

## Dermal Fillers

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<a href="#">Effective Date</a>	1/2011
<a href="#">Next Review Date</a>	9/2024
<a href="#">Coverage Policy</a>	Medical 201
<a href="#">Version</a>	7

**Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details <sup>\*</sup>.**

### Purpose:

This policy addresses the medical necessity of - Dermal Fillers.

### Description & Definitions:

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

### Criteria:

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

Dermal Fillers is considered **not medically necessary** for any use other than those indicated in clinical criteria, to include but not limited to:

- Belotero Balance
- Captique
- Collagen
- Eleess
- Esthélis
- Hylaform
- Juvederm

- Juvederm Ultra 2, 3 or 4
- Kybella
- Perlane
- Prevelle
- Puragen
- Restylane
- Revanesse Versa
- Stylage

## Coding:

Medically necessary with criteria:

Coding	Description
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

Considered Not Medically Necessary:

Coding	Description
	None

U.S. Food and Drug Administration (FDA) - approved only products only.

## Document History:

Revised Dates:

- 2021: November
- 2019: November
- 2016: March
- 2014: February, July
- 2013: July
- 2011: September

Reviewed Dates:

- 2023: September
- 2022: September
- 2020: November
- 2018: June
- 2016: July
- 2015: July
- 2012: August

Effective Date:

- January 2011

## References:

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

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National Coverage Determination (NCD) DERMAL Injections for the Treatment of Facial Lipodystrophy Syndrome

(LDS) 250.5. (2010). Retrieved Aug 15, 2023, from CMS - NCD: <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=338&ncdver=1&keyword=dermal%20filler&keywordType=starts&areald=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1>

Treatment of HIV-associated lipodystrophy. (2022, May 24). Retrieved Aug 15, 2023, from UpToDate:

<https://www.uptodate.com/contents/treatment-of-hiv-associated-lipodystrophy>

### Special Notes: \*

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

### Keywords:

Radiesse, Sculptra, Dermal Fillers, shp medical 153, vocal cord, SHP medical 201, human immunodeficiency virus, HIV, facial lipodystrophy