


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

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BILLING GUIDELINES

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](#))

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.

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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.

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.

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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)
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)
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

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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
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

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

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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

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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
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.	
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

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69300	Otoplasty, protruding ear, with or without size reduction
<p style="text-align: center;">No Prior Authorization Required</p> <p>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.</p>	
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
17380	Electrolysis epilation, each 30 minutes
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
21137	Reduction forehead; contouring only
21270	Malar augmentation, prosthetic material
<p style="text-align: center;">Unlisted Codes</p> <p>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

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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
- 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>.