

**Keloids**

**Policy Number: SU0250**

**Active policy, not scheduled for routine review.**

**Definition:**

A Keloid is a sharply elevated, irregularly shaped progressively enlarging scar due to excessive formation or growth during the healing process.

**Coverage:**

The excision of keloids is covered for either of the following:

1. Local irritation and/or rapid increase in size of the keloid,  
or
2. An inflammatory epidermal cyst where a sinus drainage exists.

**Approval Procedures:**

1. Prior approval is required.
2. A letter of medical necessity signed and dated by the surgeon must be submitted to the Medical Review section prior to rendering the surgery.
3. Documentation must include:
  - a. Member identification number
  - b. Patient's mailing address
  - c. Location and size of the lesion
  - d. Cause of the lesion
  - e. Pre-operative photographs
4. Providers will be notified of approvals and members and providers will be notified of denials.

**Limitations and Exclusions:**

1. Excision or treatment of keloids, done solely for cosmetic purposes, is not covered.
2. Excision or treatment of keloids resulting from previously performed cosmetic procedures is not covered (breast augmentation, ear piercing, etc.).

**Source:**

G.S. 135-40.6(6)b  
G.S. 135-40.7(14)  
G.S. 135-40.6A(b)(7)c

**Reviewed:**

December 1989  
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**Revised:**

March 2001