Kaiser Foundation Health Plan

Clinical Policy for Medical Necessity Criteria for Dermal Fillers for Facial Lipoatrophy

Department: Plastic Surgery **Effective: 07/2026**

Policy #: NCP 118 **Last Reviewed: 07/2026**

Overview/Definitions

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.

Coverage Determinations

Contractor	Determination Name/Number	Revision Date
For Medicare Members		
NCD	NCD 250.5 "Dermal Injections for the Treatment of Facial Lipodystrophy Syndrome"	
LCD	None	
For Medicaid Members		
OR Medicaid	This policy does not apply.	
WA Medicaid	This policy does not apply.	
Commercial and Self-Funded Plans		
OR Commercial	This policy applies	
WA Commercial	This policy applies	
Self-funded Plans	This policy applies	

Clinical Indications for Non-Medicare Members

Dermal filler injections are covered when ALL of the following criteria are met:

1) The member has ALL of the following:

- a diagnosis of human immunodeficiency virus (HIV), and
- a diagnosis of facial lipodystrophy/lipoatrophy, grades 2-4*, related to HIV or highly active antiretroviral therapy (HAART)

AND

2) The dermal filler is approved by the Food and Drug Administration for Facial Lipodystrophy Syndrome (LDS), e.g. Sculptra® and Radiesse®.

Exclusions

Coagulopathy, active infection (whether or not related to HIV disease), inadequate immune function as determined by HIV provider.

If requesting review for this service, please send the following documentation:

- Last 6 months of clinical notes from requesting provider &/or specialist

Coding

CPT Codes	Description
G0429	Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome (LDS) (e.g., as a result of highly active antiretroviral therapy)
Q2026	Injection, Radiesse, 0.1 ml
Q2028	Injection, Sculptra, 0.5 mg

*Note: Codes may not be all-inclusive. Deleted codes and codes not in effect at the time of service may not be covered.

Discussion/General Information

Multiple sessions may be necessary to complete the therapy, depending upon the severity of the lipodystrophy. The following link provides examples of the Carruthers grading system*: www.facialwasting.org.

If the patient has:

- Grade 3 lipodystrophy, up to 4 sessions may be required

- Grade 4 lipodystrophy, up to 8 sessions may be required

*If additional treatments are desired, the treating provider will need to reevaluate the patient or repeat photos of the patient's face will be required to determine if further treatments are warranted.

Repeat treatment is typically necessary one to two years after the initial therapy, when the patient has regressed to Grade 2 or greater lipoatrophy

References

1. Kaiser Permanente Interregional New Technologies Committee. Dermal injections for the treatment of facial lipodystrophy syndrome. 2010.

2. Shuck J, Iorio ML, Hung R, Davison SP. Autologous fat grafting and injectable dermal fillers for human immunodeficiency virus–associated facial lipodystrophy: comparison of safety, efficacy, and long-term treatment outcomes. *Plast Reconstr Surg*. 2013;131(3):499–506.

3. Vallejo A, Garcia-Ruano AA, Pinilla C, Castellano M, Deleyto E, Perez-Cano R. Comparing efficacy and costs of four facial fillers in human immunodeficiency virus–associated lipodystrophy: a clinical trial. *Plast Reconstr Surg*. 2018;141(3):613–623.

History Details

Type	Action	Date
Review/Revised	Reviewed at UM Quality Oversight Committee	7/21/26