



## **Clinical Review Criteria Related to Treatment of Lipodystrophy Syndrome (LDS)**

- I.** Minuteman Health Insurance (MHI) considers FDA approved fillers for HIV associated lipoatrophy of the face, suction assisted lipectomy or other restorative procedures medically necessary in HIV infected individuals caused by antiretroviral HIV treatment.

### **Criteria for Approval:**

- A. The member experiences Lipodystrophy related to highly active antiretroviral therapy for the treatment of HIV or AIDS resulting in a lipoatrophy and physical abnormalities such as abnormal fat distribution in the body.

### **II. Required Documentation:**

Submission of a prior authorization request from a treating provider with attached clinical information indicating treatment is necessary for correcting, repairing or ameliorating the effects of HIV associated lipodystrophy syndrome.

### **III What is Not Covered:**

- A. Dermal fillers that are not approved by the FDA for the treatment of lipodystrophy syndrome.  
B. Dermal fillers that are used for any indication other than lipodystrophy syndrome in HIV infected individuals.

### **HCPC Codes:**

- C9800 Dermal injection procedure(s) for facial lipodystrophy syndrome (LDS) and provision of Radiesse or Sculptra dermal filler, including all items and supplies  
G0429 Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome (LDS) (e.g., as a result of highly active antiretroviral therapy)

### **CPT Codes:**

- 15876 suction lipectomy of head and neck  
15877 suction lipectomy of trunk  
15878 suction lipectomy of upper extremity  
15879 suction lipectomy of lower extremity

### **References:**

NCQA Standard, UM 2, Clinical Criteria for Utilization Management Decisions, Element A

Center for Medicare and Medicaid Services, National Coverage Determination (NCD) for Dermal Injections for the Treatment of Facial Lipodystrophy Syndrome (LDS) (250.5)

[http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=338&ncdver=1&IsPopup=y&NCAId=234&NcaName=Dermal+injections+for+the+treatment+of+facial+lipodystrophy+syndrome+\(FLS\)&bc=AAAAAAACAAAAA%3D%3D&](http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=338&ncdver=1&IsPopup=y&NCAId=234&NcaName=Dermal+injections+for+the+treatment+of+facial+lipodystrophy+syndrome+(FLS)&bc=AAAAAAACAAAAA%3D%3D&)

(Last Accessed 11/3/16)

Bill H.927 An Act Relative to HIV-Associated Lipodystrophy Treatment

<https://malegislature.gov/Bills/189/House/H927>

(Last Accessed 11/3/16)

### Summary of Changes:

02/09/2017

- Policy Title change - formerly *Dermal Injections for the Treatment of Facial Lipodystrophy Syndrome (LDS)*.
- Under Purpose and Policy Statement (Pg 1):  
Deleted “Dermal Injections for the” and “Facial,” so it reads appropriately for treatment of lipodystrophy
- Under Procedure, I.,
  - Added the following new first paragraph above Criteria for Approval:  
“MHI considers FDA approved fillers for HIV associated lipoatrophy of the face, suction-assisted lipectomy or other restorative procedures medically necessary in HIV-infected individuals caused by antiretroviral HIV treatment.”
- Criteria for Approval:
  - Deleted A:  
LDS is often characterized by a loss of fat that results in a facial abnormality such as severely sunken cheeks. The patient’s physical appearance may contribute to psychological conditions (e.g., depression) or adversely impact a patient’s adherence to antiretroviral regimens (therefore jeopardizing their health), and both of these are important health-related outcomes of interest in this population. Therefore, improving a patient’s physical appearance through the use of Dermal Injections could improve these health-related outcomes.
  - B. is changed to A., with the following changes:  
From: B. Lipodystrophy related to highly active antiretroviral therapy (HAART) for the treatment of HIV or AIDS resulting in a facial abnormality. To:  
A. The member experiences Lipodystrophy related to highly active antiretroviral therapy for the treatment of HIV or AIDS resulting in a lipoatrophy and physical abnormalities such as abnormal fat distribution in the body.
- Changes:  
Added “The member experiences” at the beginning of paragraph  
deleted “HAART”  
deleted “facial”  
added the underlined.
- Deleted C., D., and E.
- Added II., Required Documentation:  
“Submission of a prior authorization request from a treating provider with attached clinical information indicating treatment is necessary for correcting, repairing or ameliorating the effects of HIV associated lipodystrophy syndrome.”
- III., What is Not Covered:
  - A. Deleted LDS and wrote out “lipodystrophy syndrome”
  - B. Deleted LDS and wrote out “lipodystrophy syndrome” again

*and* deleted the text, “who manifest depression as a result of their antiretroviral HIV treatments

From: B. Dermal fillers that are used for any indication other than LDS in HIV-infected individuals who manifest depression as a result of their antiretroviral HIV treatments. To:

B. Dermal fillers that are used for any indication other than Lipodystrophy syndrome in HIV infected individuals.

- Added CPT codes
- Added two references in the Source/Citation section.