



Medica Central Medical Policy

Policy Name: Scar Revision MP9649

Effective Date: 06/01/2024

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. <https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers>

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

Coverage Policy

Note: This policy is not scheduled for routine review of the scientific literature.

Cosmetic procedures are excluded from coverage. Revision of scars is **COVERED** only when the revision is performed to improve or restore function, or the revision is incidental to or follows surgery resulting from injury, sickness, or other disease of the skin.

Prior Authorization

Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Coding Considerations

Use the current applicable CPT/HCPCS code(s).



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Original Effective Date: Created 06/21/2023, Effective Date 10/01/2023

Re-Review Date(s): 05/15/2024

Administrative
Update: 05/15/2024

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