Geisinger

Geisinger Health Plan Policies and Procedure Manual

Policy: MP240

Section: Medical Benefit Policy

Subject: Dermal Injections for Treatment of Facial Lipodystrophy Syndrome (LDS)

Applicable Lines of Business

Commercial	**X**	**CHIP**	**X**
Medicare	**X**	**ACA**	**X**
Medicaid	**X**		

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

Medically Necessary — A service, item, procedure, or level of care that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.
- 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.

Medicaid Business Segment:
Any requests for services, that do not meet criteria set in the PARP, may be evaluated on a case by case basis.

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.

11950 Subcutaneous injection or filling material 1cc or less
11951 Subcutaneous injection or filling material 1.1 cc to 5.0cc
11952 Subcutaneous injection of filling material 5.1 cc to 10.0cc
11954 Subcutaneous injection of filling material over 10.00cc
C9800 dermal injectionprocedure9s) for facial lipodystrophy syndrome (LDS) and provision of Radiesse or Sculptra dermal filler, including all items and supplies.
G0429 Dermal Filler injection(s) for the treatment of facial lipdystrophy syndrome (LDS) (e.g., as a result of highly active antiretroviral therapy)
Q2026 Injection, Radiesse, 0.1 ml
Q2028 injection, Sculptra, 0.5 mg

CMS-approved ICD-10 codes: B20, E88.1

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 supercede this policy. For PA Medicaid Business segment, this policy applies as written.

REFERENCES:
Centers for Medicare and Medicaid (CMS). MLN® Matters. Dermal Injections for Treatment of Facial Lipodystrophy Syndrome (LDS) June 4, 2010. Accessed July 1, 2010 available at http://www.medicarefind.com/searchdetails/Transmittals/Attachments/MM6953.pdf
Centers for Medicare and Medicaid (CMS). NCD for Dermal Injections for the Treatment of Facial Lipodystrophy Syndrome (LDS) (250.5). July 6, 2010. Accessed July 12, 2010 available at http://www.cms.gov/mcd/viewncd.asp?ncd_id=250.5&ncd_version=1&basket=ncd%3A250%2E5%3A1%3ADermal+Injections+for+the+Treatment+of+Facial+Lipodystrophy+Syndrome+%28LDS%29

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Sturm LP et al. A Systematic Review of Permanent and Semipermanent Dermal Fillers for HIV-Associated Facial Lipoatrophy. 2009;23:699-714.

Doward LC et al. Impact of lipoatrophy on patient-reported outcomes in antiretroviral-experienced patients. AIDS Reader. 2008;18:242-246, 252-256, 262-265.

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Carruthers A, Carruthers J. Evaluation of injectable calcium hydroxylapatite for the treatment of facial lipoatrophy associated with human immunodeficiency virus. Dermatol Surg. 2008;34(11):1486-99.

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

Devised: 7/12/10

Devised:

Reviewed: 7/11**,** 7/12, 7/13, 7/14, 7/15, 7/16, 6/17, 6/18, 6/19, 6/20, 6/21, 6/22, 6/23