

MedStar Health, Inc.

POLICY AND PROCEDURE MANUAL

Policy Number: MP.079.MH
Last Review Date: 05/19/2016
Effective Date: 07/01/2016

MP.079.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.

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.

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.

MP.079.MH – Cosmetic and Reconstructive Services

Policy Number: MP.079.MH
Last Review Date: 05/19/2016
Effective Date: 01/01/2016

References

1. American Society for Aesthetic Plastic Surgery (ASAPS). Cosmetic Procedures: Choose a Procedure. ©2009-2012, ASAPS. Accessed: 10/27/2015. <http://www.surgery.org/consumers/procedures>
2. American Society of Plastic Surgeons (ASPS): Cosmetic Procedures. © 2014 ASPS. Accessed: 10/27/2015. <http://www.plasticsurgery.org/cosmetic-procedures.html>
3. American Society of Plastic Surgeons (ASPS): Reconstructive Procedures. © 2014 ASPS. Accessed: 10/27/2015. <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: 10/01/2015. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34938&ver=9&Date=&DocID=L34938&bc=iAAAAAqAAAAAA%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: 10/27/2015. <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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MP.079.MH – Cosmetic and Reconstructive Services

Policy Number: MP.079.MH
 Last Review Date: 05/19/2016
 Effective Date: 01/01/2016

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	10040 Acne surgery (e.g., marsupialization, opening or removal of multiple milia, comedones, cysts, pustules) 17340 Cryotherapy (CO2 slush, liquid N2) for acne 17360 Chemical exfoliation for acne (e.g., acne paste, acid)	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

MP.079.MH – Cosmetic and Reconstructive Services

Policy Number: MP.079.MH
 Last Review Date: 05/19/2016
 Effective Date: 01/01/2016

Procedure	Codes for Procedures in Column NOT covered	Exception for Coverage
		basis for medical necessity.
Arm, forearm, hand lift (SEE: Lipectomy)		
Birthmark/ blemish treatment (SEE: Skin lesions, excision of benign)		
Blepharoplasty lower lid	15820 Blepharoplasty, lower eyelid lid 15821 Blepharoplasty, lower eyelid lid with extensive herniated fat pad	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

MP.079.MH – Cosmetic and Reconstructive Services

Policy Number: MP.079.MH
 Last Review Date: 05/19/2016
 Effective Date: 01/01/2016

Procedure	Codes for Procedures in Column NOT covered	Exception for Coverage
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)		
Chemical peel	15788 Chemical peel, facial; epidermal 15789 Chemical peel, facial; dermal 15792 Chemical peel, nonfacial; epidermal 15793 Chemical peel, nonfacial; dermal	

MP.079.MH – Cosmetic and Reconstructive Services

Policy Number: MP.079.MH
 Last Review Date: 05/19/2016
 Effective Date: 01/01/2016

Procedure	Codes for Procedures in Column NOT covered	Exception for Coverage
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	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	

MP.079.MH – Cosmetic and Reconstructive Services

Policy Number: MP.079.MH
 Last Review Date: 05/19/2016
 Effective Date: 01/01/2016

Procedure	Codes for Procedures in Column NOT covered	Exception for Coverage
Comedone acne extraction (SEE: Acne)		
Congenital abnormalities without functional impairment	No specific code for this	
Dental congenital abnormalities	No specific code for this	
Dermoid cyst (when not medically necessary)	30124 Excision of dermoid cyst, nose: simple, skin, subcutaneous	
Dermabrasion	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)	
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	

MP.079.MH – Cosmetic and Reconstructive Services

Policy Number: MP.079.MH
 Last Review Date: 05/19/2016
 Effective Date: 01/01/2016

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	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 functional physical impairment (SEE: Lipectomy)		
Excision/surgical planing of skin of nose for rhinophyma (SEE: Rhinophyma)		

MP.079.MH – Cosmetic and Reconstructive Services

Policy Number: MP.079.MH
 Last Review Date: 05/19/2016
 Effective Date: 01/01/2016

Procedure	Codes for Procedures in Column NOT covered	Exception for Coverage
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)	21120 Genioplasty: augmentation (autograft, allograft, augmentation)	
Glabella/Glabelloplasty (frown lines), excision/correction (SEE: Rhytidectomy)	21137 Reduction forehead; contouring only 21138 Reduction forehead; contouring and application of prosthetic material or	

MP.079.MH – Cosmetic and Reconstructive Services

Policy Number: MP.079.MH
 Last Review Date: 05/19/2016
 Effective Date: 01/01/2016

Procedure	Codes for Procedures in Column NOT covered	Exception for Coverage
	bone graft (includes obtaining autograft) 21139 Reduction forehead; contouring and setback of anterior frontal sinus wall	
Gynecomastia reduction/treatment		SEE: MP.0PA - Reduction Mammoplasty
Hair Removal (hirsutism)	17380 Electrolysis epilation, each 30 minutes	
Hair Transplant (Hairplasty) or repair of any congenital or acquired hair loss, including hair analysis	15775 Punch graft for hair transplant; 1 to 15 punch grafts 15776 Punch graft for hair transplant; more than 15 punch grafts	
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>	17106 Destruction of cutaneous vascular proliferative lesions(e.g., laser technique); less than 10 sq cm	
Hip Lift (SEE: Lipectomy)		
Hyperhidrosis surgery including endoscopic transthoracic sympathectomy (ETS), sympathectomy (radial		SEE: MP.036 - Iontophoresis

MP.079.MH – Cosmetic and Reconstructive Services

Policy Number: MP.079.MH
 Last Review Date: 05/19/2016
 Effective Date: 01/01/2016

Procedure	Codes for Procedures in Column NOT covered	Exception for Coverage
artery, ulnar nerve, superficial palmar arch), video assisted thoracic sympathectomy (VATS)		
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	
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)	15832 Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh 15833 Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	

MP.079.MH – Cosmetic and Reconstructive Services

Policy Number: MP.079.MH
 Last Review Date: 05/19/2016
 Effective Date: 01/01/2016

Procedure	Codes for Procedures in Column NOT covered	Exception for Coverage
	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	
Liposuction unless an integral part of another covered 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	
Malar (facial) implants	No specific code for this	
Mastopexy (breast lift for pendulous breasts)		SEE: MP.046 - Breast Reconstruction

MP.079.MH – Cosmetic and Reconstructive Services

Policy Number: MP.079.MH
 Last Review Date: 05/19/2016
 Effective Date: 01/01/2016

Procedure	Codes for Procedures in Column NOT covered	Exception for Coverage
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
Orthodontic treatment, even when provided along with reconstructive surgery	No specific code for this	SEE: DP.009 – Orthodontic Services
Otoplasty	69300 Otoplasty, protruding ear, with or without size reduction	
Pectus excavatum repair when asymptomatic (SEE: Chest wall deformity)		
Permanent makeup (SEE: Tattoo)		

MP.079.MH – Cosmetic and Reconstructive Services

Policy Number: MP.079.MH
 Last Review Date: 05/19/2016
 Effective Date: 01/01/2016

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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	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. 30450 Rhinoplasty, secondary, major revision	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)		

MP.079.MH – Cosmetic and Reconstructive Services

Policy Number: MP.079.MH
 Last Review Date: 05/19/2016
 Effective Date: 01/01/2016

Procedure	Codes for Procedures in Column NOT covered	Exception for Coverage
Rhytidectomy (face, chin, neck, browlift)	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	
Rosacea, treatment of (including erythema, telangiectasia) <i>Except when atypical or causing functional limitation</i>	Codes are the same as Hemangioma	
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

MP.079.MH – Cosmetic and Reconstructive Services

Policy Number: MP.079.MH
 Last Review Date: 05/19/2016
 Effective Date: 01/01/2016

Procedure	Codes for Procedures in Column NOT covered	Exception for Coverage
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	
Skin removal for excessive/redundant skin. <i>Except for breast cancer (SEE: Lipectomy)</i>		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	36468 Single or multiple injections of sclerosing solutions, spider veins (telangiectasia), limb or trunk	SEE: MP.066 - Varicose Veins
Skin tag removal,	Informational only	

MP.079.MH – Cosmetic and Reconstructive Services

Policy Number: MP.079.MH
 Last Review Date: 05/19/2016
 Effective Date: 01/01/2016

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Except when atypical or causing functional limitation (i.e. affects vision, bleeding, ulceration, and/or infection.	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
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	

MP.079.MH – Cosmetic and Reconstructive Services

Policy Number: MP.079.MH
 Last Review Date: 05/19/2016
 Effective Date: 01/01/2016

Procedure	Codes for Procedures in Column NOT covered	Exception for Coverage
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®)