Cosmetic and Reconstructive Procedures

MEDICAL POLICY NUMBER: 98

Effective Date: 9/1/2024

Last Review Date: 8/2024

Next Annual Review: 8/2025

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 Company reserves the right to determine the application of medical policies and make revisions to medical policies at any time. 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. 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.

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

PLAN PRODUCT AND BENEFIT APPLICATION

☒ **Commercial** ☒ **Medicaid/OHP*** ☐ **Medicare****

*Medicaid/OHP Members

Oregon: Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Medical policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

**Medicare Members

This *Company* policy may be applied to Medicare Plan members only when directed by a separate *Medicare* policy. Note that investigational services are considered **"not medically necessary"** for Medicare members.

COVERAGE CRITERIA

Notes:

- Many member contracts have specific language regarding covered reconstructive services and excluded cosmetic procedures. Contract language takes precedence over medical policy.
- This policy does not address services and procedures related to the treatment of gender dysphoria, which is addressed in the PHP Gender Affirming Surgical Interventions medical policy.
- This policy does not address breast reconstruction following a mastectomy, which is addressed in the PHP Breast Reconstruction medical policy.
- Other, more specific, PHP medical policies may apply to indications and/or procedures mentioned in this policy. Please see Cross References section below for medical policies, which may apply.

I. Reconstructive procedures may be considered **medically necessary** (coverage subject to benefits) when intended to address *abnormal* structures of the body, caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease. This includes, but is not limited to the following situations:

A. Conditions resulting from trauma, infection, tumors or other diseases, if the condition occurs while you are a member of Providence Health Plan **or** the surgery is needed for treatment of a condition that occurred before you became a member; **or**

B. Congenital defects or developmental abnormalities, including those due to a genetic/hereditary condition (e.g., Marfan, Noonan, Turner syndrome) if there is a resultant significant functional impairment. A functional impairment is defined as a state in which the special, normal or proper action of any body part or organ is damaged; **or**

C. When necessary, because of an accidental injury, or to correct a scar or defect that resulted from treatment of an accidental injury; **or**

D. When necessary to correct a scar or defect on the head or neck that resulted from a covered surgery.
(Please see Policy Guidelines section below for more information on functional impairment.)

The following are examples of procedures generally considered to be reconstructive and may be considered **medically necessary** when specific criteria are met: (Not an all-inclusive list.)

- Breast reconstruction (See separate policy: Breast Reconstruction).
- Breast tattoo to provide an areola and/or nipple (See separate policy: Breast Reconstruction).
- Blepharoplasty. (See separate policy: Eye: Blepharoplasty, Blepharoptosis Repair and Brow Lift.)
- Chemical peels (medium or deep peels only) to treat actinic keratoses or other precancerous skin lesions.
- Cleft lip and/or cleft palate repair. (See separate policy: Orthognathic Surgery.)
- Collagen injections or implants when intended to address a significant variation from normal related to accidental injury, disease, trauma, treatment of a disease or a congenital defect.
- Dermal injections of FDA-approved fillers (e.g., Sculptra, Radiesse) to treat facial lipodystrophy syndrome due to antiretroviral therapy in HIV-infected persons when there is a functional impairment or when it is likely the injections will result in more than minimal improvement in appearance.
- Ear repair/reconstruction (including otoplasty) when intended to restore a significantly abnormal (or missing) external ear or auditory canal related to accidental injury, disease, trauma, or treatment of a disease or congenital defect.
- Keloid or scar surgical repair/revision with symptoms of functional impairment.
- Panniculectomy (See separate policy: Surgical Treatment for Skin Redundancy.)
- Pectus excavatum repair (open or Nuss procedures only) with documented cardiac compression/displacement by echocardiography OR reduced lung capacity (total lung capacity less than or equal to 80%) by pulmonary function testing OR exercise intolerance by cardiopulmonary exercise testing.
- Port wine stain laser treatment (See separate policy: Hemangioma and Vascular Malformation Treatment).
- Skin tag removal, when located in an area of friction with documentation of repeated irritation and bleeding.

II. The following procedures or the expenses incurred in connection with such surgery, as well as any follow-up care or complications are considered **cosmetic**, including but not limited to the following situations:

A. Procedures that correct an anatomical congenital anomaly without improving or restoring physiologic function.
B. Procedures to relieve the suffering of psychological consequences or socially avoidant behavior as a result of an injury, sickness or congenital anomaly.

C. Any procedure that does not meet the reconstructive criteria above or is not addressed in another PHP medical policy.

The following are examples of procedures considered to be **cosmetic** in nature: (Not an all-inclusive list.)
*__Note__: For all breast-related surgeries, please first refer to the medical policies: Breast Reconstruction, and Breast Surgery: Reduction Mammoplasty, as they may apply.

- Abdominoplasty (See separate policy: Surgical Treatment for Skin Redundancy.)
- Blepharoplasty. (See separate medical policy: Eye: Blepharoplasty, Blepharoptosis Repair and Brow Lift.)
- Body and ear piercing and complications.
- 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). (For Botox treatment for any indication, please see separate Pharmacy policy: Botulinum Toxin.)
- Brachioplasty (arm lift) to remove excess skin. (See separate policy: Surgical Treatment for Skin Redundancy.)
- Chemical exfoliation or peels for treatment of photoaged skin, wrinkles, acne scarring or uneven epidermal pigmentation (e.g., melasma, lentigines).
- Cryotherapy (CO_2 slush, liquid N_2) for acne.
- Dermabrasion for the purpose of removing acne scars or treating active acne and wrinkles.
- Ear repair/reconstruction (including otoplasty) for ears that are constricted, cupped, large, prominent or protruding, or following any elective cosmetic procedure (e.g., ear piercing, plugging or gauging).
- Frown line removal, including but not limited to the excision or correction of glabellar frown lines or forehead lift (cosmetic foreheadplasty).
- Gynecomastia surgery to reduce male breast size.
- Hair removal (e.g., laser, electrolysis).
- Hair transplant/hairplasty for male or female androgenic alopecia or age-related thinning.
- Laser skin resurfacing, for all indications including but not limited to acne scarring and wrinkles.
- Lipectomy (See separate policy: Surgical Treatment for Skin Redundancy.)
- *Mammoplasty (augmentation) to enlarge or uplift breast.
- *Mammoplasty to equalize breast size.
- *Mammoplasty (reduction). (See separate policy: Breast Surgery: Reduction Mammoplasty.)
- *Mastopexy (breast lift) in the absence of medically necessary breast reconstruction or reduction.
- Mentoplasty/genioplasty (chin) done for a receding chin or to reduce a prominent chin.
- Neck tuck/lift (Platysmaplasty or Submental Lipectomy).
- Orthognathic Surgery. (See separate policy: Orthognathic Surgery.)
- Pectus excavatum without documented functional impairment of heart or lungs (not meeting criteria above).

- Penile procedures, including but not limited to phalloplasty and fat injections, when intended to improve the appearance (e.g., length, circumference) or enhance sexual performance.
- Rhytidectomy (meloplasty/face lift) for aging skin.
- Rosacea treatment (nonpharmacologic and nonsurgical), including but not limited to laser, dermabrasion and chemical peels.
- Sclerotherapy or other treatments of superficial varicosities (i.e., telangiectasias/spider veins and reticular/feeder veins). (See separate policy: Varicose Veins.)
- Skin tag removal, when performed to improve or change appearance or self-esteem.
- 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.

POLICY CROSS REFERENCES

- Breast Surgery: Reduction Mamoplasty, Reconstructive Surgery, and Implant Management, MP58
- Eye: Blepharoplasty, Blepharoptosis Repair, and Brow Lift, MP101
- Gender Affirming Surgical Interventions, MP32
- Hemangioma and Vascular Malformation Laser Treatment, MP62
- Orthognathic Surgery, MP160
- Rhinoplasty and Other Nasal Surgeries, MP166
- Surgical Treatments for Lymphedema, MP222
- Surgical Treatment for Skin Redundancy, MP42
- Varicose Veins, MP182
- Pharmacy Policy: Neuromucular Drugs Botulinum Toxin

The full Company portfolio of current Medical Policies is available online and can be accessed here.

POLICY GUIDELINES

The criteria in this PHP Medical policy are based on, and compliant with, the following references:

- Federal:
  - Patient Protection and Affordable Care Act, Title 42 U.S.C. § 18001[1]
  - Title 45 CFR Part 156.125: Essential Health Benefits[2]

- State:
  - OAR 836-053-0012: Essential Health Plan Benefits[3]

- ORS 743A.150: Treatment of craniofacial anomaly[4]
- WAC 284-43-5622(7): Plan Design[5]
- WAC 284-43-5642(3)(b)(ii): Essential health benefit categories[5]
- RCW 48.44.212: Coverage of dependent children to include newborn infants and congenital anomalies from moment of birth.[6]

DEFINITIONS

Per the American Medical Association (AMA) policy H-475.992:[7]

> *Reconstructive Surgery* is defined as surgery performed on *abnormal* structures of the body, caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. It is generally performed to improve function but may also be done to approximate a normal appearance.
>
> *Cosmetic Surgery* is defined as surgery performed to reshape *normal* structures of the body to improve the patient's appearance and self-esteem.

Functional Impairment is defined as a state in which the special, normal or proper action of any body part or organ is damaged, resulting in a direct and measurable reduction in the physical performance.

Examples of functional impairments may include, but are not limited to problems with:

- respiration
- eating
- swallowing
- ambulation
- mobilization
- communication
- visual impairments
- skin integrity
- distortion of nearby body parts
- obstruction of an orifice

Causes of functional impairments may include, but are not limited to:

- pain
- structure
- congenital anomalies

Functional impairment excludes social, emotional, and psychological impairments or potential impairments.
The following definitions were taken from a number of authoritative sources:

Chemical peels[8]:

- Light chemical peel: A light (superficial) chemical peel removes the outer layer of skin (epidermis) to treat fine wrinkles, acne, uneven skin tone and dryness for cosmetic purposes. Common agents used in light peels may include combinations of alphahydroxy acids and beta hydroxy acids, such as glycolic acid, lactic acid, salicylic acid and maleic acid.

- Medium chemical peel: Removes skin cells from the epidermis and from portions of the upper part of your middle layer of skin (dermis) to treat precancerous skin lesions as well as cosmetic indications including wrinkles, acne scars and uneven skin tone. Trichloroacetic acid is used for medium peels.
- Deep chemical peel: Removes skin cells from the epidermis and from portions of the mid to lower layer of your dermis. These peels may be used if you have deeper wrinkles, scars or precancerous growths. Phenol is the agent used for deep peels.

Congenital anomalies[9]: A wide range of abnormalities of body structure or function that are present at birth and are of prenatal origin. Congenital defects (also commonly called birth defects) can be found before birth, at birth, or any time after birth. Most are found within the first year of life.

Developmental disabilities[10]: A group of conditions due to an impairment in physical, learning, language, or behavior areas. These conditions begin during the developmental period, may impact day-to-day functioning, and usually last throughout a person's lifetime.
Laser Skin Resurfacing: This procedure typically uses either a carbon dioxide (CO2) or erbium laser to improve the appearance of skin or treat minor facial flaws by removing layers of skin. This procedure may be used to cosmetically treat wrinkles, scars, warts, as well as superficial and moderately deep lines and wrinkles on the face, hands, neck and chest.

Revirgination[11]: Also known as hymenoplasty, hymenorrhaphy or hymenal reconstruction/restoration/repair. A procedure performed in an attempt to approximate the virginal state.

G-spot amplification[11]: Injection of collagen into the anterior wall of the vagina.

CLINICAL EVIDENCE AND LITERATURE REVIEW

EVIDENCE REVIEW

The criteria outlined in this medical policy are primarily based on clinical consensus and clinical practice guidelines. Therefore, an evidence review was not performed.

CLINICAL PRACTICE GUIDELINES

Clinical practice guidelines used as a basis for some of the criteria outlined in this medical policy are described below.

American Academy of Otolaryngology—Head and Neck Surgery (AAO-HNS)

In 2021, AAO-HNS updated their guidance on the treatment of microtia and anotia.[12] The AAO-HNS stated that microtia and anotia are congenital birth defects that "are associated with appreciable psychological and functional ramifications if left untreated. Reconstructive surgery is appropriate as a primary treatment in both children and adults. Therefore, microtia and anotia shall be considered reconstructive surgery to restore a missing or significantly deformed body part visibly present under normal circumstances."

American College of Obstetricians and Gynecologists (ACOG)

In 2020, ACOG published guidance titled "Elective Female Genital Cosmetic Surgery".[13] The committee defined the term Female genital cosmetic surgery as a broad term that included procedures such as:

- Labioplasty
- Clitoral hood reduction
- Hymenoplasty
- Labia majora augmentation,
- Vaginoplasty
- G-spot amplification

ACOG made the following recommendations:

- "Patients should be made aware that surgery or procedures to alter sexual appearance or function (excluding procedures performed for clinical indications, such as clinically diagnosed female sexual dysfunction, pain with intercourse, interference in athletic activities, previous obstetric or straddle injury, reversing female genital cutting, vaginal prolapse, incontinence, or gender affirmation surgery) are **not medically indicated**, pose substantial risk, and their safety and effectiveness have not been established.
- Women should be informed about the lack of high-quality data that support the effectiveness of genital cosmetic surgical procedures and counseled about their potential complications, including pain, bleeding, infection, scarring, adhesions, altered sensation, dyspareunia, and need for reoperation.
- Obstetrician–gynecologists should have sufficient training to recognize women with sexual function disorders as well as those with depression, anxiety, and other psychiatric conditions. Individuals should be assessed, if indicated, for body dysmorphic disorder. In women who have suspected psychological concerns, a referral for evaluation should occur before considering surgery.
- In responding to a patient's concern about the appearance of her external genitalia, the obstetrician–gynecologist can reassure her that the size, shape, and color of the external genitalia vary considerably from woman to woman. These variations are further modified by pubertal maturity, aging, anatomic changes resulting from childbirth, and atrophic changes associated with menopause or hypoestrogenism, or both.
- As for all procedures, obstetrician–gynecologists who perform genital cosmetic surgical procedures should inform prospective patients about their experience and surgical outcomes. Advertisements in any media must be accurate and not misleading or deceptive. "Rebranding" existing surgical procedures (many of which are similar to, if not the same as, the traditional anterior and posterior colporrhaphy) and marketing them as new cosmetic vaginal procedures is misleading.

American Urological Association (AUA)

In 2018, the AUA reaffirmed their recommendation against the use of penile augmentation surgeries, stating[14]:

> "The American Urological Association (AUA) and the Urology Care Foundation consider subcutaneous fat injection for increasing penile girth to be a procedure which has not been shown to be safe or efficacious.

The AUA also considers the division of the suspensory ligament of the penis for increasing penile length in adults to be a procedure which has not been shown to be safe or efficacious."

National Comprehensive Cancer Network (NCCN)

NCCN guidelines on squamous cell skin cancer (Version 1.2024) provide Category 2A treatment recommendations for precancers (diffuse actinic keratoses, field cancerization).[15]

Actinic keratoses:

- Cryotherapy
- Topical 5-fluorouracil (5-FU) with or without calcipotriol (calcipotriene)
- Topical imiquimod
- topical ingenol mebutate
- photodynamic therapy (eg, aminolevulinic acid [ALA], porfimer sodium)
- Curettage and electrodesiccation

Hyperkeratotic actinic keratoses, pretreatment with the following:

- topical tazarotene
- curettage
- topical keratolytics (topical urea, lactic acid, and salicylic acid)
- ablative skin resurfacing (eg, laser, dermabrasion)

Other modalities may be considered:

- topical diclofenac (category 2B)
- chemical peel (trichloroacetic acid)
- ablative skin resurfacing (e.g., laser, dermabrasion)

NCCN states there are fewer higher-quality studies regarding the efficacy and safety of these two modalities compared to established therapies, such as photodynamic therapy. However, the available studies have all confirmed that these two modalities significantly reduced the quantity of actinic keratoses, although in some studies they were less effective than photodynamic therapy.

EVIDENCE SUMMARY

Clinical guidelines based on evidence and expert consensus have shown that certain reconstructive surgeries and procedures are medically necessary to address abnormal structures of the body, caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. Treating these conditions may therefore be considered medically necessary, rather than cosmetic.

BILLING GUIDELINES AND CODING

- Many services do not have a specific CPT code to use and therefore may be reported with an unlisted code such as 17999.
    - Some laser resurfacing procedures may be reported using an unlisted code such as 17999 or 40799.
    - Some laser hair removal procedures may be reported with CPT 17999.

- CPT codes 17106-17108 are used for the destruction of vascular proliferative lesions, which are addressed in a separate Medicare Advantage medical policy; however, if a lesion is not considered a "vascular proliferative lesion" (e.g., hypervascular, hypertrophic, or keloid scars), then the treatment should not be reported using these codes and an unlisted code (e.g., 17999) would be reported instead.
- An unlisted code such as 17999 may be necessary to report for some gender dysphoria/incongruence-related procedures. See the separate medical policy Gender Affirming Surgical Interventions **(Company)** for these indications.

- HCPCS codes Q2026 and Q2028 are considered reconstructive and covered when requested for lipoatrophy/lipodystrophy related to human immunodeficiency virus (HIV). There, these codes are only covered when requested with the following ICD-10 codes:
  - B20 Human immunodeficiency virus [HIV] disease
  - E88.1 Lipodystrophy, not elsewhere classified

  All other diagnosis codes are considered cosmetic and will be denied.

- 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.

- Cryoablation (e.g., 64999) is not separately reimbursable for pectus excavatum procedures, based on Company Coding Policy 12.0.

- The following CPT code ranges may be used for either reconstructive or cosmetic procedures.
  - CPT code range 13100 – 13153 includes: 13100, 13101, 13102, 13120, 13121, 13122, 13131, 13132, 13133, 13151, 13152, 15153
  - CPT code range 15832 – 15847 includes: 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15847

CODES*

Note:

- 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)

	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); 1cc 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
	12051	Layer closure of wounds of face, ears, eyelids, nose, lips, and/or mucous membranes; 2.5 cm or less
	13100 - 13153	Repair, complex [procedures on the integumentary system]
	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 (CO_2 slush, liquid N_2) 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
	19316	Mastopexy
	19325	Mammaplasty, augmentation; with prosthetic implant
	19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
	19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
	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
	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
	21270	Malar augmentation, prosthetic material
	49250	Umbilectomy, omphalectomy, excision of umbilicus (separate procedure)
	54360	Plastic operation on penis to correct angulation
	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, same operative session
	54440	Plastic operation on penis for injury
	56800	Plastic repair of introitus
	56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)
	57291	Construction of artificial vagina, without graft
	57292	Construction of artificial vagina, with graft
	67999	Unlisted procedure, eyelids
	69090	Ear piercing
	69320	Reconstruction external auditory canal for congenital atresia, single stage
	69300	Otoplasty, protruding ear, with or without size reduction
	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

***Coding Notes:**

- The above code list 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.
- 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. Patient Protection and Affordable Care Act. Title 42 U.S.C. § 18001 - Immediate access to insurance for uninsured individuals with a preexisting condition. (2010). https://www.govinfo.gov/content/pkg/USCODE-2010-title42/pdf/USCODE-2010-title42-chap157-subchapI-sec18001.pdf. Accessed 7/9/2024.
2. Title 45 CFR Subtitle A (10–1–16 Edition). Part 156—HEALTH INSURANCE ISSUER STANDARDS UNDER THE AFFORDABLE CARE ACT, INCLUDING STANDARDS RELATED TO EXCHANGES. Subpart B—Essential Health Benefits Package. 156.125 Prohibition on discrimination. . https://www.govinfo.gov/content/pkg/CFR-2016-title45-vol1/pdf/CFR-2016-title45-vol1-part156.pdf. Accessed 7/9/2024.
3. Oregon Secretary of State. Department of Consumer and Business Services. Insurance Regulation - Chapter 836. Division 53. HEALTH BENEFIT PLANS. 836-053-0012. Essential Health Benefits for Plan Years Beginning on and after January 1, 2017.

https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=204285. Accessed 7/21/2022.
4. Oregon Revised Statutes (2017). Vol. 16 Financial Institutions, Insurance. Chapter 743A Health Insurance: Reimbursement of Claims. 743A.150. Treatment of craniofacial anomaly. https://www.oregonlaws.org/ors/743A.150. Accessed 7/9/2024.
5. Washington Administrative Code (WAC). Title 284: Office of the Insurance Commissioner. Chapter 284-43 Health carriers and health plans. SUBCHAPTER H: HEALTH PLAN BENEFITS. Last Update: 11/30/2023. https://apps.leg.wa.gov/wac/default.aspx?cite=284-43. Accessed 7/9/2024.
6. Revised Code of Washington (RCW). Title 48: Insurance. Chapter 48.44: HEALTH CARE SERVICES. Section 48.44.212: Coverage of dependent children to include newborn infants and congenital anomalies from moment of birth—Notification period. Last Update: 7/6/2022. https://app.leg.wa.gov/RCW/default.aspx?cite=48.44.212. Accessed 7/9/2024.
7. American Medical Association. Policy: H-475.992. Definitions of "Cosmetic" and "Reconstructive" Surgery. Approved in 1989. Modified 2023. https://policysearch.ama-assn.org/policyfinder/detail/cosmetic?uri=%2FAMADoc%2FHOD.xml-0-4326.xml. Accessed 7/9/2024.
8. Mayo Clinic. Patient Care and Health Information. Chemical Peels. . https://www.mayoclinic.org/tests-procedures/chemical-peel/about/pac-20393473. Accessed 7/9/2024.
9. Centers for Disease Control and Prevention. Birth Defects Surveillance Kit Manual. Section 1.4 Congenital Anomalies - Definitions. . https://stacks.cdc.gov/view/cdc/25623. Accessed 7/9/2024.
10. Centers for Disease Control and Prevention. Developmental Disabilites home page. . https://www.cdc.gov/ncbddd/developmentaldisabilities/index.html. Accessed 7/9/2024.
11. American College of Obstetricians and Gynecologists. ACOG Committee Opinion No. 378: Vaginal "rejuvenation" and cosmetic vaginal procedures. Obstet Gynecol. 2007 Sep;110(3):737-8. (Reaffirmed 2023). https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2020/01/elective-female-genital-cosmetic-surgery. Accessed 7/9/2024.
12. American Academy of Otolaryngology—Head and Neck Surgery. Position Statement: Treatment of Microtia and Anotia. Adopted 9/1/2005. Revised 4/21/2021. . https://www.entnet.org/resource/position-statement-treatment-for-microtia-and-anotia/. Accessed 7/9/2024.
13. American College of Obstetricians and Gynecologists' Committe on Gynecolog Practice. Elective Female Genital Cosmetic Surgery: ACOG Committee Opinion, Number 795. *Obstet Gynecol.* 2020;135(1):e36-e42.
14. American Urological Association (AUA) and the Urology Care Foundation. Position Statement: Penile Augmentation Surgery. Approved: January 1994. Reaffirmed: October 2018. https://www.auanet.org/about-us/policy-and-position-statements/penile-augmentation-surgery. Accessed 7/9/2024.
15. NCCN. Squamous Cell Skin Cancer.Version 1.2024. Published Nov 9, 2023. https://www.nccn.org/professionals/physician_gls/pdf/squamous.pdf. Accessed 7/9/2024.

POLICY REVISION HISTORY

DATE	REVISION SUMMARY
2/2023	Converted to new policy template.

7/2023	Interim update. PA added to 15789, 15793, Q2026, & Q2028.
9/2023	Annual update. No changes.
1/2024	Interim update. Updated billing guidelines.
9/2024	Annual update. No changes.