

## Medications for Cosmetic Purposes

### Disclaimer

*Clinical guidelines are developed and adopted to establish evidence-based clinical criteria for utilization management decisions. Clinical guidelines are applicable according to policy and plan type. The Plan may delegate utilization management decisions of certain services to third parties who may develop and adopt their own clinical criteria.*

*Coverage of services is subject to the terms, conditions, and limitations of a member's policy, as well as applicable state and federal law. Clinical guidelines are also subject to in-force criteria such as the Centers for Medicare & Medicaid Services (CMS) national coverage determination (NCD) or local coverage determination (LCD) for Medicare Advantage plans. Please refer to the member's policy documents (e.g., Certificate/Evidence of Coverage, Schedule of Benefits, Plan Formulary) or contact the Plan to confirm coverage.*

### Summary

The integumentary system consists of the skin, hair, and nails. Many conditions of the integumentary system are benign (non-malignant) and cause no functional limitation. While many conditions require no intervention, some cases may necessitate intervention due to bothersome symptoms and/or functional limitations. However, when treatment is sought for a lesion or scar that does not cause a functional limitation or bothersome symptom(s), the treatment is considered cosmetic. Medications used with the intent to improve the appearance of a body part are considered cosmetic and are, thus, excluded from coverage.

### Definitions

"Cosmetic" refers to a procedure or medication used to enhance or alter human anatomy/appearance in a non-natural form or to repair a perceived "defect" that is within the normal variation of anatomical form.

"Functional Limitation" refers to a restriction or lack of ability to perform an action or activity in the manner or within the range considered normal that results from a physical or medical condition.

“Integumentary system” refers to the set of organs that form the external covering of the body and protects it from infection, abrasion, loss of moisture, and damage from the environment.

“Lesion” is a nonspecific term that refers to any structural change in the body.

“Scar” is a mark left by a healed wound, sore, or burn.

### Medical Necessity Criteria for Authorization

Treatment of integumentary conditions may be considered medically necessary when ALL of the following are met:

1. The condition causes documented functional limitation(s) or physical symptoms; *AND*
2. The treatment is expected to improve the functional limitation(s) or symptoms; *AND*
3. The treatment is not primarily intended to improve appearance.

### Experimental or Investigational / Not Medically Necessary

The Plan considers medications used for certain purposes as not medically necessary. These include:

- Products used on skin, hair, nail lesions, or scars solely for cosmetic reasons without a functional limitation.
- Products used solely to improve physical appearance.

Examples of cosmetic uses that are deemed not medically necessary include:

- Hair loss treatment (except for alopecia areata).
- Baldness treatment (male and female).
- Chemical peels.
- Dermal fillers.
- Hair removal or replacement.
- Skin lightening/darkening treatments (e.g., melasma, vitiligo).
- Scar removal or revision.
- Skin abrasion, exfoliation, or resurfacing.
- Skin tag removal.
- Wrinkles treatment.

### References

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#### Clinical Guideline Revision / History Information

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