th>
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<td>12/09/2019</td>
<td>Reformatted and reorganized policy, transferred content to new template</td>
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