Medica Coverage Policy

Policy Name: Scar Revision
Effective Date: 7/16/2018

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Please refer to the member’s plan document for 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 and Minnesota Health Care Programs, this policy will apply unless those 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 about this Medica coverage policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

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

Coverage Policy
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.

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

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).

Original Effective Date: 8/1/2005
Re-Review Date(s): 11/19/2008
7/8/2012
6/20/2018
2/25/2020 – administrative update; format

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