

Children's Hospital and Health System Children's Community Health Plan 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"/> Children's Community Health Plan |
| <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 (INCLUDING EARLOBES)

INCLUDED PRODUCT(S):

Medicaid

BadgerCare Plus

Care4Kids Program

Commercial

Together with CCHP

Marketplace

Together with CCHP

PURPOSE OR DESCRIPTION:

The purpose of this policy is to define criteria for appropriate use of surgical procedures for treating keloids and revising scars, including surgery on structures of the ear.

DEFINITIONS

Medically Necessary: In this policy, procedures are considered medically necessary if there is a significant physical functional impairment AND the procedure can be reasonably expected to improve the physical functional impairment.

Reconstructive: In this policy, procedures are considered reconstructive when intended to address a significant variation from normal related to accidental injury, disease, trauma, treatment of a disease or a congenital defect.

Effective: 2/16

Revised:

Reviewed: 10/21

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Developed by: CCHP Medical Directors and Executive Director Health Plan Clinical Services

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. This includes keloids located on the ear.
- b. Treatment of a keloid is **reconstructive** when the keloid results in a significant variation from normal related to accidental injury, disease, trauma, or treatment of a disease. This includes keloids located on the ear.
- c. Treatment of keloids is considered **cosmetic and not medically necessary** when performed in the absence of a significant physical functional impairment, is not reconstructive, and 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 reasonably expected to improve the physical functional impairment.
- b. Scar revision is considered **reconstructive** when there is significant variation from normal related to accidental injury, disease, trauma, or treatment of a disease or congenital defect.
- c. Scar revision is considered **cosmetic and not medically necessary** when performed in the absence of a significant physical functional impairment, is not reconstructive, and is intended to change a physical appearance that would be considered within normal human anatomic variation.

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Government Agency, Medical Society, and Other Authoritative Publications:

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