


<p align="center"><b>PROVIDENCE HEALTH ASSURANCE MEDICAL POLICY</b></p>	<p align="center"><b>Dermal Injections for the Treatment of Facial Lipodystrophy Syndrome (Medicare Only)</b></p>	
<p><b>Effective Date: 4/1/2018</b></p>  <p align="right">4/1/2018</p>	<p>Section: MED</p>	<p>Policy No.: 205</p>
<p>Medical Officer                      Date</p>	<p>Technology Assessment Committee Approved Date: 5/10; 8/10; 4/13; 3/14; 2/15</p> <p>Medical Policy Committee Approved Date: 2/16; 3/17; 3/18</p>	

**See Policy HCPCS CODE section below for any prior authorization requirements**

**APPLIES TO:**

Medicare Only

**POLICY CRITERIA**

This policy is based on the Centers for Medicare & Medicaid Services (CMS) National Coverage Determination (NCD) 250.5: Dermal Injections for the Treatment of Facial Lipodystrophy Syndrome (LDS).<sup>1</sup>

**Covered Indications**

- I. Effective for claims with dates of service on and after March 23, 2010, dermal injections for lipodystrophy syndrome (LDS) are only **reasonable and necessary** using dermal fillers approved by the Food and Drug Administration (FDA) for this purpose, and then only in HIV-infected beneficiaries when LDS caused by antiretroviral HIV treatment is a significant contributor to their depression.

**Non-Covered Indications**

- II. Dermal fillers that are not approved by the FDA for the treatment of lipodystrophy syndrome (LDS) are considered **not medically necessary and not covered**.
- III. Dermal fillers that are used for any indication other than lipodystrophy (LDS) in HIV-infected individuals who manifest depression as a result of their antiretroviral HIV treatments are considered **not medically necessary and not covered**.

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## HCPCS CODES

Medicare Only	
Prior Authorization Required	
Dermal injection codes may include, but are not limited to the following:	
Q2026	Injection, radiesse, 0.1 ml
Q2028	Injection, sculptra, 0.5 mg
G0429	Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome (lds) (e.g., as a result of highly active antiretroviral therapy)

## DESCRIPTION

According to the Centers for Medicare & Medicaid Services (CMS) National Coverage Determination (NCD) 250.5: Dermal Injections for the Treatment of Facial Lipodystrophy Syndrome (LDS):<sup>1</sup>

“Treatment of persons infected with the human immunodeficiency virus (HIV) or persons who have Acquired Immune Deficiency Syndrome (AIDS) may include highly active antiretroviral therapy (HAART). Drug reactions commonly associated with long-term use of HAART include metabolic complications such as, lipid abnormalities, e.g., hyperlipidemia, hyperglycemia, diabetes, lipodystrophy, and heart disease. Lipodystrophy is characterized by abnormal fat distribution in the body.

The LDS is often characterized by a loss of fat that results in a facial abnormality such as severely sunken cheeks. The patient’s physical appearance may contribute to psychological conditions (e.g., depression) or adversely impact a patient’s adherence to antiretroviral regimens (therefore jeopardizing their health) and both of these are important health-related outcomes of interest in this population. Therefore, improving a patient’s physical appearance through the use of dermal injections could improve these health-related outcomes.”

## INSTRUCTIONS FOR USE

Providence Health Assurance (PHA) Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. PHA Medical Policies are reviewed annually and are based upon Centers for Medicare & Medicaid (CMS) coverage guidance available as of the last policy update. PHA reserves the right to determine the application of Medical Policies and make revisions to its Medical Policies at any time. Providers will be given at least 60-days’ notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and PHA Medical Policy will be resolved in favor of the coverage agreement.

## **REGULATORY STATUS**

### Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case.

## **REFERENCES**

1. Centers for Medicare and Medicaid Services (CMS) National Coverage Determination (NCD) 250.5. NCD Title: Dermal Injections for the Treatment of Facial Lipodystrophy Syndrome (LDS). Effective 07/06/2010; Accessed 3/17/2018; [link](#).