

**UR 20.3 Scar Revision and Medical Tattoo  
Medical Necessity Criteria**

Department: Surgery	Number: UR 20.3
Section: Plastic Surgery	Effective: 8/00
Applies to: KPNW Region	Last Reviewed/Approved: 1/23, 1/30/24
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**MEDICAL NECESSITY CRITERIA AND OTHER REQUIREMENTS FOR SCAR REVISION AND MEDICAL TATTOO**

Medical necessity criteria and policy are applied only after member eligibility and benefit coverage is determined. Questions concerning member eligibility and benefit coverage need to be directed to Membership Services.

**DEFINITIONS**

See the Evidence of Coverage (EOC) as definitions of *Cosmetic Services* vary within the Exclusions section of the EOC documents.

**CRITERIA FOR SCAR REVISION AND MEDICAL TATTOO**
**For Medicare Members**

Source	Policy
CMS Coverage Manuals	None
National Coverage Determinations (NCD)	For Medical Tattooing apply: <a href="#">140.2 – Breast Reconstruction Following Mastectomy</a>
Local Coverage Determinations (LCD)	For Scar Revision apply: <a href="#">L37020 “Plastic Surgery”</a>
Local Coverage Article	For Scar Revision: <a href="#">A57222 “Billing and Coding: Plastic Surgery”</a>
Kaiser Permanente Medical Policy	For Medicare lines of business, apply the criteria in the NCD for medical tattooing and the criteria in the LCD for scar revision.

**For Non-Medicare Members**

When the criteria below are met for a scar revision or a medical tattoo, these services will be covered as a form of reconstructive surgery.

1. Scar, discoloration or deformity is a result of an injury or medically necessary surgery
2. Scar, discoloration or deformity duration:
  - If scar is not hypertrophic or keloid, scar has been present for 1 year or more
  - If scar is hypertrophic or keloid, any duration is acceptable
  - For medical tattoo referrals, age of scar, discoloration or deformity is not relevant

3. Scar, discoloration or deformity causes signs or symptoms, as indicated by **1 or more** of the following:
  - Loss of range of motion of joint
  - Pain
  - Significant disfigurement, distortion of adjacent structures and/or scars or discoloration in a cosmetically sensitive area, i.e. face (the decision regarding the significance of the scar and the eligibility of scar removal will be determined on a case-by-case basis by the plastic surgeon)

#### **OTHER REQUIREMENTS**

- Cosmetic services (see member's EOC for definition) are specifically excluded by the members' benefit coverage. This exclusion does not apply to services that are covered under "Reconstructive Surgical Services" or services that are medically necessary.
- See UR 20.6 Breast Reconstructive Surgery Criteria for information regarding surgical services related to breast reconstruction.
- See the EOC for other inpatient and outpatient reconstructive surgery services related to congenital hemangioma (port wine stains on the face), correction of significant disfigurement resulting from an injury or from medically necessary surgery and correction of congenital defects, disease, or anomalies in order to produce significant improvement in physical function.
- See UR 65 Gender-Affirming Procedures Medical Necessity Criteria for more information regarding gender-affirming areola tattooing.

#### **SPECIAL GROUP CONSIDERATIONS for the criteria, which applies if a group has the benefit coverage:**

Policy applies to all Commercial and Federal groups, WA Medicaid

Oregon Medicaid: subject to eligibility on OHP Linefinder

Medicare: apply the criteria in the NCD and LCD, as defined in the chart above

#### **CLINICAL**

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4. Chang CW, Ries WR. Non-operative techniques for scar management and revision. [Review] [35 refs] [Journal Article. Review. Review, Tutorial] *Facial Plastic Surgery*. 17(4):283-8, 2001 Nov.
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8. Thomas JR, Ehlert TK. Scar revision and camouflage. *Otolaryngol Clin North Am* 1990;23:963-973.