Policy: MP240
Section: Medical Benefit Policy
Subject: Dermal Injections for Treatment of Facial Lipodystrophy Syndrome (LDS)

I. Policy: Dermal Injections for Treatment of Facial Lipodystrophy Syndrome (LDS)

II. Purpose/Objective:
To provide a policy of coverage regarding Dermal Injections for Treatment of Facial Lipodystrophy Syndrome (LDS)

III. Responsibility:
A. Medical Directors
B. Medical Management

IV. Required Definitions
1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions
Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
c. in accordance with current standards of good medical treatment practiced by the general medical community.
d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment
Medical Necessity shall mean a service or benefit that is compensable under the Medical Assistance Program and if it meets any one of the following standards:

(i) The service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.
(ii) The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or development effects of an illness, condition, injury or disability.
(iii) The service or benefit will assist the Member to achieve or maintain maximum functional
capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for members of the same age.

DESCRIPTION: Facial lipodystrophy Syndrome is characterized by facial wasting of fat under the skin of the face resulting in a gaunt or wasted appearance. Dermal fillers comprised of Poly-L-lactic acid and synthetic calcium hydroxylapatite can be used to restore a more normal facial.

LIMITATIONS:
Medicare and Medicaid Business Segments:

Dermal injections for the treatment of facial lipodystrophy syndrome is considered for coverage by mandate for the Medicare and Medicaid business segments. This service will be considered medically necessary only in HIV- infected insured individuals who manifest depression secondary to the physical stigma of HIV treatment.

EXCLUSIONS: Dermal injections for the treatment of facial lipodystrophy syndrome will be considered cosmetic in nature and NOT COVERED for all business segments outside of the CMS mandate.

CODING ASSOCIATED WITH: Dermal Injections for Treatment of Facial Lipodystrophy Syndrome (LDS)
The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services.

G0429 Dermal Filler injection(s) for the treatment of facial lipodystrophy syndrome (LDS) (e.g., as a result of highly active antiretroviral therapy)
Q2026 Injection, radiesse, 0.1 ml
Q2028 injection, sculptra, 0.5 mg

LINE OF BUSINESS:
Eligibility and contract specific benefit limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD’s and NCD’s will supersede this policy. For PA Medicaid Business segment, this policy applies as written.

REFERENCES:


Valantin M-A et al. Polylactic acid implants (New-Fill™) to correct facial lipoatrophy in HIV-infected patients: results of the open-label study VEGA. AIDS 2003; 17:2471–2477


This policy will be revised as necessary and reviewed no less than annually.

Devised: 7/12/10

Reviewed: 7/11, 7/12, 7/13, 7/14, 7/15, 7/16, 6/17