Hemangioma Removal Criteria

<table>
<thead>
<tr>
<th>Iowa Medicaid Program:</th>
<th>Prior Authorization</th>
<th>Effective Date:</th>
<th>9/11/2009</th>
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<tbody>
<tr>
<td>Revision Number:</td>
<td>4</td>
<td>Last Review Date:</td>
<td>10/21/2016</td>
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<tr>
<td>Reviewed By:</td>
<td>Medicaid Clinical Advisory Committee</td>
<td>Next Review Date:</td>
<td>10/2017</td>
</tr>
<tr>
<td>Approved By:</td>
<td>Medicaid Medical Director</td>
<td>Approved Date:</td>
<td>2/21/2017</td>
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Criteria:
1. **AT LEAST ONE** of the following (a-f):
   a. Congenital hemangioma that requires treatment due to location or associated problems
   b. Presence of pain
   c. Presence of ulceration
   d. The hemangioma is life-threatening: Such as airway hemangioma, CNS hemangioma, hepatic hemangioma (diffuse), visceral hemangioma
   e. The hemangioma is threatening to vital function:
      i. Vision: Any periocular hemangioma with risk of causing obstructive amblyopia and/or astigmatism, (requires evaluation and close follow-up by ophthalmology) **OR**
      ii. Feeding: Any perioral or perinasal hemangioma that disrupts the ability of an infant to suck and/or feed well
   f. Facial hemangiomas in children will be evaluated by the IME Medical Director based on photos and failure to resolve with medications or time.

2. Documentation of medical necessity:
   a. Must submit pictures that clearly identify the location of the hemangioma (those midline, periocular, perioral or perinasal or special concern); **AND**
   b. Must include measurements (may omit for periocular hemangiomas that may impact vision); **AND**
   c. For periocular hemangiomas, documentation of ophthalmology assessment is required.

Exclusions:
Hemangioma removal will not be covered if **ANY OF** the following apply:
   a. Removal is for cosmetic purposes
   b. Removal is simply the preference or for the convenience of the provider, patient, or family
   c. Documentation does not support medical necessity for removal

CPT Codes:
11400 - 11471 Excisions of benign lesions
11600 - 11646 Excisions of malignant lesions
When done for diagnoses of hemangioma D18.00 - D18.09
References Used:
Specialist consultation:

Segmental hemangiomas of the upper airway.
O TM, Alexander RE, Lando T, Grant NN, Perkins JA, Blitzer A, Waner M.
PMID: 19806648 [PubMed - indexed for MEDLINE]

Management of cutaneous hemangiomas in pediatric patients.
Musumeci ML, Schlecht K, Perrotta R, Schwartz RA, Micali G.
PMID: 18491478 [PubMed - indexed for MEDLINE]

Vascular malformations. Part II: associated syndromes.
Garzon MC, Huang JT, Enjolras O, Frieden IJ.
PMID: 17367610 [PubMed - indexed for MEDLINE]

Vascular malformations: Part I.
Garzon MC, Huang JT, Enjolras O, Frieden IJ.
PMID: 17317485 [PubMed - indexed for MEDLINE]


Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

Change History:

<table>
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<tr>
<th>Change Date</th>
<th>Changed By</th>
<th>Description of Change</th>
<th>New Version Number</th>
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<tbody>
<tr>
<td>10/18/13</td>
<td>CAC</td>
<td>Criterion #3-c changed ophtamology involvement to ophtamology assessment.</td>
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<tr>
<td>10/17/14</td>
<td>Medical Director</td>
<td>Grammatical and formatting changes</td>
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### Change History (cont.):

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<th>Description</th>
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<tr>
<td>10/9/15</td>
<td>Medical Director</td>
<td>Descriptions of CPT codes and addition of ICD-10 diagnosis codes. Formatting and reference changes.</td>
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<tr>
<td>10/21/16</td>
<td>CAC</td>
<td>Added criterion #1f.</td>
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C. David Smith, MD