Scar / Keloid Guideline (0014-GL-DEPT-0022-HS)

Guideline:
Prior authorization for these treatments of scars/keloids is required.
Prior authorization does not guarantee payment. Coverage of services is based on member eligibility and member’s benefits per the medical certificate of coverage at the time services are rendered.

Surgical treatment of keloid scars (701.4) and fibrosis of skin (709.2) are not covered unless the medical necessity and/or exception criteria below are met. Laser treatments are not covered except as specifically noted below.

Scars/Keloids
Physicians Plus will cover surgery to correct scars/keloids that significantly interfere with activities of daily living (ADLs) or cause refractory pain that results in functional/physical impairment*. (Whether or not the surgery also improves or changes the appearance of the portion of the body).

Note: At provider’s discretion, laser treatment may be used in the treatment of keloids and scars if one of the above medical necessity criteria is met.

Skin Lesion Prior-Authorization Form

<table>
<thead>
<tr>
<th>Diagnosis &amp; code</th>
<th>Criteria Met (Only one box required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keloids (701.4), scar and fibrosis of skin (709.2)</td>
<td>□ Interferes significantly with activities of daily living.</td>
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<tr>
<td></td>
<td>□ Causes refractory pain that results in functional/physical impairment*</td>
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</tbody>
</table>

Note: criteria must be supported by submitted documentation

Note:
1. Treatment and/or excision of skin tags and vitiligo are excluded from coverage under all PPIC policies.
2. All treatment/excision of all other skin lesions not listed above do not require prior authorization and pay according to contract, assuming proper coding.

*Functional/Physical Impairment:
A physical/functional or physiological impairment causes deviation from the normal function of a tissue or organ. This results in a significantly limited, impaired, or delayed capacity to move, coordinate actions, or perform physical activities and is exhibited by difficulties in one or more
of the following areas: physical and motor tasks; independent movement; performing basic life functions. (Scars/keloids causing visual impairment, joint contractures, etc.)

Utilization Management (UM) staff collects relevant clinical information from the treating physician and/or practitioner to support accurate and appropriate UM determinations based on benefit coverage and medical necessity. Sources of member specific clinical information includes but is not limited to:

- Office and hospital records
- A history of the presenting problem
- Clinical exams
- Diagnostic test results
- Treatment plans and progress notes
- Member psychosocial history
- Consults with the treating provider
- Evaluations from other health care practitioners and providers
- Photos
- Operative and pathology reports
- Rehabilitation evaluations
- Criteria language related to the request
- Certificate language for benefits for the requested service or procedure
- Information regarding the local delivery system
- Patient characteristics and information
- Verbal reports from members or responsible family member
- Letter of medical necessity from provider

References


Guideline Last Update: May 15, 2012