

Children's Hospital and Health System Chorus Community Health Plans Policy and Procedure

This policy applies to the following entity(s):

- | | |
|--|---|
| <input type="checkbox"/> CHW – Milwaukee | <input type="checkbox"/> CHW - Fox Valley |
| <input type="checkbox"/> CHHS Foundation | <input type="checkbox"/> CHW - Surgicenter |
| <input type="checkbox"/> CHW – Community Services Division | <input checked="" type="checkbox"/> Chorus Community Health Plans |
| <input type="checkbox"/> Children's Medical Group - Primary Care | <input type="checkbox"/> Children's Specialty Group |
| <input type="checkbox"/> Children's Medical Group - Urgent Care | <input type="checkbox"/> CHHS Corporate Departments |

Medical Utilization Management Policy

SUBJECT: TREATMENT OF KELOIDS AND SCAR REVISION SURGERY

INCLUDED PRODUCT(S):

Medicaid

BadgerCare Plus

Care4Kids Program

Individual and Family

Commercial

Marketplace

PURPOSE OR DESCRIPTION:

The purpose of this policy is to define criteria for appropriate use of surgical procedures for treating keloids and revising scars.

DEFINITIONS:

Medically Necessary: In this policy, procedures are considered medically necessary if there is a significant physical functional impairment AND the procedure can be expected to improve the physical functional impairment. Procedures intended to address significant variation from normal anatomy related to accidental injury, trauma, a piercing, disease, treatment of disease, or congenital defect are also considered medically necessary.

Effective: 2/16

Revised: 7/23

Last reviewed: 10/23

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Cosmetic: In this policy, procedures are considered cosmetic when intended to change a physical appearance that would be considered within normal human anatomic variation. Cosmetic services are often described as those that are primarily intended to preserve or improve appearance.

POLICY:

1. Treatment of Keloids:

- a. Treatment of a keloid is considered **medically necessary** when there is documented evidence of significant physical functional impairment related to the keloid **and** the treatment can be reasonably expected to improve the physical functional impairment. Treatment of a keloid is also considered medically necessary when the keloid results in significant variation from normal anatomy related to accidental injury, trauma, a piercing, disease, or treatment of disease.
- b. Treatment of a keloid is considered **cosmetic and not medically necessary** when performed in the absence of a significant physical functional impairment, or is intended to change a physical appearance that would be considered within normal human anatomic variation.

2. Scar Revision:

- a. Scar revision is considered **medically necessary** when there is documented evidence of significant physical functional impairment related to the scar **and** the treatment can be expected to improve the physical functional impairment. Scar revision is also considered medically necessary when there is significant variation from normal anatomy related to accidental injury, trauma, a piercing, disease, treatment of disease, or congenital defect.
- b. Scar revision is considered **cosmetic and not medically necessary** when performed in the absence of a significant physical functional impairment, or is intended to change a physical appearance that would be considered within normal human anatomic variation.

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