Regence

Medical Policy Manual Surgery, Policy No. 12.34

Laser Treatment for Port Wine Stains

Effective: August 1, 2026

Next Review: May 2027
Last Review: June 2026

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

Note: Clinical documentation to support criteria is required (See Required Documentation).

Medically Necessary

I. Laser treatment may be considered **medically necessary** for port wine stains.

Cosmetic

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.

REQUIRED DOCUMENTATION

- It is critical that the list of information below is submitted for review to determine if the policy criteria are met. If any of these items are not submitted, it could our impact review and decision outcome:
- Medical records related to history and physical/chart notes documenting presence of port wine stain.

CROSS REFERENCES

1. Cosmetic and Reconstructive Surgery, Surgery, Policy No. 12

BACKGROUND

Common areas for port wine stains (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

Codes	Number	Description
CPT	17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm
	17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm
	17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm
HCPCS	None	

Date of Origin: *August 2018*