

Subject: Cosmetic and Reconstructive Skin Procedures**Authorization:**

Prior authorization is required for the following reconstructive skin procedures requested for members enrolled in commercial (HMO, POS, and PPO) products:

- Hemangioma Treatment
- Port Wine Stain Treatment
- Scar Revision (Surgical Procedures)

When multiple procedures are requested, criteria for each procedure must be met before services are authorized.

- When bilateral procedures are requested, criteria must be independently met on right and left sides.

This policy utilizes InterQual® criteria and/or tools, which Harvard Pilgrim may have customized. You may request authorization and complete the automated authorization questionnaire via HPHConnect at www.harvardpilgrim.org/providerportal. In some cases, clinical documentation and/or color photographs may be required to complete a medical necessity review. Please submit required documentation as follows:

- Clinical notes/written documentation —via HPHConnect Clinical Upload or secure fax (800-232-0816)
- Photographs — HPHConnect Clinical Upload function, email (utilization_requests@harvardpilgrim.org), or mail (Utilization Management, 1600 Crown Colony Dr., Quincy, MA 02169). Please note that photographs should not be faxed as faxed photos cannot be utilized in making a medical necessity determination.

Providers may view and print the medical necessity criteria and questionnaire via HPHConnect for providers (Select Resources and the InterQual® link) or contact the commercial Provider Service Center at 800-708-4414. (To register for HPHConnect, follow the [instructions here](#).) Members may access these materials by logging into their online account (visit www.harvardpilgrim.org, click on Member Login, then Plan Details, Prior Authorization for Care, and the link to clinical criteria) or by calling Member Services at 888-333-4742.

Policy and Coverage Criteria:

Harvard Pilgrim Health Care (HPHC) considers cosmetic and reconstructive skin procedures as medically necessary when documentation confirms ANY of the following when procedure-specific criteria (below) are met:

- The member is experiencing a physical functional impairment related to a medical condition, congenital defect, birth abnormality or complication, OR
- The requested procedure can reasonably be expected to restore functionality and/or resolve associated medical complications, OR
- To repair or restore facial appearance damaged by accidental injury (e.g., repair of significant facial disfigurement following a serious automobile accident)

HPHC does not cover most cosmetic services and reserves the right to deny coverage for cosmetic services that are not medically necessary.

- Services required to treat a complication that arises as a result of a non-covered cosmetic service are covered only when medically necessary in all other respects.
- Panniculectomy / Removal of Redundant Tissue

HPHC considers restorative procedures as medically necessary when documentation confirms the requested procedure:

- Is medically necessary to repair or restore facial appearance damaged by accidental injury; AND
- Can reasonably be expected to repair or restore appearance.

In accordance with MA Chapter 233 (An Act Relative to HIV-Associated Lipodystrophy Syndrome Treatment), HPHC covers treatments to correct or repair disturbances of body composition caused by HIV associated lipodystrophy syndrome for any member enrolled in any HPHC plan delivered, issued or renewed within the commonwealth. Medical record documentation from a treating provider must confirm that the treatment is medically necessary for correcting, repairing or ameliorating the effects of HIV associated lipodystrophy syndrome.

Hemangioma Treatment

Harvard Pilgrim Health Care (HPHC) considers destruction of a cutaneous congenital hemangioma as medically necessary when documentation confirms ANY of the following criteria:

- Hemangioma is visible (above clothing) on the face, neck, or ears; OR
- Hemangioma is causing a functional impairment of vital structures (e.g., impaired vision, astigmatism, auditory impairment and secondary speech delay); OR
- Hemangioma is symptomatic (i.e., has a history of recurrent bleeding, ulceration, or infection); OR
- Hemangioma is pedunculated (attached with a narrow, stalk-like base); OR
- Hemangioma is associated with Kasabach-Merritt Syndrome (KMS).

Port Wine Stain Treatment

Harvard Pilgrim Health Care (HPHC) considers laser treatment of a Port-Wine Stain (nevus flammeus) as medically necessary when documentation confirms ANY of the following criteria:

- Lesion is visible (above clothing) on the face, neck, or ears; OR
- Lesion has been subject to recurrent bleeding, ulceration, or infection; OR
- Lesion involves the vasculature of the eye and central nervous system, and treatment is medically necessary to prevent complications (e.g., glaucoma, retinal detachment, intellectual disability).

Surgical Scar Revision

Harvard Pilgrim Health Care (HPHC) considers scar revision as medically necessary when documentation confirms ANY of the following criteria:

- Scar is the result of a prior mastectomy or lumpectomy procedure; OR
- Scar is causing a physical functional impairment (e.g., interferes with movement of a joint); OR
- Scar is causing significant symptoms (e.g., intense pain, burning, itching) that cannot be effectively treated with appropriate local and or systemic medications (e.g., analgesics, corticosteroids, antibiotics); OR
- Scar has a history of intermittent and recurrent breakdown that has been refractory to physician-supervised local treatment.

Photographic documentation documenting the size, location and characteristics must be mailed or emailed to HPHC. Faxed photos are usually of poor quality and cannot be utilized in making a determination of medical necessity.

Initial procedures must be requested within 12 months of the initial injury unless documentation confirms a delay is medically necessary to support optimal outcomes.

For children (age 16 or younger) who have not reached full maturity, documentation must confirm that a delay of more than 12 months is medically necessary to allow for growth completion;

For members over age 16, documentation must confirm that a delay of 12 or more months is medically necessary to support optimal reconstruction, healing, and remodeling.

Exclusions:

Harvard Pilgrim Health Care (HPHC) considers cosmetic and reconstructive skin procedures as not medically necessary for all other indications. In addition, HPHC does not cover:

- Chemical Peel (dermal and epidermal)
- Dermabrasion
- Hair removal by any method, temporary or permanent, including, but not limited to, electrolysis, waxing, or laser, even if the excessive hair is caused by a medical condition.
- Injection of dermal filling materials for cosmetic purposes (e.g., treatment of acne or chicken pox scars, or facial wrinkles)
- Microdermabrasion
- Removal of skin tags
- Laser therapy for treatment of vitiligo that is not on the face, neck, or hands
- Removal of decorative tattoo
- Shaving or removal of a benign, asymptomatic epidermal or dermal lesion
- Tattooing for treatment of vitiligo
- Treatments for acne scarring including (but not limited to) dermal fillers, surgery, cryotherapy, chemical exfoliation, and laser and light-based therapies (e.g., blue light therapy, pulsed light, diode laser treatment)

Coding:

Codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible.

CPT® Codes	Description
17106	Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); less than 10 sq cm
17107	Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); 10.0 to 50.0 sq cm
17108	Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); over 50.0 sq cm

HPHC policies are based on medical science, and written to apply to the majority of people with a given condition. Individual members' unique clinical circumstances, and capabilities of the local delivery system are considered when making individual UM determinations.

Coverage described in this policy is standard under most HPHC plans. Specific benefits may vary by product and/or employer group. Please reference appropriate member materials (e.g. Benefit Handbook, Certificate of Coverage) for member-specific benefit information.

Billing Guidelines:

Member's medical records must document that services are medically necessary for the care provided. Harvard Pilgrim Health Care maintains the right to audit the services provided to our members, regardless of the participation status of the provider. All documentation must be available to HPHC upon request. Failure to produce the requested information may result in denial or retraction of payment.

References:

1. ASPS Recommended Insurance Coverage Criteria for Third Party Payers- Skin Lesions:
<http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/insurance/Skin-Lesions.pdf>
2. Local Coverage Determination for Cosmetic and Reconstructive Surgery (L34698).
<https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34698&ver=21&DocType=Active&bc=AAIAAAAAAAAAAAAA%3d%3d&>. Accessed July 23, 2021.

Summary of Changes:

Date	Changes
7/21	No criteria changes; authorization language updated
2/21	Annual Review; No changes
5/20	Annual Review No changes
4/19	Criteria maintained; Policy automated through InterQual®
2/19	Annual review; no changes
11/17	Brought into compliance with current style guide, clarified wording
10/16	Added language to support mandate for HIV associated lipodystrophy
4/16	Minor formatting edits
4/15	Replaces portions of Cosmetic, Reconstructive and Restorative Procedures. Broadens coverage for hemangioma lesions that are visible on the face, neck, or ears

Approved by Medical Policy Committee: 07/20/21

Approved by Clinical Policy Operational Committee: 5/11, 5/12, 2/13, 3/14, 4/15; 4/16; 10/16, 11/17, 4/19, 5/20; 3/21; 8/21

Policy Effective Date: 08/09/2021

Initiated: 7/1/10