Children's Hospital and Health System
Chorus Community Health Plans
Policy and Procedure

This policy applies to the following entity(s):

☐ CHW – Milwaukee	☐ CHW - Fox Valley
☐ CHHS Foundation	☐ CHW - Surgicenter
☐ CHW – Community Services Division	☒ Chorus Community Health Plans
☐ Children's Medical Group - Primary Care	☐ Children's Specialty Group
☐ Children's Medical Group - Urgent Care	☐ CHHS Corporate Departments

Medical Utilization Management Policy

SUBJECT: TREATMENT OF KELOIDS AND SCAR REVISION SURGERY (INCLUDING EARLOBES)

INCLUDED PRODUCT(S):

Medicaid	Individual and Family
☒ BadgerCare Plus	☒ Commercial
☒ Care4Kids Program	☒ Marketplace

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.

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.

REFERENCES

1. Alster T. Laser scar revision: comparison study of 585-nm pulsed dye laser with and without intralesional corticosteroids. Dermatol Surg. 2003; 29(1):25-29.
2. Alster T, Zaulyanov L. Laser scar revision: a review. Dermatol Surg. 2007; 33(2):131-140.
3. Asilian A, Darougheh A, Shariati F. New combination of triamcinolone, 5-fluorouracil, and pulsed-dye laser for treatment of keloid and hypertrophic scars. Dermatol Surg. 2006; 32(7):907-915.

4. Atiyeh BS. Nonsurgical management of hypertrophic scars: evidence-based therapies, standard practices, and emerging methods. Aesthetic Plast Surg. 2007; 31(5):468-492; discussion 493-494.
5. Bermueller C, Rettinger G, Keck T. Auricular keloids: treatment and results. Eur Arch Otorhinolaryngol. 2010; 267(4):575-580.
6. Bouzari N, Davis SC, Nouri K. Laser treatment of keloids and hypertrophic scars. Int J Dermatol. 2007; 46(1):80-98.
7. de las Alas JM, Siripunvarapon AH, Dofitas BL. Pulsed dye laser for the treatment of keloid and hypertrophic scars: a systematic review. Expert Rev Med Devices. 2012; 9(6):641-650.
8. Hultman CS, Edkins RE, Wu C, et al. Prospective, before-after cohort study to assess the efficacy of laser therapy on hypertrophic burn scars. Ann Plast Surg. 2013; 70(5):521-526.
9. Jin R, Huang X, Li H, et al. Laser therapy for prevention and treatment of pathologic excessive scars. Plast Reconstr Surg. 2013; 132(6):1747-1758.
10. Kwon SD, Kye YC. Treatment of scars with a pulsed Er: YAG laser. J Cutan Laser Ther. 2000: 2(1):27-31.
11. Leventhal D, Furr M, Reiter D. Treatment of keloids and hypertrophic scars: a meta-analysis and review of the literature. Arch Facial Plast Surg. 2006; 8(6):362-368.
12. Mamalis AD, Lev-Tov H, Nguyen DH, Jagdeo JR. Laser and light-based treatment of keloids - a review. J Eur Acad Dermatol Venereol. 2014; 28(6):689-699.
13. Manuskiatti W, Fitzpatrick RE. Treatment response of keloidal and hypertrophic sternotomy scars: comparison among intralesional corticosteroid, 5-fluorouracil, and 585-nm flashlamp-pumped pulsed-dye laser treatments. Arch Dermatol. 2002; 138(9):1149-1155.
14. Mofikoya BO, Adeyemo WL, Abdus-salam AA. Keloid and hypertrophic scars: a review of recent developments in pathogenesis and management. Nig Q J Hosp Med. 2007; 17(4):134-139.
15. Nanda S, Reddy BS. Intralesional 5-fluorouracil as a treatment modality of keloids. Dermatol Surg. 2004; 30(1):54-56; discussion 56-57.
16. Tanzi EL, Alster TS. Treatment of atrophic facial acne scars with a dual-mode Er: YAG laser. Dermatol Surg. 2002; 28(7):551-555.
17. Wolfram D, Tzankov A, Pülzl P, Piza-Katzer H. Hypertrophic scars and keloids - a review of their pathophysiology, risk factors, and therapeutic management. Dermatol Surg. 2009; 35(2):171-181.

Government Agency, Medical Society, and Other Authoritative Publications:

1. Bickers DR, Lim HW, Margolis D, et al.; American Academy of Dermatology Association; Society for Investigative Dermatology. The burden of skin diseases: 2004 joint project of the American Academy of Dermatology Association and the Society for Investigative Dermatology. J Am Acad Dermatol. 2006; 55(3):490-500.