



**Subject:** Keloid Treatment and Scar Revision\*

**Effective Date:** July 31, 2007

**Department(s):** Utilization Management

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**Policy:** The treatment of keloids and the revision of scars are reimbursable under Plans administered by QualCare, Inc., if the conditions in this policy are met.

**Objective:** To assure proper and consistent reimbursement and to specify circumstances under which treatment of keloids and revision of scars are covered.

**Procedure:**

A. Treatment of keloids (**ICD-9 701.4; ICD-10 L90.10**) and revision of scars (**ICD-9 709.2; ICD-10 L90.5**) are reimbursable if they cause symptoms including but not limited to the following:

1. Pain for at least one month
2. Restriction of range of motion
3. Irritation from clothing
4. Functional impairment

Reimbursable treatments consist of the following:

- Compression/pressure therapy
- Intralesional corticosteroid injections(HCPCS J1700, J1710, J1720, J3300, J3301)
- Silicone gel sheeting (HCPCS A6025)
- Intralesional 5-flourouracil injection(HCPCS J9190)
- Radiation (CPT 77401)

- Laser therapy (CPT 17110, 17111)
- Surgery

B. Treatment of keloids or revision of scars that do not cause symptoms is considered cosmetic and is not reimbursable, but may be considered if allowed by the specific summary plan document.

## References

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\*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.