



EFFECTIVE DATE: 12|07|2010
POLICY LAST UPDATED: 12|19|2017

OVERVIEW

An injectable filler is a substance that 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.

MEDICAL CRITERIA

Not applicable

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 Products

Although approved by the U.S. Food and Drug Administration (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 the Centers for Medicare and Medicaid Services (CMS), 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.

COVERAGE

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

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 one year.

CODING

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

Q2026 Injection, Radiesse, 0.1 ml

Q2028 Injection, Sculptra, 0.5 mg

RELATED POLICIES

Not applicable

PUBLISHED

Provider Update, February 2018

Provider Update, July 2016

Provider Update, November 2015

Provider Update, January 2015

Provider Update, November 2013

Provider Update, January 2013

Provider Update, January 2012

REFERENCES

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3. Comite SL, Liu JF, Balasubramanian S, Christian MA. Treatment of HIV-associated facial lipoatrophy with Radianse FN™ (Radiesse™). *Dermatology Online Journal*;10(2):2.
4. Fuller, Jon. *A 39-Year-Old Man With HIV-Associated Lipodystrophy*. *The Journal of the American Medical Association*;2008;300(9):1056-1066.
5. 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.
6. Sanofi-aventis U.S. LLC. Sculptra Aesthetic. Retrieved on 11/5/10 from: <http://www.sculptraaesthetic.com/>.
7. 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.
8. 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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