

<b>Title: Treatment for HIV-Associated Facial Lipoatrophy with FDA-Approved Fillers</b>	<b>Division: Medical Management Department: Utilization Management</b>
<b>Approval Date: 12/21/2018</b>	<b>LOB: Medicare, UltraCare</b>
<b>Effective Date: 12/21/2018</b>	<b>Policy Number: UM-MP240</b>
<b>Review Date: 2/28/23</b>	<b>Cross Reference Number:</b>
<b>Retired Date:</b>	<b>Page 1 of 4</b>

**1. POLICY DESCRIPTION:**

Antiretroviral therapy can cause facial lipoatrophy. This is manifested by loss of fat along the cheeks, temples and orbits and is associated with social stigma. That stigma can lead to significant psychological duress.

FDA approved filler agents poly-L-lactic acid (Sculptra) or calcium hydroxylapatite (Radiesse) are covered by Medicare and UltraCare and can be injected by a dermatologist to help restore natural appearance.

**2. RESPONSIBLE PARTIES:**

Medical Management Administration, Utilization Management, Integrated Care Management, Pharmacy, Claim Department, Providers Contracting.

**3. DEFINITIONS:**

Lipodystrophy: a metabolic process whereby fat is either abnormally decreased or increased in the body. It can be caused by aging and medications, including antiretroviral therapy.

Lipoatrophy: a metabolic process whereby fat cells are lost beneath the deep dermis. Usually the loss is most evident in the face, limbs and chest.

Antiretroviral therapy: antiviral agents that inhibits various aspects of the lifecycle of the HIV virus, usually given in combination.

**4. POLICY:**

Considered medically necessary for treating facial lipodystrophy syndrome due to antiretroviral therapy in HIV-infected persons who manifest depression secondary to the physical stigma of HIV treatment. Retreatments with FDA-approved fillers are considered medically necessary for facial lipodystrophy syndrome due to antiretroviral therapy in HIV-infected persons.

**5. LIMITATIONS/ EXCLUSIONS:**

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- a. Considered cosmetic for all other indications.
- b. Limited to 6 injections total in the previous 12 months.
- c. Member must be adherent to a current antiretroviral treatment.
- d. Member must be at least 21 years of age.
- e. Must be free of any active opportunistic infection.

**6. APPLICABLE PROCEDURE CODES:**

The codes for a filler and dermal injection must be accompanied by ICD-10 codes either B20 (AIDS) or Z21 (HIV infection) and E88.1 (lipodystrophy).

CPT	Description
G0429	Dermal injection
Q2026	Radiesse
Q2028	Sculptra

**7. APPLICABLE DIAGNOSIS CODES:**

CODE	Description
B20	Acquired Immunodeficiency Syndrome (AIDS)
Z21	HIV Infection
E88.1	Lipodystrophy syndrome

**8. REFERENCES:**

1. **CMS: National Coverage Determination (NCD) for Dermal Injections for the Treatment of Facial Lipodystrophy Syndrome (LDS) (250.5)**  
<https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=338>
2. **Pub 100-04 Medicare Claims Processing, Transmittal 2105, November 24, 2010, Dermal Injections for Treatment of Facial Lipodystrophy Syndrome (LDS)**  
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2105CP.pdf>

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3. Medicare Claims Processing Manual Chapter 32 – Billing Requirements for Special Services (Rev. 11759, 12-21-22), 260 - Dermal Injections for Treatment of Facial Lipodystrophy Syndrome <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c32.pdf>

4. Jagdeo J, Ho D, Lo A et al. A systematic review of filler agents for aesthetic treatment of HIV facial lipoatrophy (FLA). J Am Acad Dermatol 2015;73:1040-54.

5. Moyle G, Lysakova L, Brown S et al. A randomized open-label study of immediate versus delayed polyactic acid injections for the cosmetic management of facial lipoatrophy in persons with HIV infection. HIV Medicine 2004;5:82-87.

**REVISION LOG:**

<b>REVISIONS</b>	<b>DATE</b>
Creation date	12/21/18
Annual review	10/25/19
Annual Review, update applicable LOBs covered	1/29/21
Annual review	1/28/2022
Review- remove Medicaid LOB coverage	2/28/2022
Annual Review	2/28/2023

**Approved:**

**Date:**

**Approved:**

**Date:**

**Glendon Henry, MD  
Senior Medical Director**

**Sanjiv Shah, MD  
Chief Medical Officer**

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**Medical Guideline Disclaimer:**

Property of Metro Plus Health Plan. All rights reserved. The treating physician or primary care provider must submit MetroPlus Health Plan clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, Metroplus Health Plan will not be able to properly review the request for prior authorization. The clinical review criteria expressed in this policy reflects how MetroPlus Health Plan determines whether certain services or supplies are medically necessary. MetroPlus Health Plan established the clinical review criteria based upon a review of currently available clinical information(including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). MetroPlus Health Plan expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by MetroPlus Health Plan, as some programs exclude coverage for services or supplies that MetroPlus Health Plan considers medically necessary. If there is a discrepancy between this guidelines and a member’s benefits program, the benefits program will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members.

All coding and website links are accurate at time of publication.

MetroPlus Health Plan has adopted the herein policy in providing management, administrative and other services to our members, related to health benefit plans offered by our organization.