



MEDICAL POLICY STATEMENT

Original Effective Date		Next Annual Review Date	
		07/14/2015	
Policy Name		Policy Number	
Keloid Repair		MM-0021	

Medical Policy Statements prepared by CSMG Co. and its affiliates (including CareSource) are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and

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[Determinations, Chapter 16, Section 429, bp102c16.pdf](#)

If there is no NCD or LCD present, reference the CareSource Policy for coverage.



CONDITIONS OF COVERAGE

HCPCS