

MedStar Health, Inc.

POLICY AND PROCEDURE MANUAL

Policy Number: PA.206.MH
Last Review Date: 11/27/2017
Effective Date: 01/01/2017

PA.206.MH – Cosmetic and Reconstructive Services

This policy applies to the following lines of business:

- ✓ MedStar Employee (Select)
- ✓ MedStar MA – DSNP – CSNP
- ✓ MedStar CareFirst PPO

MedStar Health considers **Reconstructive Services** medically necessary for the following indications:

Medically appropriate reconstructive procedures are covered for either of the following:

1. When the procedure is intended to primarily improve, restore, or maintain bodily function as a result of an infection or disease;
OR
2. The procedure is intended to correct a congenital disease or anomaly that has resulted in a significant functional deformity.

Limitations

1. When a medical problem results from covered or non-covered cosmetic procedures, medically necessary services required to treat the medical problem are covered.
2. Common, anticipated side effects of cosmetic surgery (e.g., nausea and vomiting which result in a prolonged hospital stay) are considered part of the cosmetic surgery procedure and are **not** eligible for additional coverage.

Codes Requiring Prior Authorization

Code	Description
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm
11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (List separately in addition to code for primary procedure)
11950	Subcutaneous injection of filling material (e.g. collagen):1cc or less
11951	1.5 to 5 cc
11952	5.1 to 10 cc
11954	10 cc or more
11960	Insertion of tissue expander(s) for other than breast, including subsequent

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	expansion
11970	Replacement of tissue expander with permanent prosthesis
11971	Removal of tissue expander(s) without insertion of prosthesis
15775	Punch graft for hair transplant; 1 to 15 punch grafts
15776	Punch graft for hair transplant; more than 15 punch grafts
15780	Dermabrasion; total face (e.g., for acne scarring, fine wrinkling, rhytids, general keratosis)
15781	Dermabrasion; segmental, face
15782	Dermabrasion; regional, other than face
15783	Dermabrasion; superficial, any site, (e.g., tattoo removal)
15786	Abrasion; single lesion (eg, keratosis, scar)
15787	Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)
15788	Chemical peel, facial; epidermal
15789	Chemical peel, facial; dermal
15792	Chemical peel, nonfacial; epidermal
15793	Chemical peel, nonfacial; dermal
15819	Cervicoplasty
15820	Blephroplasty, lower eyelid lid
15821	Blephroplasty, lower eyelid lid with extensive herniated fat pad
15822	Blepharoplasty, upper eyelid;
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid
15824	Rhytidectomy; forehead
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)
15826	Rhytidectomy; glabellar frown lines
15828	Rhytidectomy; cheek, chin, and neck
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area

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15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)
15876	Suction assisted lipectomy; head and neck
15877	Suction assisted lipectomy; trunk
15878	Suction assisted lipectomy; upper extremity
15879	Suction assisted lipectomy; lower extremity
17106	Destruction of cutaneous vascular proliferative lesions(e.g., laser technique); less than 10 sq cm
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm
17340	Cryotherapy (CO2 slush, liquid N2) for acne
17360	Chemical exfoliation for acne (e.g., acne paste, acid)
17380	Electrolysis epilation, each 30 minutes
19300	Mastectomy for gynecomastia
19316	Mastopexy
19318	Reduction mammoplasty
19324	Mammoplasty, augmentation; without prosthetic implant
19325	Mammoplasty, augmentation; with prosthetic implant
19328	Removal of intact mammary implant
19330	Removal of mammary implant material
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19350	Nipple/areola reconstruction
19355	Correction of inverted nipples
19357	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion
19361	Breast reconstruction with latissimus dorsi flap, without prosthetic implant
19364	Breast reconstruction with free flap
19366	Breast reconstruction with other technique
19367	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site;
19368	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), single pedicle, including closure of donor site; with microvascular anastomosis (supercharging)
19369	Breast reconstruction with transverse rectus abdominis myocutaneous flap (TRAM), double pedicle, including closure of donor site

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19370	Open periprosthetic capsulotomy, breast
19371	Periprosthetic capsulectomy, breast
19380	Revision of reconstructed breast
19396	Preparation of moulage for custom breast implant
21077	Impression and custom preparation; orbital prosthesis
21082	Impression and custom preparation; palatal augmentation prosthesis
21083	Impression and custom preparation; palatal lift prosthesis
21084	Impression and custom preparation; speech aid prosthesis
21086	Impression and custom preparation; auricular prosthesis
21087	Impression and custom preparation; nasal prosthesis
21088	Impression and custom preparation; facial prosthesis
21120	Genioplasty: augmentation (autograft, allograft, augmentation)
21121	Genioplasty; sliding osteotomy, single piece
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
21125	Augmentation, mandibular body or angle; prosthetic material
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)
21137	Reduction forehead; contouring only
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft
21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft
21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)
21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)
21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)
21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes

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	obtaining autografts)
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)
21181	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial
21182	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm
21183	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm
21184	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation

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21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation
21198	Osteotomy, mandible, segmental;
21199	Osteotomy, mandible, segmental; with genioglossus advancement
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21209	Osteoplasty, facial bones; reduction
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
21215	Graft, bone; mandible (includes obtaining graft)
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete
21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial
21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, micro-ophthalmia)
21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach
21261	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach
21263	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement
21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach
21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach
21270	Malar augmentation, prosthetic material
21275	Secondary revision of orbitocraniofacial reconstruction
21280	Medial canthopexy (separate procedure)
21282	Lateral canthopexy
21295	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach

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21296	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach
30400	Rhinoplasty; primary; lateral & alar cartilages and/or elevation of nasal tip
30410	Rhinoplasty; complete; external parts including bony pyramid; lateral & alar cartilages &/or elevation of nasal tip.
30420	Rhinoplasty, primary; including major septal repair
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)
30450	Rhinoplasty, secondary, major revision
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies
30465	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft
30540	Repair choanal atresia; intranasal
30545	Repair choanal atresia; transpalatine
30560	Lysis intranasal synechia
30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)
36468	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia), limb or trunk
36469	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); face
36470	Injection of sclerosing solution; single vein
36471	Injection of sclerosing solution; multiple veins, same leg
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated
36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)

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36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)
37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions
37718	Ligation, division, and stripping, short saphenous vein
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below
37735	Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia
37760	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open, 1 leg
37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg
37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions
37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions
37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)
37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg
56800	Plastic repair of introitus
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)
67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach
67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach
67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)
67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)
67909	Reduction of overcorrection of ptosis
67911	Correction of lid retraction
67912	Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)
67914	Repair of ectropion; suture

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67915	Repair of ectropion; thermocauterization
67916	Repair of ectropion; excision tarsal wedge
67917	Repair of ectropion; extensive (eg, tarsal strip operations)
67921	Repair of entropion; suture
67922	Repair of entropion; thermocauterization
67923	Repair of entropion; excision tarsal wedge
67924	Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)
67961	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin
67966	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; over one-fourth of lid margin
67971	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, 1 stage or first stage
67973	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, lower, 1 stage or first stage
67974	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, upper, 1 stage or first stage
67975	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; second stage
68360	Conjunctival flap; bridge or partial (separate procedure)
68362	Conjunctival flap; total (such as Gunderson thin flap or purse string flap)
68371	Harvesting conjunctival allograft, living donor
69090	Ear piercing
69300	Otoplasty, protruding ear, with or without size reduction
69310	Reconstruction of external auditory canal (meatoplasty) (eg, for stenosis due to injury, infection) (separate procedure)
69320	Reconstruction external auditory canal for congenital atresia, single stage

Background

The American Society of Plastic Surgeons (ASPS) defines a reconstructive service as a procedure or surgery that is performed on abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease. It is generally performed to improve functions, but may also be done to approximate a normal appearance. These services differ from cosmetic services, which ASPS defines as a procedure or surgery (surgical and nonsurgical) that reshape normal structures of the body in order to improve appearance and self-esteem.

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Note: Coverage of reconstructive procedures is decided based on the applicable definition of medical necessity of the member's type of insurance and the Prior Authorization (PA), Medical Payment (MP) or Pharmacy (RX.PA) policy which governs the particular procedure or service.

References

1. American Society for Aesthetic Plastic Surgery (ASAPS). Cosmetic Procedures: Choose a Procedure. ©2017, ASAPS. Accessed: April 2017. <http://www.surgery.org/consumers/procedures>
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3. American Society of Plastic Surgeons (ASPS): Reconstructive Procedures. © 2014 ASPS. Accessed: April 2017. <http://www.plasticsurgery.org/reconstructive-procedures.html>
4. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determinations (LCD) No. L34938- Removal of Benign or Premalignant Skin Lesions. (Contractor: Novitas Solutions, Inc.) Revision Effective Date: 02/01/2017. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34938&ver=29&Date=&DocID=L34938&bc=iAAAABAAAAAAA%3d%3d&>
5. CMS Medicare Home Health Agency Manual: Section 232.11 Cosmetic Surgery, Transmittal 301, June 6 2002. <http://www.cms.hhs.gov/transmittals/downloads/R301HHA.pdf>
6. The American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS). Facial Plastic Surgery: Procedures Types. ©2014 AAFPRS. Accessed: April 2017. <http://www.aafprs.org/patient/procedures/proctypes.html>

Disclaimer:

MedStar Health medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of MedStar Health and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

MedStar Health reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

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Attachment A Cosmetic versus Reconstructive Services

The following list contains examples of procedures and services considered to be cosmetic in nature and therefore **not** covered, except when indicated in the identified PA, MP, or RX.PA Policy in Column III.

This list should not be considered inclusive. The following codes for treatments and procedures applicable to this policy are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

I Procedure	II Codes for Procedures in Column NOT covered	III Exception for Coverage
Acne, treatment of acne cysts and Acne, comedone extraction/treatment		SEE: RX.PA.044 – Acne Medications
Actinic keratosis, destruction, unless suspicious of malignancy	Informational only No codes for configuration because of potential medical necessity	
Age spot treatments (SEE: Skin lesions, excision of benign)		
Alopecia treatment (SEE: Hair Transplant)		This may be reviewed on a case by case basis for medical necessity.
Arm, forearm, hand lift (SEE: Lipectomy)		
Birthmark/ blemish treatment		

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Procedure	Codes for Procedures in Column NOT covered	Exception for Coverage
(SEE: Skin lesions, excision of benign)		
Blepharoplasty lower lid		SEE: MP.074 Blepharoplasty
Body contouring after major weight loss for men (SEE: Lipectomy)		
Body lift (SEE: Lipectomy)		
Body piercing	No specific code for this	
Botox treatments		SEE: RX.PA.025 - OnabotulinumtoxinA (Botox®), AbobotulinumtoxinA (Dysport™), RimabotulinumtoxinB (Myobloc®), and IncobotulinumtoxinA (Xeomin®)
Breast asymmetry, correction of. <i>Except in the case of breast cancer</i>		SEE: MP.046 - Breast Reconstruction
Breast reconstruction. <i>Except in the case of breast cancer</i>		SEE: MP.046 - Breast Reconstruction
Breast augmentation/lift/implants. <i>Except in the case of breast cancer</i>		SEE: MP.046 Breast Reconstruction
Breast reduction		SEE: PA.022 Reduction Mammoplasty
Breast repositioning		SEE: MP.046 Breast Reconstruction
Brow lift/ptosis repair		SEE: MP.074 Blepharoplasty
Buttock lift (SEE: Lipectomy)		
Cheek implant (SEE: Malar (facial) implants)		

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Procedure	Codes for Procedures in Column NOT covered	Exception for Coverage
Chemical peel		
Chest wall deformity, congenital (pectus excavatum, pectus carinatum) when asymptomatic	No specific code for this	<p>Treatment for pectus excavatum is considered medically necessary when the member has a Haller score of 3.25 or higher on Computed Tomography (CT) scan.</p> <p>Treatment for pectus carinatum is considered medically necessary when member has symptoms indicating medical necessity for surgery which include: severe shortness of breath on minimal exertion, reduced endurance, and exercise-induced asthma.</p>
Chin implant or surgery for deformity, not cause by trauma or accidental injury (SEE: Genioplasty)		
Collagen replacement therapy: injections or implants		
Comedone acne extraction (SEE: Acne)		
Congenital abnormalities without functional impairment	No specific code for this	

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Procedure	Codes for Procedures in Column NOT covered	Exception for Coverage
Dental congenital abnormalities	No specific code for this	
Dermoid cyst (when not medically necessary)	30124 Excision of dermoid cyst, nose: simple, skin, subcutaneous	
Dermabrasion		
Dermal filler and volume producing agents (i.e., Sculptra, Radiesse)	G0429 Derm filler injection for treatment facial lipodystrophy C9800 Derm injection for facial lipodystrophy Q2026 Injection, Radiesse 11950 Subcutaneous injection of filling material (e.g., collagen); 1 cc or less 11951 Subcutaneous injection of filling material (e.g., collagen); 1.1 to 5.0 cc 11952 Subcutaneous injection of filling material (e.g., collagen); 5.1 to 10.0 cc 11954 Subcutaneous injection of filling material (e.g., collagen); over 10.0 cc	
Dermoscopy	No specific code for this	
Ear piercing	69090 Ear piercing	
Ear protrusion correction (SEE: Otoplasty)		
Electrolysis epilation /hair removal (SEE: Hair Removal)		
Excision of redundant (excess) skin and subcutaneous tissue of the hips, thighs, buttocks, arms and other anatomical areas when there is not a		

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Procedure	Codes for Procedures in Column NOT covered	Exception for Coverage
functional physical impairment (SEE: Lipectomy)		
Excision/surgical planing of skin of nose for rhinophyma (SEE: Rhinophyma)		
Facial & nasal implants	D5913 Nasal prosthesis D5919 Facial prosthesis D5925 Facial augmentation implant prosthesis D5926 Nasal prosthesis replacement D5929 Facial prosthesis replacement	
Eyelid surgery (Blepharoplasty, brow lifts, ptosis repair)		SEE: MP.074 - Blepharoplasty
Face lift or related procedures to diminish the aging process (SEE: Rhytidectomy)		
Fat graft, unless an integral part of another covered procedure	20926 Tissue graft graft other (paratendon, fat, dermis)	
Forehead lift (SEE: Rhytidectomy)		
Frown Line reduction (Refer to Glabella)		
Genioplasty (SEE: Rhytidectomy and Lipectomy)		
Glabella/Glabelloplasty (frown lines), excision/correction (SEE: Rhytidectomy)		

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Procedure	Codes for Procedures in Column NOT covered	Exception for Coverage
Gynecomastia reduction/ treatment		SEE: MP.0PA - Reduction Mammoplasty
Hair Removal (hirsutism)		
Hair Transplant (Hairplasty) or repair of any congenital or acquired hair loss, including hair analysis		
Hemangioma treatment <i>Except when atypical or causing functional limitation (i.e. affects vision, breathing, hearing, ability to eat, bleeding, ulceration, and/or infection.</i>		
Hip Lift (SEE: Lipectomy)		
Hyperhidrosis surgery including endoscopic transthoracic sympathectomy (ETS), sympathectomy (radial artery, ulnar nerve, superficial palmar arch), video assisted thoracic sympathectomy (VATS)		SEE: MP.036 - Iontophoresis
Injectable fillers (SEE: Dermal fillers)		
Insertion or injection of prosthetic material to replace absent adipose tissue. <i>Except for breast cancer</i>		SEE: MP.046 - Breast Reconstruction
Keloid scar treatment (SEE: Scar Revision)		
Labial reduction / labiaplasty	No specific code for this	
Laser band-aid face lift	No specific code for this	

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Procedure	Codes for Procedures in Column NOT covered	Exception for Coverage
Laser facial resurfacing (SEE: Dermabrasion)	No specific code for this	
Laser hair removal (SEE: Hair Removal)		
LAVIV™ (azfibrocel-T) injections	No specific code for this	
Leg lift (SEE: Lipectomy)		
Lipectomy (including suction lipectomy)		
Liposuction unless an integral part of another covered procedure		
Malar (facial) implants	No specific code for this	
Mastopexy (breast lift for pendulous breasts)		SEE: MP.046 - Breast Reconstruction
Mentoplasty (SEE: Genioplasty)		
Moles /nevi, excision <i>Except when medically necessary when there is clinical suspicion for pre-cancerous or cancerous lesions.</i>	No specific code for this	
Neck tuck or lift (SEE: Lipectomy and Rhytidectomy)		
Moon face correction (as a result of corticosteroid therapy)	No specific code for this	
Nasal septum cartilage graft	20912 Cartilage graft, nasal septum	
Obesity surgery		SEE: PA.040 - Surgical Procedures for Morbid Obesity

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Orthodontic treatment, even when provided along with reconstructive surgery	No specific code for this	SEE: DP.009 – Orthodontic Services
Otoplasty		
Pectus excavatum repair when asymptomatic (SEE: Chest wall deformity)		
Permanent makeup (SEE: Tattoo)		
Port wine stain treatment <i>Except when atypical or causing functional limitation (i.e. affects vision, breathing, hearing, ability to eat, bleeding, ulceration, and/or infection. (SEE: Hemangioma treatment)</i>		
Radial keratotomy when defect can be corrected with lenses	65771 Radial Keratotomy	
Rhinoplasty		SEE: MP.038 - Septoplasty/Rhinoplasty
Refractive keratoplasty/eye surgery (LASIK, PTK)	65760 Keratomileusis (LASIK) 65765 Keratophakia 65767 Epikeritoplasty	
Rhinophyma treatment/excision	30120 Excision or surgical planing of skin of nose for rhinophyma	
Removal of unwanted/excessive hair growth (SEE: Hair Removal)		
Rhytidectomy (face, chin, neck, browlift)		
Rosacea, treatment of (including erythema, telangiectasia)	Codes are the same as Hemangioma	

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Procedure	Codes for Procedures in Column NOT covered	Exception for Coverage
<i>Except when atypical or causing functional limitation</i>		
Salabrasion (tattoo removal) (SEE: Tattoo)		
Scar revision <i>Except when atypical or causing functional limitation (i.e. affects vision, breathing, hearing, ability to eat, bleeding, ulceration, and/or infection.</i>	15786 Abrasion; single lesion (e.g., keratosis, scar) 15787 Abrasion; each additional four lesions or less	
Sclerosing of Spider Veins (SEE: Spider vein removal/repair)		
Septoplasty		SEE: MP.038 – Septoplasty/Rhinoplasty
Septorhinoplasty		SEE: MP.038 - Septoplasty- Rhinoplasty
Skin discoloration (including dyschromia, and treatment)	No specific code for this	
Skin lesions, excision of benign <i>Except when atypical or causing functional limitation (i.e. affects vision, breathing, hearing, ability to eat, bleeding, ulceration, and/or infection; OR Except when medically necessary when there is clinical suspicion for pre-cancerous or cancerous lesions.</i>	Informational only No codes for configuration because of potential medical necessity	

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Skin removal for excessive/redundant skin. <i>Except for breast cancer</i> (SEE: Lipectomy)		SEE: MP.046 - Breast Reconstruction
Skin rejuvenation and resurfacing (SEE: Dermabrasion)	No specific code for this	
Spider vein removal/repair, including telangiectasia and stellate angioma		SEE: MP.066 - Varicose Veins
Skin tag removal, Except when atypical or causing functional limitation (i.e. affects vision, bleeding, ulceration, and/or infection.	Informational only No codes for configuration because of potential medical necessity	
Subcutaneous injection of filling material (e.g. Restylane, Collagen, Hyaluronic acid) (SEE: Dermal fillers)		SEE: RX.PA.073 - Hyaluronic Acid Products
Surgical repair of inverted nipple		SEE: MP.046 - Breast Reconstruction
Tattoo (decorative or self induced) removal/treatment	No specific code for this	SEE: MP.046 - Breast Reconstruction
Thigh lift (SEE: Lipectomy)		
Temporal Mandibular Joint (TMJ), non surgical treatment		SEE: MP.016 - TMJ

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Tissue expansion, when not medically necessary		SEE: MP.046 - Breast Reconstruction
Torn earlobe repair	No specific code for this	
Umbilectomy, omphalectomy, excision of umbilicus (separate procedure)	49250 Umbilectomy, omphalectomy, excision of umbilicus	
Varicose veins, removal of spider veins (telangiectasia)		SEE: MP.066 - Varicose Veins
Voice lifting procedures (To restore voice to youthful quality, implants, injections of fat or collagen)		SEE: MP.082 - Voice Prosthesis and Laryngeal Devices
XEOMIN® (incobotulinumtoxinA) injections when used to improve the appearance of glabellar lines		SEE: RX.PA.025 - OnabotulinumtoxinA (Botox®), AbobotulinumtoxinA (Dysport™), RimabotulinumtoxinB (Myobloc®), and IncobotulinumtoxinA (Xeomin®)