

Medicare Medical Policy

Cosmetic and Reconstructive Procedures

MEDICARE MEDICAL POLICY NUMBER: 232

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INSTRUCTIONS FOR USE: Company Medicare Medical Policies serve as guidance for the administration of plan benefits and do not constitute medical advice nor a guarantee of coverage. Company Medicare Medical Policies are reviewed annually to guide the coverage or non-coverage decision-making process for services or procedures in accordance with member benefit contracts (otherwise known as Evidence of Coverage or EOCs) and Centers of Medicare and Medicaid Services (CMS) policies, manuals, and other CMS rules and regulations. In the absence of a CMS coverage determination or specific regulation for a requested service, item or procedure, Company policy criteria or applicable utilization management vendor criteria may be applied. These are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

The Company reserves the right to determine the application of Medicare Medical Policies and make revisions to these policies at any time. Any conflict or variance between the EOC and Company Medical Policy will be resolved in favor of the EOC.

SCOPE: Providence Health Plan, Providence Health Assurance, and Providence Plan Partners as applicable (referred to individually as “Company” and collectively as “Companies”).

PRODUCT AND BENEFIT APPLICATION

Medicare Only

MEDICARE COVERAGE CRITERIA

IMPORTANT NOTE: More than one Centers for Medicare and Medicaid Services (CMS) reference may apply to the same health care service, such as when more than one coverage policy is available (e.g., both an NCD and LCD exist). All references listed should be considered for coverage decision-making. The Company uses the most current version of a Medicare reference available at the time of publication; however, these websites are not maintained by the Company, so Medicare references and their corresponding hyperlinks may change at any time. If there is a conflict between the Company Medicare Medical Policy and CMS guidance, the CMS guidance will govern.

Notes:

- Member contracts (Evidence of Coverage, or EOCs) may have specific language regarding covered reconstructive services and excluded cosmetic procedures. Contract language takes precedence over this medical policy.
- Please see [Policy Cross References](#) below for separate policies which may apply to other potentially cosmetic or reconstructive procedures. This includes, but is not limited to:
 - Services and procedures related to the treatment of gender dysphoria.
 - Breast reconstruction following a mastectomy.
 - Varicose vein treatments.

Service	Medicare Guidelines
<i>Dermal Injections for the Treatment of Facial Lipodystrophy Syndrome</i>	National Coverage Determination (NCD): Dermal Injections for the Treatment of Facial Lipodystrophy Syndrome (LDS) (250.5)
<i>Plastic Surgery to Correct "Moon Face"</i>	NCD: Plastic Surgery to Correct "Moon Face" (140.4)
<i>Chemical Peels</i>	As a treatment of actinic keratoses (AKs): <ul style="list-style-type: none"> • NCD: Treatment of Actinic Keratosis (250.4) For all other indications: <ul style="list-style-type: none"> • See separate row for Company medical policy criteria below
<i>Plastic Surgery</i> <ul style="list-style-type: none"> • <i>Dermabrasion</i> • <i>Rhytidectomy</i> • <i>Cosmetic nasal surgery</i> • <i>Reconstructive nasal surgery</i> • <i>Mastectomy for gynecomastia</i> 	LCD: Plastic Surgery (L37020) <p>NOTE: Other services included in this LCD are addressed in other PHP medical policies. Please see Policy Cross References for other potentially applicable policies.</p>

<p><i>Benign Skin Lesion Removal</i></p> <ul style="list-style-type: none"> • <i>Seborrheic keratoses</i> • <i>Skin tags</i> • <i>Milia</i> • <i>Molluscum contagiosum</i> • <i>Sebaceous (epidermoid) cysts</i> • <i>Moles (nevi)</i> • <i>Acquired hyperkeratosis (keratoderma)</i> • <i>Viral warts (excluding condyloma acuminatum)</i> 	<p>LCD: Benign Skin Lesion Removal (Excludes Actinic Keratosis, and Mohs) (L33979)</p> <p>NOTE: This LCD does not apply to: routine foot care or the treatment of other skin lesions, e.g., actinic keratosis (AK), Mohs, ulcers, abscess, malignancies, dermatoses or psoriasis.</p>
<p><i>Ear Piercing (CPT 69090) and Body Piercing</i></p>	<p>Ear and body piercing are cosmetic and not covered benefits.</p> <p>NON-COVERAGE POSITION SUMMARY: CPT code 69090 for ear piercing is a Medicare Status “N” code, which is defined as “Non-covered Services.” Body piercing does not meet Medicare’s medically necessary coverage requirements. Both procedures are statutorily excluded based the <i>Social Security Act, Section 1862(a)(1)(A)</i>.</p>
<p><i>Penile Prosthesis Implant (CPT 54400, 54401, 54405, and 54410 and HCPCS C1813 and C2622)</i></p>	<p>Penile prosthesis implantation to treat impotence caused by congenital defect, illness, trauma, or following other surgical procedures may be considered medically necessary:</p> <ul style="list-style-type: none"> • NCD for Diagnosis and Treatment of Impotence (230.4) <p>Penile prosthesis implantation performed to improve appearance or enhance sexual performance:</p> <ul style="list-style-type: none"> • See separate row for Company medical policy criteria below
<p><i>Treatment of complications resulting from a prior cosmetic procedure</i></p>	<p>Complications arising from cosmetic surgery may be considered medically necessary in some situations (see Medicare references below). Examples include, but may not be limited to, infection, hemorrhage, or other serious documented medical complication.</p> <ul style="list-style-type: none"> • Medicare Benefit Policy Manual, Chapter 16 - General Exclusions From Coverage, §180 - Services Related to and Required as a Result of Services Which Are Not Covered Under Medicare • LCD: Plastic Surgery (L37020)
<p><i>Potentially cosmetic procedures addressed in separate plan policies</i></p> <p><i>See Cross References below</i></p>	<ul style="list-style-type: none"> • Abdominoplasty, lipectomy and panniculectomy • Botulinum Toxin (Botox) treatment • Brachioplasty (arm lift) to remove excess skin • For all breast-related surgeries, including breast tattooing, please first refer to the separate medical policies related to breast reconstruction or reduction mammoplasty procedures.

	<ul style="list-style-type: none"> • Blepharoplasty, blepharoptosis repair and brow lift • Cleft lip and/or cleft palate repair and other orthognathic procedures • Hemangioma (e.g., Port wine stain) and other vascular lesion laser treatment • Sclerotherapy or other treatments of superficial varicosities (i.e., telangiectasias/spider veins and reticular/feeder veins) and other treatments of varicose veins • Services and procedures related to the treatment of gender dysphoria • Liposuction for lipedema
<p><i>Potentially cosmetic procedures NOT OTHERWISE ADDRESSED</i></p>	<p>For any procedure not addressed in the rows above, <u>or</u> in a separate medical policy, <u>or</u> by using Commercial medical policy criteria (below), apply the following Medicare cosmetic vs. reconstructive guidance.</p> <ol style="list-style-type: none"> I. Cosmetic procedures are not covered benefits: Medicare Benefit Policy Manual, Chapter 16 - General Exclusions From Coverage, §120 – Cosmetic Surgery¹ II. Reconstructive procedures may be medically necessary: Local Coverage Determination (LCD): Plastic Surgery (L37020). <p>To determine if a procedure is considered cosmetic or reconstructive, the following must be considered:</p> <ol style="list-style-type: none"> 1. If a direct member contract exclusion applies, deny the service not a covered benefit. 2. If the intervention is intended to treat a functional impairment, the procedure may be considered medically necessary as a reconstructive procedure. 3. If the intervention is not intended to treat a functional impairment, the cause of the condition must be determined (i.e., accident/injury/trauma, post-treatment, congenital anomaly, disease). If the cause of the condition is included as an exception to the Medicare cosmetic surgery exclusion, then the treatment may be considered medically necessary. (Examples include, but are not limited to, wound repair following removal of skin lesions or skin biopsy.)
<p><i>Services which use Commercial criteria for guidance to determine if cosmetic or reconstructive</i></p>	<p>Company medical policy for Cosmetic and Reconstructive Surgery</p> <ol style="list-style-type: none"> I. The list of services below may be considered medically necessary for Medicare when the Company medical policy criteria are met. II. The listed services below are considered cosmetic for Medicare when the Company medical policy criteria are not met <u>or</u> when a service is deemed “cosmetic” by the Company policy. <i>See Policy Guidelines below.</i>

- Chemical exfoliation or peels for treatment of conditions other than AKs.
- Cryotherapy (CO2 slush, liquid N2) for acne.
- Collagen injections or implants.
- Ear repair/reconstruction (including otoplasty).
- Frown line removal, including but not limited to the excision or correction of glabellar frown lines or forehead lift (cosmetic foreheadplasty).
- Hair removal (e.g., laser, electrolysis).
- Hair transplant/hairplasty.
- Injections of compounds to treat skin wrinkles, including but not limited to gel-particle hyaluronic acid (e.g., Restylane, Perlane), calcium hydroxylapatite (e.g., Radiesse) and collagen (e.g., Zyderm).
- Keloid or scar surgical repair/revision.
- Laser skin resurfacing, for all indications including but not limited to acne scarring and wrinkles.
- Mentoplasty/genioplasty (chin) done for a receding chin or to reduce a prominent chin.
- Neck tuck/lift (Platysmaplasty or Submental Lipectomy).
- Pectus excavatum repair (open or Nuss procedures only)
- Penile procedures, including but not limited to phalloplasty and fat injections, for reasons other than impotence treatment.
- Tattoo removal or follow up.
- Vaginal procedures including rejuvenation/vaginal tightening, designer vaginoplasty, revirgination, G-spot amplification for all indications.
- Vaginal procedures including labia surgery/reshaping/reduction (labiaplasty) when intended to improve the appearance or enhance sexual performance.

IMPORTANT NOTICE: While some services or items may appear medically indicated for an individual, they may also be a direct exclusion of Medicare or the member's benefit plan. Such excluded services or items by Medicare and member EOCs include, but are not limited to, services or procedures considered to be cosmetic, not medical in nature, or those considered not medically reasonable or necessary under *Title XVIII of the Social Security Act, §1862(a)(1)(A)*. If there is uncertainty regarding coverage of a service or item, please review the member EOC or submit a pre-service organization determination request. Note that the Medicare Advance Beneficiary Notice of Noncoverage (ABN) form **cannot** be used for Medicare Advantage members. (*Medicare Advance Written Notices of Non-coverage. MLN006266 May 2021*)

POLICY CROSS REFERENCES

MEDICAL POLICY

- [Breast Surgery: Reduction Mammoplasty, Reconstructive Surgery and Implant Management](#), MP523
- [Eye: Blepharoplasty, Blepharoptosis Repair, and Brow Lift](#), MP225

- [Gender Affirming Surgical Interventions](#), MP32
- [Hemangioma and Vascular Malformation Laser Treatment](#), MP62
- [Liposuction for Lipedema](#), MP351
- [Orthognathic Surgery](#), MP160
- [Rhinoplasty](#), MP247
- [Surgical Treatments for Lymphedema](#), MP341
- [Surgical Treatment for Skin Redundancy](#), MP259
- [Varicose Veins](#), MP187

PHARMACY POLICY

- [Botulinum Toxin \(Medicare Only\)](#), ORPTCNEU030.0821

The full Company portfolio of Medicare Medical Policies is available online and can be [accessed here](#).

POLICY GUIDELINES

COSMETIC SURGERY

According to the Medicare Benefit Policy Manual, Chapter 16, §120:

“Cosmetic surgery or expenses incurred in connection with such surgery is not covered. Cosmetic surgery includes any surgical procedure directed at improving appearance, except when required for the prompt (i.e., as soon as medically feasible) repair of accidental injury or for the improvement of the functioning of a malformed body member. For example, this exclusion does not apply to surgery in connection with treatment of severe burns or repair of the face following a serious automobile accident, or to surgery for therapeutic purposes which coincidentally also serves some cosmetic purpose.”

Therefore, under *Title XVIII of the Social Security Act, Section 1862(a)(1)(P)(10)(4)*, cosmetic procedures or services are excluded from Medicare coverage:

“Notwithstanding any other provision of this title, no payment may be made under part A or part B for any expenses incurred for items or services where such expenses are for cosmetic surgery or are incurred in connection therewith, except as required for the prompt repair of accidental injury or for improvement of the functioning of a malformed body member.”

RECONSTRUCTIVE SURGERY

Reconstructive surgery is performed on abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. While it is generally performed to improve function, it may also be done to approximate a normal appearance. (*Noridian LCD L37020*)

MEDICARE COVERAGE

In order to determine if coverage is available for a procedure, review may be required to determine if the procedure is cosmetic or reconstructive in nature.

Medicare and Medical Necessity

For Medicare, only medically reasonable and necessary services or items which treat illness or injury are eligible for Medicare coverage, as outlined in *Title XVIII of the Social Security Act, §1862(a)(1)(A)*.

The Company policy for *PHA Medicare Medical Policy Development and Application (MP50)* provides details regarding Medicare's definition of medical necessity and the hierarchy of Medicare references and resources during the development of medical policies, as well as the Plan's use of evidence-based processes for policy development. In the absence of Medicare coverage policies (e.g., manual, national coverage determination [NCD], local coverage determination [LCD], article [LCA], etc.) which addresses the medical necessity of a given medical service, Medicare regulatory guidelines do allow Medicare Advantage Organizations (MAOs) to make their own coverage determinations, as long as the MAO applies an objective, evidence-based process, based on authoritative evidence. (*Medicare Managed Care Manual, Ch. 4, §90.5*)

REGULATORY STATUS

U.S. FOOD & DRUG ADMINISTRATION (FDA)

While clearance by the Food and Drug Administration (FDA) is a prerequisite for Medicare coverage, the 510(k) premarket clearance process does not in itself establish medical necessity. Medicare payment policy is determined by the interaction of numerous requirements, including but not limited to, the availability of a Medicare benefit category and other statutory requirements, coding and pricing guidelines, as well as national and local coverage determinations and clinical evidence.

BILLING GUIDELINES AND CODING

GENERAL

See associated local coverage articles (LCAs), when available, for relevant coding and billing guidance:

- LCA: Billing and Coding: Benign Skin Lesion Removal (Excludes Actinic Keratosis, and Mohs) ([A57162](#))

EAR PIERCING

The *National Physician Fee Schedule Relative Value File (NPF SRVF)*, which is published by the Centers for Medicare and Medicaid Services (CMS)², indicates CPT code 69090 has been assigned a Status Indicator of "N," which is defined as "Non-covered Services." This is a statutorily excluded service based on Medicare requirements for medically reasonable and necessary services, as defined by the *Social Security Act, Section 1862(a)(1)(A)*.

LIMITED COVERAGE

Some of the codes in this policy do not require routine review or prior authorization, but coverage may be limited to select indications.

Dermal Injections for Treatment of Facial Lipodystrophy Syndrome (LDS)

The following ICD-10-CM diagnosis codes must be included on the claim:

- B20 Human Immunodeficiency Virus (HIV) disease; **and**
- E88.1 Lipodystrophy, not elsewhere classified

Benign Skin Lesion Removal

Benign skin lesions include, but may not be limited to, skin tags, moles, warts, etc. While the codes which represent these services do not require routine review for medical necessity, they may be subject to utilization audit. Benign skin lesion removal may only be considered reconstructive and medically necessary when the criteria found in the LCD L33979 (see criteria table above) are met.

Dermabrasion (CPT codes 15780, 15781, 15782, and 15783)

Dermabrasion codes (CPT codes 15780-15783) are only considered reconstructive and medically necessary when billed with the diagnosis codes included in the Medicare Local Coverage Article (LCA) for Plastic Surgery. Please see Group 1 ICD-10 Codes in the Plastic Surgery LCA ([A57222](#)) for the complete list of diagnosis codes.

CODES*		
Note:		
<ul style="list-style-type: none">• Some codes may require prior authorization for all indications, while other codes may be considered cosmetic and non-covered for all indications.• Still other codes may only be considered medically necessary when billed with diagnosis codes F64.0, F64.1, F64.8, or F64.9, but are considered cosmetic and non-covered for all other indications.• Please refer to the Company non-covered and prior authorization lists for additional information		
CPT	10040	Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)
	11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions
	11201	Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof (list separately in addition to code for primary procedure)
	11300	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less
	11301	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm
	11302	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm
	11303	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm
	11305	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less

11306	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm
11307	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm
11308	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm
11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
11311	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm
11312	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm
11313	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm
11400	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less
11401	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm
11402	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm
11403	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm
11404	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm
11406	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm
11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less
11421	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm
11422	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm
11423	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm
11424	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm
11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm
11440	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less
11441	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm
11442	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm
11443	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm

11444	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm
11446	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm
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 (eg, collagen); 1 cc or less
11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc
11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc
11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)
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 (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)
15781	Dermabrasion; segmental, face
15782	Dermabrasion; regional, other than face
15783	Dermabrasion; superficial, any site (eg, tattoo removal)
15786	Abrasion; single lesion (e.g. 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
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
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

	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
	17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions
	17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions
	17340	Cryotherapy (CO2 slush, liquid N2) for acne
	17360	Chemical exfoliation for acne (eg, acne paste, acid)
	17380	Electrolysis epilation, each 30 minutes
	17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue
	19300	Mastectomy for gynecomastia
	21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
	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)
	21137	Reduction forehead; contouring only
	21270	Malar augmentation, prosthetic material
	21740	Reconstructive repair of pectus excavatum or carinatum; open
	21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy
	21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy
	40799	Unlisted procedure, lips
	54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)
	54401	Insertion of penile prosthesis; inflatable (self-contained)
	54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir
	54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session
	54440	Plastic operation on penis for injury
	56800	Plastic repair of introitus
	57291	Construction of artificial vagina, without graft
	57292	Construction of artificial vagina, with graft
	67999	Unlisted procedure, eyelids
	69399	Unlisted procedure, external ear
	96999	Unlisted special dermatological service or procedure
HCPCS	C1813	Prosthesis, penile, inflatable
	C2622	Prosthesis, penile, non-inflatable
	G0429	Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome
	Q2026	Injection, Radiesse, 0.1 ml

Q2028	Injection, Sculptra, 0.5 mg
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***Coding Notes:**

- The code list above is provided as a courtesy and may not be all-inclusive. Inclusion or omission of a code from this policy neither implies nor guarantees reimbursement or coverage. Some codes may not require routine review for medical necessity, but they are subject to provider contracts, as well as member benefits, eligibility and potential utilization audit. According to Medicare, “presence of a payment amount in the MPFS and the Medicare physician fee schedule database (MPFSDB) does not imply that CMS has determined that the service may be covered by Medicare.” The issuance of a CPT or HCPCS code or the provision of a payment or fee amount by Medicare does **not** make a procedure medically reasonable or necessary or a covered benefit by Medicare. (*Medicare Claims Processing Manual, Chapter 23 - Fee Schedule Administration and Coding Requirements, §30 - Services Paid Under the Medicare Physician’s Fee Schedule, A. Physician’s Services*)
- All unlisted codes are reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is submitted for non-covered services addressed in this policy then it will be **denied as not covered**. If an unlisted code is submitted for potentially covered services addressed in this policy, to avoid post-service denial, **prior authorization is recommended**.
- See the non-covered and prior authorization lists on the Company [Medical Policy, Reimbursement Policy, Pharmacy Policy and Provider Information website](#) for additional information.
- HCPCS/CPT code(s) may be subject to National Correct Coding Initiative (NCCI) procedure-to-procedure (PTP) bundling edits and daily maximum edits known as “medically unlikely edits” (MUEs) published by the Centers for Medicare and Medicaid Services (CMS). This policy does not take precedence over NCCI edits or MUEs. Please refer to the CMS website for coding guidelines and applicable code combinations.

REFERENCES

1. Title XVIII of the Social Security Act, Section 1862(a)(1)(P)(10)(4)
2. Medicare Physician Fee Schedule (PFS) Relative Value Files; Available at: <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Relative-Value-Files>
3. Centers for Medicare & Medicaid Services. Centers for Medicare & Medicaid Services (CMS). Medicare Claims Processing Manual. Publication # 100-4. Chapter 32 – Billing Requirements for Special Services. §260 - Dermal Injections for Treatment of Facial Lipodystrophy Syndrome (LDS); Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c32.pdf>

POLICY REVISION HISTORY

DATE	REVISION SUMMARY
10/2022	Annual review (converted to new format 2/2023)
9/2023	Annual review; no changes