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## SHP Dermal Fillers

AUTH: SHP Medical 201 v6 (AC)

**MCG Health**  
Ambulatory Care  
25th Edition

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### Coverage

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See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

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### Application to Products

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Policy is applicable to all products.

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### Authorization Requirements

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Pre-certification by the Plan is required.

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### Description of Item or Service

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Dermal filler is a substance injected into various parts of the body to smooth skin and wrinkles.

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### Exceptions and Limitations

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- There is insufficient scientific evidence to support the medical necessity of the following types of dermal filler as they are not shown to improve health outcomes upon technology review and therefore considered not medically necessary:
  - Belotero Balance
  - Captique
  - Collagen
  - Elevess
  - Esthélis
  - Hylaform
  - Juvederm
  - Juvederm Ultra 2, 3 or 4
  - Kybella
  - Perlane
  - Prevelle
  - Puragen
  - Restylane
  - Revanesse Versa
  - Stylage

- There is insufficient scientific evidence to support the medical necessity of dermal fillers for uses other than those listed in the clinical indications for procedure section.

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## Clinical Indications for Procedure

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- Dermal fillers are considered medically necessary for individuals with **ALL** of the following
  - Individual is over the age of 21
  - Individual has a diagnosis of human immunodeficiency virus (HIV)
  - Individual has facial lipodystrophy caused by antiretroviral medications which contributes significantly to depression
  - The dermal filler to be used is approved by the Food and Drug Administration (FDA) for treatment of facial lipodystrophy.
  - Dermal filler is **1 or more** of the following
    - Sculptra
    - Radiesse
- The following types of Dermal Fillers are **NOT COVERED** for **ANY** of the following
  - Belotero Balance
  - Captique
  - Collagen
  - Eleveess
  - Esthélis
  - Hylaform
  - Juvederm
  - Juvederm Ultra 2, 3 or 4
  - Kybella
  - Perlane
  - Prevelle
  - Puragen
  - Restylane
  - Revanesse Versa
  - Stylage

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## Document History

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- Revised Dates:
  - 2021: November
  - 2019: November
  - 2016: March
  - 2014: February, July
  - 2013: July
  - 2011: September
- Reviewed Dates:
  - 2022: September
  - 2020: November
  - 2018: June
  - 2016: July
  - 2015: July
  - 2012: August
- Effective Date: January 2011

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## Coding Information

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- CPT/HCPCS codes covered if policy criteria is met:
  - HCPCS G0429 - Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome (LDS) (e.g., as a result of highly active antiretroviral therapy)
  - HCPCS Q2028 - Injection, sculptra, 0.5 mg
  - HCPCS Q2026 Injection, Radiesse, 0.1 ml

- CPT/HCPCS codes considered not medically necessary per this Policy:
  - NONE

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## References

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### References used include but are not limited to the following:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; Uptodate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(NCD) DERMAL Injections for the Treatment of Facial Lipodystrophy Syndrome (LDS) 250.5. (2010, Mar 23). Retrieved Aug 19, 2022, from Centers for Medicare and Medicaid Services: <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncid=338&ncdver=1&keyword=Dermal%20filler&keywordType=all&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1>

(2022). Retrieved Aug 19, 2022, from MCG 26th Edition: <https://careweb.careguidelines.com/ed26/index.html>

(2022). Retrieved Aug 19, 2022, from HAYES: <https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522Dermal%2520filler%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%257B%2522page%2522:0,%2522size%2522:50%257D,%2522type%2522:%2522all%2522,%2522sources%2522>

Dermal filler. (2022, Aug 15). Retrieved Aug 19, 2022, from Food and Drug Administration: [https://www.accessdata.fda.gov/scripts/cdrh/devicesatfda/index.cfm?q=ZGVybWFslGZpbGxlcg==&approval\\_date\\_from=&approval\\_date\\_to=&pagenum=10&sort=approvaldatedesc](https://www.accessdata.fda.gov/scripts/cdrh/devicesatfda/index.cfm?q=ZGVybWFslGZpbGxlcg==&approval_date_from=&approval_date_to=&pagenum=10&sort=approvaldatedesc)

Dermal Fillers. (2022). Retrieved Aug 19, 2022, from American Society of Plastic Surgeons (ASPS): <https://www.plasticsurgery.org/cosmetic-procedures/dermal-fillers/>

INJECTABLE FILLERS GUIDE. (2022). Retrieved Aug 19, 2022, from THE AMERICAN BOARD OF COSMETIC SURGERY: <https://www.americanboardcosmeticsurgery.org/procedure-learning-center/non-surgical/injectable-fillers-guide/>

Injectable soft tissue fillers: Overview of clinical use. (2022, May 109). Retrieved Aug 19, 2022, from UpToDate: [https://www.uptodate.com/contents/injectable-soft-tissue-fillers-overview-of-clinical-use?search=DERMAL%20FILLER&source=search\\_result&selectedTitle=1~150&usage\\_type=default&display\\_rank=1](https://www.uptodate.com/contents/injectable-soft-tissue-fillers-overview-of-clinical-use?search=DERMAL%20FILLER&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1)

Procedure Fee Files & CPT Codes. (2022). Retrieved Aug 19, 2022, from Department of Medical Assistance Services: <https://www.dmas.virginia.gov/for-providers/rates-and-rate-setting/procedure-fee-files-cpt-codes/>

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**HCPCS: G0429, Q2026, Q2028**

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