

Medical Coverage Policy | Injectable Fillers



EFFECTIVE DATE: 12|07|2010

POLICY LAST UPDATED: 08|20|2013

OVERVIEW

An injectable filler is a substance which can be injected under the skin. The filler raises the outlying skin and can improve the appearance of sunken areas of the face due to facial lipodystrophy syndrome.

PRIOR AUTHORIZATION

Prior Authorization is not required.

POLICY STATEMENT

BlueCHiP for Medicare:

Radiesse and Sculptra are considered medically necessary for facial lipodystrophy syndrome (LDS) only in HIV infected members when facial LDS caused by antiretroviral HIV treatment is a significant contributor to their depression.

Commercial:

Although approved by the FDA, Radiesse and Sculptra are not covered for all other members as these services are considered cosmetic and Blue Cross Blue Shield of Rhode Island does not cover cosmetic services.

NOTE: Medicare policy is developed separately from BCBSRI policy. Medicare policy incorporates scientific evidence with local expert opinion, and consideration of governmental regulations from CMS (Centers for Medicare and Medicaid Services), such as national coverage determinations or local coverage determinations, and the US Congress. BCBSRI policy is based upon peer-reviewed, scientifically controlled studies in the literature which demonstrate the superior health outcome of a service or treatment. In addition to benefit differences, CMS may reach different conclusions regarding the scientific evidence than does BCBSRI. BCBSRI and Medicare policies may differ; however, our BlueCHiP for Medicare members must be offered, at least, the same services as Medicare offers. (In some, but not all instances, BCBSRI offers more benefits than does Medicare).

MEDICAL CRITERIA

None.

BACKGROUND

Facial lipoatrophy is characterized by the loss of fat underneath the skin, and can result in sunken cheeks, hollow eyes, and indentations.

Calcium Hydroxylapatite (Radiesse®)

Radiesse is a sterile, latex-free, non-pyrogenic, semi-solid, cohesive subdermal implant used to reduce the appearance of wrinkles and skin folds around the mouth and nose, as well as fill certain scars. The filler is biocompatible, non-toxic, and non-allergenic. Typical results last for six months or more.

Although not recommended around the lips because of its larger particle size, Radiesse is FDA-approved for medical purposes and is used off-label for cosmetic treatment.

injectable poly-L-lactic acid (Sculptra®)

Sculptra is an FDA approved biodegradable, biocompatible synthetic polymer injectable implant. The implant induces the synthesis and deposition of the body's own collagen, therefore improving the appearance of sunken areas of facial tissue restoring the shape and contour to pre-facial lipoatrophy. Typically the initial treatment lasts about a year.

COVERAGE

Coverage:

Benefits may vary between groups and contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement for the applicable Services Not Medically Necessary non-covered benefits/coverage.

CODING

The following codes are **covered** for BlueCHiP for Medicare for the indications noted in the policy and not covered for Commercial Products:

Q2026, Q2028

RELATED POLICIES

None

PUBLISHED

Provider Update	Nov 2013
Provider Update	Jan 2013
Provider Update	Jan 2012
Provider Update	Feb 2011

REFERENCES

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3. Fuller, Jon. *A 39-Year-Old Man With HIV-Associated Lipodystrophy*. *The Journal of the American Medical Association*;2008;300(9):1056-1066.
4. Morse CG, Kovacs JA. *Metabolic and Skeletal Complications of HIV Infection The Price of Success*. *The Journal of the American Medical Association*;August 16, 2006;296(7):844-854.
5. Sanofi-aventis U.S. LLC. Sculptra Aesthetic. Retrieved on 11/5/10 from: <http://www.sculptraaesthetic.com/>.
6. Parkman HP, Miller MA, Trate D et al. Electrogastrography and gastric emptying scintigraphy are complementary for assessment of dyspepsia. *J Clin Gastroenterol* 1997; 24(4):214-9.
7. Brzana RJ, Koch KL, Bingaman S. Gastric myoelectrical activity in patients with gastric outlet obstruction and idiopathic gastroparesis. *Am J Gastroenterol* 1998; 93(10):1803-9.

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