

Policy title	Treatment of scars v1.0
Policy position	Criteria Based Access
Date of ICB recommendation	February 2025

A scar is a mark left on the skin after a wound or injury has healed and is part of the natural healing process. Most scars will fade over time although may never completely disappear. Causes of scars are multiple but include surgery, trauma, burns, piercings and skin conditions such as acne and chickenpox. A keloid is the name given to a scar that overgrows and becomes larger than the original wound.

Scar treatment (whether surgery, laser, steroid injection or any other intervention) is **not normally funded** for cosmetic reasons. Treatment funded by the NHS should only be undertaken in situations where the scar is causing detriment to function or activities of daily living according to the criteria outlined below.

Criteria for referral and treatment of scars:

- Scarring is causing significant interference with function/ activities of daily living (as assessed and documented in the patient record), for example obstruction of vision, obstruction of the ear canal, contracture of a limb, or significant pain/ pruritis (itching). Activities of daily living include functional mobility, eating, bathing and personal care.
- AND the symptoms/impact of the scar have not been improved by conservative measures or reasonable adjustment in behaviour/activity taken by the patient.
- AND the treating specialist clinician should consider the procedure would improve function and/or activities of daily living.

OR

- Scarring of the face, assessed by the treating specialist clinician as causing facial disfigurement (not improved by camouflage makeup), and documented with photographic evidence in the patient record. Note that with reference to facial disfigurement, the ears, neck and scalp are outside the boundaries of the face.
- AND the treating specialist clinician should consider the procedure would improve the facial disfigurement and associated psychological impact.

Additional criteria for scars originating from trauma or surgery:

- At least 18 months has passed (to allow for natural fading/ improvement).

Patients whose initial procedure was privately funded should consult with their private provider in the first instance. However, if the private provider is unable to offer the patient treatment, and the patient meets the listed policy criteria, the patient can be offered an NHS referral for treatment of their scar.

Referral to appropriate speciality service (e.g. dermatology or plastic surgery):

- It is the responsibility of the referring and/or treating clinician to ensure the patient meets BLMK ICB's Treatment of Scars policy criteria before a referral and/or any treatment takes place.
- This policy applies to all Providers, including General Practitioners (GPs), GPs with enhanced role, Independent Sector Providers, and community or intermediate services.

Note that NHS England commissions Specialised Dermatology Services including laser treatment for rare or complex skin conditions including some disfiguring disorders e.g. difficult keloid scars, that meet its criteria (see reference below¹).

The nhs.uk website recommends a number of actions a patient can take to improve a scar², once the wound has healed:

- Massage the scar with a water-based cream (such as aqueous cream or emollient cream).
- Keep the scar covered when in the sun for at least 1 year, and use sunscreen with a sun protection factor (SPF) of 30 or more on the scar.
- Try silicon dressings or gels (obtainable from a pharmacy).
- Use skin camouflage creams to cover the scar.

References:

1. NHS England Service Specification for Specialised dermatology services
<https://www.england.nhs.uk/wp-content/uploads/2013/06/a12-spec-dermatology.pdf>
2. <https://www.nhs.uk/conditions/scars/>

NOTE:

- This policy will be reviewed in the light of new evidence or new national guidance e.g. from NICE, or based on feedback on the policy and review of activity.
- Where a patient does not meet the policy criteria or the intervention is not normally funded by the NHS, an application for clinical exceptionality can be considered via the ICB's Individual Funding Request (IFR) Policy and Process.

Key words: scar, keloid, atrophic scar, hypertrophic scar, acne, laser, surgery, steroid injection

Clinical coding:

Primary Diagnosis Codes:

Scar	L730	Acne keloid
	L905	Scar conditions and fibrosis of skin (atrophic)
	L910	Hypertrophic or keloid scar

Note: policy monitored based on primary diagnosis.

Procedure codes below provided for information but may not include all relevant procedures.

Dominant Procedure Codes:

Note % indicates all subcodes in group included

Surgery	S604	Refashioning of scar NEC
	Y064	Excision of scar tissue NOC
	S06%	Other excision of lesion of skin (includes re-excision of skin margins)
	S232	Z plasty NEC
	S234	W plasty NEC
	D02%	Extirpation of lesion of external ear
	D03%	Plastic operations on external ear
	E02%	Plastic operations on nose
	E091	Excision of lesion of external nose
	E092	Destruction of lesion of external nose NEC
	E097	Graft of skin to external nose
	E098	Other specified operations on external nose
	T802	Release of cicatricial tether
	W789	Unspecified release of contracture of joint
Laser	S072	Photodynamic laser therapy to lesion of skin
	S091	Laser destruction of lesion of skin of head or neck
	S092	Laser destruction of lesion of skin NEC
	S093	Photodestruction of lesion of skin of head or neck NEC
	S098	Other specified photodestruction of lesion of skin
	S099	Unspecified photodestruction of lesion of skin
	Y088	Other specified laser therapy to organ
	Y089	Unspecified laser therapy to organ
	E096	Laser destruction of lesion of external nose
Chemical peel	S103	Chemical peeling of lesion of skin of head or neck
	S113	Chemical peeling of lesion of skin NEC
Dermabrasion/skin resurfacing	S601	Dermabrasion of skin of head or neck
	S602	Dermabrasion of skin NEC
Cryotherapy	S102	Cryotherapy to lesion of skin of head or neck
	S112	Cryotherapy to lesion of skin NEC
Dermal filler	X395	Transdermal administration of therapeutic substance
	Y394	Lipofilling injection into organ NOC
	S481	Insertion of skin expander into subcutaneous tissue of head or neck
	S488	Other specified insertion of skin expander into subcutaneous tissue
	S489	Unspecified insertion of skin expander into subcutaneous tissue
Steroid injection	S521	Insertion of steroid into subcutaneous tissue
	X381	Injection of triamcinolone for local action
	X382	Insertion of steroid for local action NEC
Other injection	S532	Injection of therapeutic substance into skin
	T967	Injection into soft tissue NEC
	X30%	Injection of therapeutic substance
	X38%	Subcutaneous Injection