

## Position Statement on Restorative and Reconstructive Interventions for Vascular Anomalies and Malformations (Approved by the Board of Directors: March 20, 2023)

The American Academy of Dermatology/Association (the Academy) affirms its support for the clinical decision-making authority of dermatologists and dermatologist-directed care teams for restorative and reconstructive treatment of vascular anomalies and malformations and opposes any treatment restrictions on such care.

Health plans and payers have sometimes limited benefits coverage for treatment of vascular anomalies and malformations due to the erroneous assumption that treatment is considered cosmetic or that the condition does not interfere with physical body function and therefore is not medically necessary. However, it is important to distinguish restorative and reconstructive interventions for vascular malformations and anomalies from aesthetically-directed cosmetic interventions. Restorative interventions restore function and minimize disfigurement due to congenital anomalies, medical and genetic diseases, and accidents, whereas aesthetically directed cosmetic procedures are intended to enhance beauty and improve the appearance of normal features that are not essential to improving physical, psychosocial, and mental health. A procedure to restore the appearance of a patient with a vascular anomaly or malformation is reconstructive in nature with the goal of minimizing physical disfigurement to provide physical health and normalcy (i.e., it is not normal to have a vascular anomaly or malformation). Treatment of such vascular anomalies and malformations should be considered medically necessary and has been shown to improve psychosocial and mental health of patients and their families<sup>1</sup>. Early access to care is essential as even what may be considered by some as a mild clinical presentation can have a significant impact on patient psychosocial distress.

The AADA supports the American Medical Association's definitions of "cosmetic" and "reconstructive" surgery, which read as follows: H-475.992 Definitions of "Cosmetic" and "Reconstructive" Surgery (1) The AMA supports the following definitions of "cosmetic" and "reconstructive" surgery: Cosmetic surgery is performed to reshape normal structures of the body in order to improve the patient's appearance and self-esteem. Reconstructive surgery is performed on abnormal structures of the body, caused by congenital defects, development abnormalities, trauma, infection, tumors or disease. It is generally performed to improve function but may also be done to approximate a normal appearance.<sup>2</sup> The Academy calls upon all payers to use these definitions in determining services eligible for coverage under the plans they offer or administer.

The physical changes and appearance of vascular anomalies and malformations can cause medical complications in addition to mental disorders and emotional stress. Medical problems such as pain, functional impairment, increased medical risk factors, and permanent disfigurement are evident in patients with vascular anomalies and malformations. To illustrate the complex nature of congenital vascular anomalies, port wine stains persist into adulthood and are often associated with systemic abnormalities such as ocular glaucoma. Once the port wine stain matures, it thickens creating a cascade of significant effects on skin integrity, pain, distortion of nearby body parts, and damage to the structural integrity of the skin and its underlying vascular and lymphatic channels. The lesion will often cause skin breakdown, ulceration, bleeding and form nodules that physically impact function of nearby structures.<sup>3-5</sup>

Treatment of vascular anomalies and malformations of the skin continues to evolve with increasingly effective medical interventions. Early intervention, including topical, intralesional, or systemic medical therapy, surgery, and laser treatment can result in reduction in growth and/or eradication of the lesion. For example, laser treatment of a vascular anomaly or malformation such as a port wine stain diminishes the existing blood vessels making them smaller and fewer in number.<sup>6</sup> This in turn can prevent progression of

such lesions to a more advanced stage and size. Early intervention can minimize future complications leading to fewer episodes of care, in turn allowing additional cost savings for patients and payers alike.

Treatments for vascular anomalies and malformations are reconstructive and not cosmetic in nature, and thus should be considered the same as other covered treatments for disfiguring conditions such as cleft lip/palate, craniofacial deformities, etc.

The AADA calls upon payers to provide comprehensive benefits coverage and appropriate reimbursement for evaluation and treatment for vascular anomalies and malformations, and that such coverage shall include treatment which, in the opinion of the treating physician, is medically necessary to return the patient to a more normal appearance. These changes would improve care for patients and save future care cost by preventing the progression of the vascular anomaly/malformation and potential systemic complications.

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<sup>1</sup> Espinel AG, Bauman NM. Psychosocial Impact of Vascular Anomalies on Children and Their Families. *Otolaryngol Clin North Am.* 2018 Feb;51(1):99-110. doi: 10.1016/j.otc.2017.09.018. PMID: 29217071.

<sup>2</sup> American Medical Association Policy H-475.992 Definitions of “Cosmetic” and “Reconstructive” Surgery <https://policysearch.ama-assn.org/policyfinder/search/H-475.992%20Definitions%20of%20%E2%80%9Ccosmetic%E2%80%9D%20and%20%E2%80%9CReconstructive%E2%80%9D%20Surgery/relevant/1/> Accessed 10/17/2022

<sup>3</sup> Nguyen HL, Bonadurer GF 3rd, Tollefson MM. Vascular Malformations and Health-Related Quality of Life: A Systematic Review and Meta-analysis. *JAMA Dermatol.* 2018;154(6):661–669. doi:10.1001/jamadermatol.2018.0002 (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5876813/?report=printable>)

<sup>4</sup> Minkis K, Geronemus RG, Hale EK. Port wine stain progression: a potential consequence of delayed and inadequate treatment?. *Lasers Surg Med.* 2009;41(6):423–426. doi:10.1002/lsm.20788  
[Port wine stain progression: a potential consequence of delayed and inadequate treatment? - PubMed \(nih.gov\)](#)

<sup>5</sup> Hagen, S. L., Grey, K. R., Korta, D. Z., & Kelly, K. M. (2017). Quality of life in adults with facial port-wine stains. *Journal of the American Academy of Dermatology*, 76(4), 695-702.  
[Quality of life in adults with facial port-wine stains - Journal of the American Academy of Dermatology \(jaad.org\)](#)

<sup>6</sup> Brightman LA, Geronemus RG, Reddy KK. Laser treatment of port-wine stains. *Clin Cosmet Investig Dermatol.* 2015;8:27–33. Published 2015 Jan 12. doi:10.2147/CCID.S53118

*This Position Statement is provided for educational and informational purposes only. It is intended to offer physicians guiding principles and policies regarding the practice of dermatology. This Position Statement is not intended to establish a legal or medical standard of care. Physicians should use their personal and professional judgment in interpreting these guidelines and applying them to the particular circumstances of their individual practice arrangements.*

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