KAISER PERMANENTE®

Northwest Region Utilization Review

UR 20.3 Scar Revision and Medical Tattoo Medical Necessity Criteria

Department: Surgery
Section: Plastic Surgery
Applies to: KPNW Region
Review Responsibility: UMQOC
Subject Matter Experts: Patricia Sandholm, MD; H. Jonathan Chong, MD (Plastic Surgery)

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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

Coverage guidance: Scar revision and medical tattooing may be excluded from coverage. Check CM for exclusions or limitations.

Source	Policy
For Medicare Members	
CMS Coverage Manuals	None
National Coverage Determinations (NCD)	For Medical Tattooing related to breast reconstruction apply: 140.2 – Breast Reconstruction Following Mastectomy
Local Coverage Determinations (LCD)	For Scar Revision apply: L35163 "Plastic Surgery"
Local Coverage Article	For Scar Revision: A57221 "Billing and Coding: Plastic Surgery"
Kaiser Permanente Medical Policy for Medicare members	For medical tattooing, UR 20.3 applies, except for referrals for medical tattooing related to breast reconstruction (see applicable NCD above). Due to the absence of a NCD, LCD, or other coverage guidance addressing medical tattooing not related to breast reconstruction, Kaiser Permanente has chosen to use their own Clinical Review Criteria for medical necessity determinations. Use the criteria below. For scar revision, UR 20.3 does not apply. For Medicare lines of business, apply the criteria in the LCD (see above).
For Medicaid Members	
OR Medicaid	UR 20.3 does not apply. Check Linefinder
WA Medicaid	UR 20.3 applies

Commercial and Self-Funded Members	
OR Commercial	UR 20.3 applies
WA Commercial	UR 20.3 applies
Self-funded plans	UR 20.3 applies

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 tattooing.

CLINICAL

1. Bayar A, McGrouther D, Ferguson MWJ. Skin scarring. BMJ. 326(7380):88-92, January 11, 2003.
2. McGillis ST. Lucas AR. Scar revision. Dermatologic Clinics. 16(1):165-80, 1998 Jan.
3. Clark JM. Wang TD. Local flaps in scar revision. [Review] [15 refs] [Journal Article. Review. Review, Tutorial] Facial Plastic Surgery. 17(4):295-308, 2001 Nov.
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.
5. McGillis ST. Lucas AR. Scar revision. [Review] [36 refs] [Journal Article. Review. Review, Tutorial] Dermatologic Clinics. 16(1):165-80, 1998 Jan.
6. Goslen JB. Physiology of wound healing and scar formation. In: Thomas JR, Holt GR, eds. Facial Scars - Incision, Revision, and Camouflage. St. Louis: CV Mosby, 1989.

7. Strucker FJ, Shaw GY. An approach to management of keloids. Arch Otolaryngol Head Neck Surg 1992;118:63-67.
8. Thomas JR, Ehlert TK. Scar revision and camouflage. Otolaryngol Clin North Am 1990;23:963-973.