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 as these services are considered cosmetic and Blue Cross Blue Shield of Rhode Island does not cover cosmetic services.

Medicare policy is developed separately from BCBSRI policy. Medicare policy incorporates consideration of governmental regulations from CMS (Centers for Medicare and Medicaid Services), such as national coverage determinations or local coverage determinations. In addition to benefit differences, CMS may reach different conclusions regarding the scientific evidence than does BCBSRI. Medicare and BCBSRI policies may differ. However, BlueCHiP for Medicare members must be offered, at least, the same services as Medicare offers.

MEDICAL CRITERIA
Not applicable.

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
Benefits may vary between groups and contracts. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for limitations for benefits/coverage when services are not covered.

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
Not applicable.

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REFERENCES


This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.