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| MEDICAL POLICY | Cosmetic and Reconstructive Procedures (Medicare Only) |
| Effective Date: 6/1/2022 | Medical Policy Number: 232 |
|  6/1/2022 | Medical Policy Committee Approved Date: 5/19; 12/19, 8/1/2020; 9/2021; 3/2022; 4/2022 |
| Medical Officer | Date |

See Policy CPT/HCPCS CODE section below for any prior authorization requirements

SCOPE:

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

APPLIES TO:

Medicare Only

MEDICARE POLICY CRITERIA

The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.

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 [Medical Policy Cross References](#) below for separate medical 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 |
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| <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) |

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| <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"> Commercial medical policy |
| <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 Medical Policy Cross References for other potentially applicable policies.</p> |
| <i>Benign Skin Lesion Removal</i> <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> | LCD: Benign Skin Lesion Removal (Excludes Actinic Keratosis, and Mohs) (L33979) <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> |
| <i>Ear Piercing (CPT 69090) and Body Piercing</i> | Ear and body piercing are cosmetic and not covered benefits. <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> |
| <i>Penile Prosthesis Implant (CPT 54400, 54401, and 54405 and HCPCS C1813 and C2622)</i> | Penile prosthesis implantation to treat impotence caused by congenital defect, illness, trauma, or following other surgical procedures may be medically necessary: <ul style="list-style-type: none"> NCD for Diagnosis and Treatment of Impotence (230.4) |

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| | <p>Penile prosthesis implantation performed to improve appearance or enhance sexual performance:</p> <ul style="list-style-type: none"> • Commercial medical policy list below |
| <i>Treatment of complications resulting from a prior cosmetic procedure</i> | <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) |
| <i>Potentially cosmetic procedures addressed in separate plan policies</i> | <ul style="list-style-type: none"> • Abdominoplasty, lipectomy and panniculectomy • Botulinum Toxin (Botox) treatment • Brachioplasty (arm lift) • For all breast-related surgeries, including breast tattooing, please first refer to the separate medical policies related to breast reconstruction or reduction mammoplasty procedures. • Blepharoplasty, blepharoptosis repair and brow lift • Cleft lip and/or cleft palate repair and other orthognathic procedures • Port wine stain 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 |
| <i>Potentially cosmetic procedures NOT OTHERWISE ADDRESSED</i> | <p>For any procedure not addressed above, in a separate medical policy, or by using Commercial medical policy criteria (see list below), apply the following Medicare cosmetic vs. reconstructive guidance.</p> <p>I. Cosmetic procedures are not covered benefits: Medicare Benefit Policy Manual, Chapter 16 - General Exclusions From Coverage, §120 – Cosmetic Surgery¹</p> <p>II. Reconstructive procedures may be medically necessary: Local Coverage Determination (LCD): Plastic Surgery (L37020).</p> <p>To determine if a procedure is considered cosmetic or reconstructive, the following must be considered:</p> |

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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**.
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.)*

*In the absence of a Medicare coverage policy or guidance (e.g., manual, national coverage determination [NCD], local coverage determination [LCD], article [LCA], etc.), Medicare guidelines allow a Medicare Advantage Organization (MAO) to make coverage determinations, applying an objective, evidence-based process, based on authoritative evidence. (Medicare Managed Care Manual, Ch. 4, §90.5) Therefore, the commercial medical policy, **Cosmetic and Reconstructive Surgery (All Lines of Business Except Medicare)**, applies to the services listed below:*

- Chemical peels for treatment of conditions **other than** AKs.
- 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.
- Liposuction for lipedema.
- Tattoo removal or follow up.
- Vaginal procedures including rejuvenation/vaginal tightening, designer vaginoplasty, revirgination, G-spot amplification for all indications.

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- Vaginal procedures including labia surgery/reshaping/reduction (labiaplasty) when intended to improve the appearance or enhance sexual performance.

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.

BILLING GUIDELINES

General

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

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

Bundling or Incidental Denials

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing Medicare.

Ear Piercing

The *National Physician Fee Schedule Relative Value File (NPF SRVF)*, which is published by Medicare¹, 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 Lesion Removal is only considered reconstructive and medically necessary when billed with the diagnosis codes included in the Medicare Local Coverage Article (LCA) for Benign Skin Lesion Removal. Please see the Benign Skin Lesion Removal LCA ([A57162](#)) for the complete list of diagnosis codes.

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.

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CPT/HCPCS CODES

Codes for cosmetic and reconstructive surgeries and procedures may include but are not limited to any of the CPT/HCPCS codes listed below. Additional codes may apply.

| Medicare Only | |
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| Prior Authorization Required | |
| The following codes require prior authorization for all indications. | |
| 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) |
| 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 |
| 19300 | Mastectomy for gynecomastia |

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| 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) |
| 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 |
| 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 |
| 56800 | Plastic repair of introitus |
| 57291 | Construction of artificial vagina, without graft |
| 57292 | Construction of artificial vagina, with graft |
| 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 |

No Prior Authorization Required

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| 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 |

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| 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 |

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| 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 |
| 15769 | Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia) |
| 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) |
| 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 |
| 54440 | Plastic operation on penis for injury |

Not Covered

The following code(s) are considered cosmetic for all indications.

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| 10040 | Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules) |
| 15775 | Punch graft for hair transplant; 1 to 15 punch grafts |
| 15776 | Punch graft for hair transplant; more than 15 punch grafts |
| 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) |
| 69090 | Ear piercing |
| 69300 | Otoplasty, protruding ear, with or without size reduction |

No Prior Authorization Required

The following code(s) may be considered medically necessary when billed with diagnosis code F64.0, F64.1, F64.8, or F64.9. These codes are considered cosmetic for all other indications.

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| 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 |

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| 17380 | Electrolysis epilation, each 30 minutes |
| 21120 | Genioplasty; augmentation (autograft, allograft, prosthetic material) |
| 21137 | Reduction forehead; contouring only |
| 21270 | Malar augmentation, prosthetic material |

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| <p>Unlisted Codes All unlisted codes will be reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is billed related to services addressed in this policy then prior-authorization is required.</p> | |
| 17999 | Unlisted procedure, skin, mucous membrane and subcutaneous tissue |
| 40799 | Unlisted procedure, lips |
| 67999 | Unlisted procedure, eyelids |
| 69399 | Unlisted procedure, external ear |
| 96999 | Unlisted special dermatological service or procedure |

INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement

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.

MEDICAL POLICY CROSS REFERENCES

- Autologous Fat Transfer, MP9
- Botulinum Toxin (Medicare Only)
- Breast Implant Removal (Medicare Only), MP262

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- Breast Reconstruction, MP58
- Breast Surgery: Reduction Mammoplasty (Medicare Only), MP205
- Eye: Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Medicare Only), MP225
- Gender Affirming Interventions, MP32
- Orthognathic Surgery, MP160
- Rhinoplasty (Medicare only), MP247
- Surgical Treatments for Lymphedema, MP222
- Surgical Treatment for Skin Redundancy (Medicare Only), MP259

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>.