

Subject: Restorative/Reconstructive/Cosmetic Surgery and Treatment

Medical Policy #: 18.5

Status: Reviewed

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Disclaimer

Refer to the member's specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Description

Reconstructive Surgery: Reconstructive surgery is performed on abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease. It is generally performed to improve function but may also be done to approximate a normal or symmetric appearance.

1. Surgery to correct a physical functional disorder resulting from a disease or congenital anomaly.
2. Surgery to correct a physical functional disorder following an injury or illness.

Cosmetic surgery performed for the purpose of enhancing one's appearance is not eligible for coverage. Additional cosmetic surgeries, done at the same time as reconstructive procedures, are not a covered benefit.

Surgery will be considered cosmetic rather than reconstructive when there is no functional impairment present or the potential for functional improvement is not demonstrated. However, some congenital, acquired, traumatic or developmental anomalies may not result in functional impairment; and can be considered case-by-case bases for reconstructive surgery (unless non-covered by specific benefit plans).

Treatment of complications arising from cosmetic surgery will be considered on a case-by-case review as long as infection, hemorrhage or other serious documented medical complication occurs after beneficiary has been officially discharged from the facility.

Related Policies

Other related Medical Policies, available through the following Web link:

<http://www.phs.org/phs/healthplans/providers/healthservices/Medical/index.htm>

MPM 27.0, Breast Surgical Procedures, includes:

- Breast Implant removal and/or replacement and capsulectomy;
- Breast reconstruction following mastectomy;
- Breast reduction mammoplasty;
- Gynecomastia;
- Gynecomastia;
- Tattooing
- External Breast Protheses

MPM 2.82 and 2.81, *Bariatric Surgery (Weight Loss Surgery)*

MPM 2.7, *Blepharoplasty/Ptosis Surgery*

MPM 16.5, *Panniculectomy and Abdominoplasty*

MPM 16.9, *Photodynamic Therapy for Skin and Cancer Conditions*

MPM 16.10, *Prophylactic Mastectomy and Oophorectomy*

MPM 22.1, *Varicose Vein Procedures*

Coverage Determination

Prior Authorization may be required. Logon to Pres Online to submit a request: <https://ds.phs.org/preslogin/index.jsp>

There must be supporting documentation that the physical abnormality and/or physiological abnormality is interfering or causing a functional impairment that needs surgical correction or repair.

PHP considers the following restorative reconstructive surgery medically necessary on abnormal structures of the body, caused by congenital deformities, developmental abnormalities, trauma, infection, tumors, involuntal defects, or disease for functional improvement.

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001].

1. **Deformity of ear:**

Prior Authorization is not required.

Coverage is for Medicare, Medicaid and Commercial members.

Specific congenital deformities of the ear, including microtia and anotia, associated with hearing impairment. Surgery is intended to correct the external ear deformity and improve the hearing impairment.

Excludes:

Congenital deformities not causing functional impairment including potential psychological situations – such as protruding ears (otoplasty, CPT 69300), low set ears, large ears etc.

2. **Removal of Benign Skin Lesions:**

Prior Authorization is not required, except for Cryotherapy (CPT 17340).

PHP follows Removal of Benign Skin Lesions, LCD ([L34938](#)) and related article ([A57113](#)) for Medicare, Medicaid and Commercial members.

3. **Destruction of actinic keratosis:**

- A. Destruction by photodynamic therapy and debridement of premalignant (96567, 96573, and 96574):

Prior authorization is not required.

PHP follows ([NCD 250.4](#)) for Commercial, Medicare and Medicaid.

Various options exist for treating actinic keratosis (AKs). Common methods include (cryosurgery, topical drug therapy and curettage); and less common methods include dermabrasion, excision, laser therapy, chemical peels and photodynamic therapy.

- B. Chemical Peel (15788, 15789, 15792, and 15793):

Prior authorization is not required.

PHP follows Treatment of Actinic Keratosis (NCD 250.4) for Commercial, Medicare, and Medicaid. Chemical peel is covered for the treatment of Actinic Keratosis. All other ICD-10 codes not related to Actinic Keratosis will be deny as cosmetic.

4. **Scar Revision:**

- A. PHP follows MCG Scar Revision, (ACG: A-0495) for Medicare, Medicaid, and Commercial members. Due to contractual restrictions, providers may not access the MCG website but may obtain a copy of the criteria from the Prior Authorization staff.

Prior authorization is not required.

Keloid repairs when lesion causes limitation of motion or continuous pain, which is refractory to 3 months of analgesic treatment and present for 1 year or more. Signs or symptoms persist despite conservative medical treatment.

Exclusion:

Keloid scarring due to complication of cosmetic procedure is non-covered.

- B. **Fractional ablative laser (FAL)** fenestration of burn and traumatic scars for functional improvement for Medicare, Medicaid, and Commercial. FAL will be reviewed on case-by-case basis.

Prior authorization is required (0479T and 0480T).

5. **Chest deformity associated with Poland Syndrome and Pectus Excavatum.**

Coverage is for Medicare, Medicaid, and Commercial.

Prior authorization is not required for (codes 11970 and 11971) when tissue expander is for Poland Syndrome.

Prior authorization is not required for Pectus Excavatum.

All requests must be reviewed by a Presbyterian Medical Director. The member may be eligible for surgical correction of the chest wall and/or breast deformity when one of the following criteria is met:

- A. Significant breast asymmetry, as evidenced by the involved breast volume being less than 50% of the contralateral breast,

OR

- B. Chest wall deformity causing a functional deficit.

6. **Reconstructive surgery:**

For the following (A thru E), coverage is for Medicare, Medicaid, and Commercial members unless otherwise stated.

Reconstructive surgery is performed on abnormal structures of the body, caused by congenital defects, developmental abnormalities, trauma, infection, tumors, involuntal defects, or disease. Repair of a condition resulting from infections, disease, severe burns, accidental injury or conditions relating to deforming cancer surgery or non-cosmetic surgery.

A. Dermabrasion or Excision of Rhinophyma:

1. Dermabrasion:

Prior authorization is required for CPT (15781).

PHP follows Novitas, Cosmetic and Reconstructive Surgery LCD ([L35090](#)) related Article ([A56587](#)).

Dermabrasion is considered medically reasonable and necessary for the treatment of rhinophyma (ICD-10 code L71.1). Rhinophyma is characterized by skin thickening, which can cause an enlargement of the nose due to excess tissue and overgrowth of sebaceous glands. Rhinophyma may pose functional problems such as nasal airway obstruction, including sleep apnea.

Excludes CPT (15780, 15782 and 15783):

- Post-acne scarring
- Rosacea other than rhinophyma
- All other indications not identified as covered in the section above.

2. Excision or planing of Rhinophyma:

Prior authorization is not required for CPT (30120).

PHP considers excision or shaving of rhinophyma for the treatment of bleeding or infection refractory to medical therapy the need for repeated cautery of bleeding telangiectasias or frequent courses of antibiotics for pustular eruptions.

Non-covered:

Dermabrasion (CPT:15780, 15782, and 15783) for acne scarring, fine wrinkling, rhytids, general keratosis and tattoo removal are considered cosmetic and are non-covered, see LCA ([A58774](#)).

B. Reconstructive Nasal Surgery:

Prior authorization is required for CPT (30400, 30410, 30420, 30430, 30435, and 30450).

PHP follows Novitas, Cosmetic and Reconstructive Surgery LCD ([L35090](#)) and related Article ([A56587](#)).

1. **Rhinoplasty/reconstructive nasal surgery** that is performed to improve nasal respiratory function due to airway obstruction or stricture, repair deficits caused by trauma, revise structural deformities produced by trauma or nasal cutaneous disease, correct anatomic abnormalities caused by birth defects or disease, or replace nasal tissue lost after tumor ablative surgery is covered. Rhinoplasty/reconstructive nasal surgery is covered for the following indications:

- a. Nasal fracture
- b. Benign or malignant neoplasms
- c. Nasal Obstruction

Examples include the following:

- Nasal deformity secondary to a cleft lip/palate or other congenital craniofacial deformity causing a functional impairment.
- Chronic, non-septal, nasal obstruction due to vestibular stenosis (i.e., collapsed internal valves).
- Secondary to trauma, disease, congenital defect with nasal airway obstruction that has not resolved after previous septoplasty/turbineotomy or would not be expected to resolve with septoplasty/turbineotomy alone.

2. **Septoplasty** is a procedure used to correct deformities of the nasal septum which can often cause issues with airflow and difficulty breathing. Septoplasty is considered medically necessary when performed for **any** of the following indications:

- a. Septal deviation causing nasal airway obstruction that has proved unresponsive to a recent trial of conservative medical management (e.g., topical nasal corticosteroids, nasal decongestants, nasal dilators). This includes nasal airway obstructions that interfere with the effective use of medically necessary Continuous Positive Airway Pressure (CPAP) for the treatment of an obstructive sleep disorder.
- b. Recurrent sinusitis secondary to a deviated septum that does not resolve after appropriate medical and antibiotic therapy.
- c. Recurrent epistaxis related to a septal deformity.
- d. Asymptomatic septal deviation/deformity that prevents access to other trans nasal areas when such access is required to perform medically necessary procedures (e.g., ethmoidectomy).
- e. Performed in association with cleft lip or cleft palate repair.

C. Punch graft hair transplant:

Prior authorization is not required for CPT (15775 and 15776).

PHP follows Wisconsin LCD ([L39051](#)) and related Article ([A58774](#)). Please see the related article ([A58774](#)) for ICD-10-CM codes that support medical necessity which are considered covered.

- Punch graft may be considered reconstructive when it is performed for eyebrow(s) replacement following a burn injury or tumor removal.
- Pre-operative photographs must be made available upon request for punch graft hair transplants.

D. Tattooing:

Prior authorization is not required for CPT (11920, 11921, and 11922).

PHP follows Wisconsin LCD ([L39051](#)) and related Article ([A58774](#)).

Tattooing to correct color defects of the skin may be considered reconstructive when performed in connection with a payable post-mastectomy reconstruction, or for reconstruction following trauma or removal of cancer from an eyelid, eyebrow or lip(s).

PHP considers ICD-10 codes (Z42.1 and Z42.8) medically necessary for CPT (11920, 11921, and 11922), all other diagnoses will be considered cosmetic.

E. Rhytidectomy (facelift):

Prior authorization is required for CPT (15828 and 15829).

PHP follows Wisconsin (LCD [L39051](#)) and related Article ([A58774](#)).

Rhytidectomy (CPT 15828 and 15829) will be considered on a case-by case individual basis. Documentation should include the evaluation and management note in which the decision to perform surgery was made, surgical note and any notes documenting the functional impairment.

Indication for procedure is considered medically necessary to correct a functional impairment as a result of a disease state i.e.; facial paralysis. Often this procedure is performed in conjunction with other procedures to correct the impairment.

Exclusion:

Rhytidectomy of the forehead (15824); rhytidectomy of the neck (15825); and Rhytidectomy of the glabellar frown lines (15826) are considered cosmetic and non-covered.

7. Dermal Injections for facial Lipodystrophy Syndrome (LDS):

Prior Authorization is not required, for HCPCS (G0429, Q2026 & Q2028).

Coverage is for Medicare, Medicaid, and Commercial members.

PHP follows NCD ([250.5](#)) Dermal Injections for the Treatment of Facial Lipodystrophy Syndrome or Cosmetic and Reconstructive Surgery with policy Article ([A58774](#)). Dermal injections for facial LDS using dermal fillers approved by the FDA for this purpose, and then only in HIV – infected member who manifest depression secondary to the physical stigma of HIV treatment will be covered. PHP considers ICD-10 (B20 and E88.1) medically necessary and all other diagnosis codes are considered cosmetic.

Non-Covered for:

1. Dermal fillers that are not approved by the FDA for the treatment of LDS.
2. Dermal fillers that are used for any indication other than LDS in HIV-infected individuals who manifest depression as a result of their antiretroviral HIV treatments.

8. Maxillofacial and Oral Reconstruction:

Prior Authorization is required.

Coverage is for Medicare, Medicaid, and Commercial members.

PHP follows Cosmetic and Reconstructive Surgery LCD ([L33428](#)) and related ([A56658](#)).

Complications of Cosmetic Surgery

Cosmetic surgery performed primarily to improve appearance and self-esteem is not a covered benefit. Complications due to cosmetic surgery are only covered for life-threatening situations requiring emergency hospitalization or treatment. For cosmetic surgery done as an inpatient, life-threatening complications are only covered after discharge from the hospital stay during which the non-covered cosmetic surgery was performed. Only treatment of the complication is covered, not revision of the original surgery.

Dental Services

Dental services whether or not the disorder is related to a medical condition or occurring as a result of treatment for a medical condition, are not a covered benefit. Reconstructive dental services are covered only for those circumstances stated in the member's specific benefit plan.- **NMAC non-covered service ([8.301.3.13](#))**

Exclusions and Limitations

Non-covered procedures not limited to the following:

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage [MPMPCC051001].

- Removal of certain benign skin lesions that do not pose a threat to health or function is considered cosmetic, and as such, is not covered (LCD [L34938](#)).
- PHP follows CMS non-covered listings mentioned in the Reconstructive Surgery LCD ([L35090](#)) with related Article ([A56587](#)), and LCD ([L39051](#)) with related Article ([A58774](#)).
- Liposuction including lipectomy (head/neck (15876; trunk (15877; upper trunk (15878); lower extremity (15879) are considered cosmetic, except as described above, under section (6.F) with the heading “Complications of Cosmetic Surgery”.
- Cosmetic surgery performed to treat psychiatric or emotional problems is not covered
- If a non-covered cosmetic surgery is performed in the same operative period as a covered surgical procedure, benefits will be provided for the covered surgical procedure only.
- Rhinoplasty is not covered when performed for either of the following indications because it is considered cosmetic in nature or not medically necessary:
 - Solely for the purpose of changing appearance.
 - As a primary treatment for an obstructive sleep disorder when the above criteria for approval have not been met.
 - Any surgical procedure solely directed at improving a normal appearance.
 - Breast augmentation or procedures to correct asymmetry, except as described in Poland Syndrome.
 - Deformities related to body piercing, the wearing of earrings, ear piercing (including torn ear lobe) or keloid scarring of the structures of the ear, whether symptomatic or not.
- Treatment of wrinkles, by any modality.
- Congenital deformities not causing functional impairment including potential psychological situations – such as protruding ears (otoplasty), low set ears, large ears, nasal humps or asymmetry, gynecomastia.
- Face-lift, except when injuries due to burns, trauma and disease may warrant a limited face-lift within 2 years of the burn or injury (excluding burns induced by cosmetic procedures such as cosmetic peels).
- Genioplasty
- Rhinophyma
- Tattoo removal by any method including laser or salabrasion.
- Photodynamic therapy for acne vulgaris. Includes laser, Intense Pulsed Light (IPL), Infrared. ClearLight™ or “Blue Light” treatment
- Dermal fillers, such as collagen injections for the treatment of acne scars or any other cosmetic abnormality.
- Chemical peels or dermabrasion for treating acne scars or any other dermatological lesion. (Exception: “destruction of actinic keratosis”).
- Removal, injection or laser treatment of spider angiomas (spider veins – small asymptomatic varicose veins <3 mm in diameter)
- Treatment of asymptomatic varicose veins and spider telangiectasia.
- Hair transplants (except for when it is performed for eyebrow(s) replacement following a burn injury or tumor removal)
- With the exception of Gender Affirmation, hair removal either by electrolysis or laser (Laser hair removal may be considered reconstructive and medically necessary when used to remove hair from transplanted flaps and skin rearrangements used to repair deficits caused by trauma or tumor extirpation.
- Additional surgery or treatment required to care for or correct a complication of a non-covered cosmetic procedure is **not** a covered benefit except as described above, under section (6.F) with the heading “Complications of Cosmetic Surgery”.
- Limited surgical procedures are covered for individuals diagnosed with gender dysphoria, refer to [MPM 7.3](#)
- **NMAC** – does not cover cosmetic items or services that are prescribed or used for aesthetic purposes. This includes items for aging skin, for hair loss. MAD does not cover cosmetic surgeries performed for aesthetic purposes. “Cosmetic surgery” is defined as procedures performed to improve the appearance of physical features that may or may not improve the functional ability of the area of concern. MAD covers only surgeries that meet specific criteria and are approved as medically necessary reconstructive surgeries.

Coding

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

| CPT Codes | Deformity of the Ear for (microtia) to improve hearing and Atresia |
|--------------|---|
| 69310 | Reconstruction of external auditory canal |
| 69320 | Reconstruction external auditory canal for congenital atresia, single stage |
| 69399 | Unlisted procedure, external ear (requires additional report/information to be submitted) |
| 21230 | Graft; rib cartilage, autogenous, to ear |
| 21235 | Graft, ear cartilage, autogenous, to nose or ear |
| D5914 | Auricular prosthesis |
| ICD-10 Codes | Microtia and atresia |
| Q16.0 | Congenital absence of (ear) auricle` causing impairment of hearing |
| Q16.1 | Congenital absence, atresia and stricture of auditory canal |

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| CPT Codes | For removal of benign skin lesions see Policy Article (A57113) related to (LCD L34938) or see (TN 2039) (CR10473) of NCD (250.4) for treatment of actinic keratosis. |
|-----------|---|
| 11200 | Removal of skin tags <w/15 |
| 11201 | Remove skin tags add-on |
| 11300 | Shave skin lesion 0.5 cm/< |
| 11301 | Shave skin lesion 0.6-1.0 cm |
| 11302 | Shave skin lesion 1.1-2.0 cm |
| 11303 | Shave skin lesion >2.0 cm |
| 11305 | Shave skin lesion 0.5 cm/< |
| 11306 | Shave skin lesion 0.6-1.0 cm |
| 11307 | Shave skin lesion 1.1-2.0 cm |
| 11308 | Shave skin lesion >2.0 cm |
| 11310 | Shave skin lesion 0.5 cm/< |
| 11311 | Shave skin lesion 0.6-1.0 cm |
| 11312 | Shave skin lesion 1.1-2.0 cm |
| 11313 | Shave skin lesion >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 | Exc tr-ext b9+marg 2.1-3cm |
| 11404 | Exc tr-ext b9+marg 3.1-4 cm |
| 11406 | Exc tr-ext b9+marg >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 | Exc h-f-nk-sp b9+marg 0.6-1 |
| 11422 | Exc h-f-nk-sp b9+marg 1.1-2 |
| 11423 | Exc h-f-nk-sp b9+marg 2.1-3 |
| 11424 | Exc h-f-nk-sp b9+marg 3.1-4 |
| 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 | Exc face-mm b9+marg 0.6-1 cm |
| 11442 | Exc face-mm b9+marg 1.1-2 cm |
| 11443 | Exc face-mm b9+marg 2.1-3 cm |
| 11444 | Exc face-mm b9+marg 3.1-4 cm |
| 11446 | Exc face-mm b9+marg >4 cm |
| 17000 | Destruct prealg lesion |
| 17003 | Destruct prealg les 2-14 |
| 17004 | Destroy premal lesions 15/> |
| 17106 | Destruction of skin lesions |
| 17107 | Destruction of skin lesions |

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001].

| CPT Codes | For removal of benign skin lesions see Policy Article (A57113) related to (LCD L34938) or see (TN 2039) (CR10473) of NCD (250.4) for treatment of actinic keratosis. |
|---|---|
| 17108 | Destruction of skin lesions |
| 17110 | Destruct b9 lesion 1-14 |
| 17111 | Destruct lesion 15 or more |
| 17340 | Cryotherapy of skin |
| 46900 | Destruction anal lesion(s) |
| 46916 | Cryosurgery anal lesion(s) |
| 54050 | Destruction penis lesion(s) |
| 54055 | Destruction penis lesion(s) |
| 54056 | Cryosurgery penis lesion(s) |
| 54057 | Laser surg penis lesion(s) |
| 54060 | Excision of penis lesion(s) |
| 54065 | Destruction penis lesion(s) |
| 56501 | Destroy vulva lesions sim |
| 56515 | Destroy vulva lesion/s compl |
| For ICD-10 Codes (diagnosis) for above CPT codes see CMS LCA (A57113) | |

| CPT Codes | Destruction of actinic keratosis see (TN 2039) (CR10473) of NCD (250.4) |
|---|---|
| 96567 | Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitive drug(s), per day |
| 96573 | Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day |
| 96574 | Debridement of premalignant hyperkeratotic lesion(s) (i.e., targeted curettage, abrasion) followed with photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitizing drug(s) provided by a physician or other qualified health care professional, per day |
| J7308 | Aminolevulinic acid HCl for topical administration, 20%, single unit dosage form (354 mg) |
| J7309 | Methyl aminolevulinate (MAL) for topical administration, 16.8%, 1 g |
| For ICD-10 Codes (diagnosis) for above CPT codes see NCD (250.4) for (TN 2039) (CR10473) or access: https://www.cms.gov/Medicare/Coverage/DeterminationProcess/downloads/CR10473.zip | |

| CPT Codes | Destruction of actinic keratosis see (TN 2039) (CR10473) of NCD (250.4) |
|---|---|
| 15788 | Chemical peel, facial; epidermal |
| 15789 | Chemical peel, facial; dermal |
| 15792 | Chemical peel, nonfacial; epidermal |
| 15793 | Chemical peel, nonfacial; dermal |
| For ICD-10 Codes (diagnosis) for above CPT codes see NCD (250.4) for (TN 2039) (CR10473) or access: https://www.cms.gov/Medicare/Coverage/DeterminationProcess/downloads/CR10473.zip | |

| CPT codes | Scar Revisions. See MCG: A-0495 for criteria |
|------------------|--|
| 15002 | Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq. cm or 1% of body area of infants and children; |
| 15003 | Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; each additional 100 sq. cm, or part thereof, or each additional 1% of body area of infants and children |
| 15004 | Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq. cm or 1% of body area of infants and children |
| +15005 | Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; each additional 100 sq. cm, or part thereof, or each additional 1% of body area of infants and children (List separately in addition to code for primary procedure) |
| 23921 | Disarticulation of shoulder; secondary closure or scar revision |
| 24149 | Radical resection of capsule, soft tissue and heterotopic bone, elbow, with contracture release (separate procedure) |
| 24925 | Amputation, arm through humerus; secondary closure or scar revision |
| 25907 | Amputation, forearm, through radius and ulna; secondary closure or scar revision |
| 25922 | Disarticulation through wrist; secondary closure or scar revision |
| 25929 | Transmetacarpal amputation; secondary closure or scar revision |
| 27884 | Amputation, leg, through tibia and fibula; secondary closure or scar revision |
| 31830 | Revision of tracheostomy scar |
| 67343 | Release of extensive scar tissue without detaching extraocular muscle (separate procedure) |

| CPT Codes | Description |
|------------------|---|
| 0479T | Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; first 100 cm2 or part thereof, or 1% of body surface area of infants and children |
| 0480T | Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; each additional 100 cm2, or each additional 1% of body surface area of infants and children, or part thereof (List separately in addition to code for primary procedure) |

| CPT Codes | Chest Deformity Pectus Excavatum: CPT codes covered if selection criteria are met |
|------------------|--|
| 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 |
| 11960 | Insertion of tissue expander(s) for other than breast, including subsequent expansion |

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| CPT Codes | Chest Deformity Pectus Excavatum: CPT codes covered if selection criteria are met |
|--|--|
| 20900 | Bone graft, any donor area; minor or small (e.g., dowel or button) |
| 20902 | Bone graft, any donor area; major or large |
| Not an all-inclusive CPT codes related to Poland's syndrome related surgery: 11960, 11970, 11971, 15734, 15756, 15777, 19325, 19340, 19342, 19357, 19361, 19364, 19367, 19368, 19369, and 19380. These codes are also managed in MPM 27.0 and MPM 18.5. | |
| ICD-10 Code | ICD-10 codes: |
| Q79.8 | Other congenital malformations of musculoskeletal system [Poland's syndrome] |
| Q67.6 | Pectus excavatum |
| M95.4 | Acquired deformity of chest and rib |

| CPT Codes | Reconstructive Surgery LCD (L35090) with related Article (A56587), and (LCD L39051) with related Article (A58774). |
|------------------|--|
| 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) |
| 15775 | Punch graft for hair transplant; 1 to 15 punch grafts |
| 15776 | Punch graft for hair transplant; more than 15 punch grafts |
| 15781 | Dermabrasion; segmental, face |
| 15828 | Rhytidectomy; cheek, chin, and neck |
| 15829 | Rhytidectomy; superficial musculoaponeurotic system (smas) flap |
| 30120 | Excision or surgical planning of skin of nose for rhinophyma |
| 30400 | Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip |
| 30410 | Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip |
| 30420 | Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip; including major septal repair |
| 30430 | Rhinoplasty, secondary; minor revision (small amount of nasal tip work) |
| 30435 | Rhinoplasty, secondary; minor revision (small amount of nasal tip work); intermediate revision (bony work with osteotomies) |
| 30450 | Rhinoplasty, secondary; minor revision (small amount of nasal tip work); major revision (nasal tip work and osteotomies) |
| 30460 | Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only |
| 30462 | Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies |
| 30465 | Repair nasal stenosis |

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| | |
|--|---|
| CPT Codes | Reconstructive Surgery LCD (L35090) with related Article (A56587), and (LCD L39051) with related Article (A58774). |
| 30468 | Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s) |
| 30520 | Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft |
| ICD-10 Diagnosis Codes | |
| For the listed codes above see covered diagnosis listing in the Local Coverage Article for Cosmetic and Reconstructive Surgery (A56587) or (A58774). | |

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| CPT codes | Dermal injections for Facial Lipodystrophy Syndrome (LDS). See LCD (L39051) or NCD (250.5) |
| G0429 | Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome (lds) (e.g., as a result of highly active antiretroviral therapy) |
| Q2026 | Injection, radiesse, 0.1 ML |
| Q2028 | Injection, sculptra, 0.5 MG |
| ICD-10 Diagnosis Codes | |
| For the listed codes above see covered diagnosis listing in the Local Coverage Article for Cosmetic and Reconstructive Surgery (A58774) or see https://www.cms.gov/Medicare/Coverage/DeterminationProcess/downloads/CR9252.zip which also list covered CPT and ICD-10 codes. | |

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| CPT | CPT for: Repair of cleft lip/Palate and nasal deformity, this list is not inclusive |
| 21208 | Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant) |
| 21209 | Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant); reduction |
| 40525 | Excision of lip; transverse wedge excision with primary closure; full thickness, reconstruction with local flap (e.g., Estlander or fan) |
| 40527 | Excision of lip; transverse wedge excision with primary closure; full thickness, reconstruction with cross lip flap (Abbe-Estlander) |
| 40700 | Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral |
| 40701 | Plastic repair of cleft lip/nasal deformity; primary bilateral, 1-stage procedure |
| 40702 | Plastic repair of cleft lip/nasal deformity; primary bilateral, 1 or 2 stages |
| 40720 | Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure |
| 40761 | Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting pedicle |
| 30460 | Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only |
| 30462 | tip, septum, osteotomies |
| 42200 | Palatoplasty for Cleft Palate, soft and/or hard palate only |
| 42205 | Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only |
| 42210 | with bone graft to alveolar ridge (includes obtaining graft) |
| 42215 | Palatoplasty for cleft palate; major revision |
| 42220 | secondary lengthening procedure |
| 42225 | attachment pharyngeal flap |
| ICD-10 Codes | Use appropriate ICD-10 code range for Cleft defects |
| Q36.0 – Q36.9 | Cleft lip |
| Q37.0 – Q37.9 | Cleft plate with cleft lip |

| CPT codes | Maxillofacial and Oral Reconstruction and Prosthetics. Note: Use CPT® codes only when the physician actually designs and prepares the prosthesis and not when the prosthesis is prepared by an outside laboratory |
|-----------|--|
| 15730 | Midface flap (i.e., zygomaticofacial flap) with preservation of vascular pedicle(s) |
| 15733 | Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (i.e., buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae) |
| 21076 | Impression and custom preparation; surgical obturator prosthesis (Prepare face/oral prosthesis) |
| 21077 | Impression and custom preparation; orbital prosthesis. (Prepare face/oral prosthesis) |
| 21079 | Impression and custom preparation; interim obturator prosthesis. (Prepare face/oral prosthesis) |
| 21080 | Impression and custom preparation; definitive obturator prosthesis. (Prepare face/oral prosthesis) |
| 21081 | Impression and custom preparation; mandibular resection prosthesis. (Prepare face/oral prosthesis) |
| 21082 | Impression and custom preparation; palatal augmentation prosthesis. (Prepare face/oral prosthesis) |
| 21083 | Impression and custom preparation; palatal lift prosthesis. (Prepare face/oral prosthesis) |
| 21084 | Impression and custom preparation; speech aid prosthesis. (Prepare face/oral prosthesis) |
| 21086 | Impression and custom preparation; auricular prosthesis. (Prepare face/oral prosthesis) |
| 21087 | Impression and custom preparation; nasal prosthesis. (Prepare face/oral prosthesis) |
| 21088 | Impression and custom preparation; facial prosthesis. (Prepare face/oral prosthesis) |
| 21089 | Unlisted maxillofacial prosthetic procedure. (Prepare face/oral prosthesis) |
| 21120 | Genioplasty; augmentation (autograft, allograft, prosthetic material). Placement an implant or a graft onto the chin to augment or enlarge it. |
| 21121 | Genioplasty; sliding osteotomy, single piece |
| 21122 | Genioplasty; sliding osteotomies, two or more osteotomies (e.g., wedge excision or bone wedge reversal for asymmetrical chin) |
| 21123 | Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts) |
| 21125 | Augmentation, mandibular body or angle; prosthetic material |
| 21127 | Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft) |
| 21137 | Reduction forehead; contouring only |
| 21138 | Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft) |
| 21139 | Reduction forehead; contouring and setback of anterior frontal sinus wall |
| 21141 | Reconstruction midface, LeFort I; single piece, segment movement in any direction (e.g., for Long Face Syndrome), without bone graft |
| 21142 | Reconstruction midface, LeFort I; two pieces, segment movement in any direction, without bone graft |
| 21143 | Reconstruction midface, LeFort I; three or more pieces, segment movement in any direction, without bone graft |
| 21145 | Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts) |
| 21146 | Reconstruction midface, LeFort I; two pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted unilateral alveolar cleft) |
| 21147 | Reconstruction midface, LeFort I; three or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted bilateral alveolar cleft or multiple osteotomies) |
| 21150 | Reconstruction midface, LeFort II; anterior intrusion (e.g., Treacher-Collins Syndrome) |

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| CPT codes | Maxillofacial and Oral Reconstruction and Prosthetics. Note: Use CPT® codes only when the physician actually designs and prepares the prosthesis and not when the prosthesis is prepared by an outside laboratory |
|-----------|---|
| 21151 | Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts) |
| 21154 | Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I |
| 21155 | Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I |
| 21159 | Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (e.g., mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I |
| 21160 | Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (e.g., mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I |
| 21172 | Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts). (Reconstruct orbit/forehead) |
| 21175 | Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (e.g., plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts). (Reconstruct orbit/forehead) |
| 21179 | Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material) |
| 21180 | Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts) |
| 21181 | Reconstruction by contouring of benign tumor of cranial bones (e.g., fibrous dysplasia), extracranial. (Contour cranial bone lesion) |
| 21182 | Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (e.g., fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq. cm. (Reconstruct cranial bone) |
| 21183 | Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (e.g., fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq. cm but less than 80 sq. cm. (Reconstruct cranial bone) |
| 21184 | Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (e.g., fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq. cm. (Reconstruct cranial bone) |
| 21188 | Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts). (Reconstruction of midface) |
| 21193 | Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft. (Reconstruct lower jaw w/o graft) |
| 21194 | Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft). (Reconstruct lower jaw w/graft) |
| 21195 | Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation. (Reconstruct lower jaw w/o fixation) |
| 21196 | Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation. (Reconstruct lower jaw w/fixation) |
| 21198 | Osteotomy, mandible, segmental; (Reconstruct lower jaw segment) |
| 21199 | Osteotomy, mandible, segmental; with genioglossus advancement. (Reconstruct lower jaw w/advance) |
| 21206 | Osteotomy, maxilla, segmental (e.g., Wassmund or Schuchard) |
| 21208 | Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant). (Augmentation of facial bones) |
| 21209 | Osteoplasty, facial bones; reduction. (Reduction of facial bones) |
| 21210 | Graft, bone; nasal, maxillary or malar areas (includes obtaining graft) |
| 21215 | Graft, bone; mandible (includes obtaining graft). (Lower jaw bone graft) |

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| CPT codes | Maxillofacial and Oral Reconstruction and Prosthetics. Note: Use CPT® codes only when the physician actually designs and prepares the prosthesis and not when the prosthesis is prepared by an outside laboratory |
|-----------|--|
| 21230 | Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft). (Rib cartilage graft) |
| 21235 | Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft). (Ear cartilage graft) |
| 21240 | Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft). (Reconstruction of jaw joint) |
| 21242 | Arthroplasty, temporomandibular joint, with allograft. (Reconstruction of jaw joint) |
| 21243 | Arthroplasty, temporomandibular joint, with prosthetic joint replacement. (Reconstruction of jaw joint) |
| 21244 | Reconstruction of mandible, extraoral, with transosteal bone plate (e.g., mandibular staple bone plate). (Reconstruction of lower jaw) |
| 21245 | Reconstruction of mandible or maxilla, subperiosteal implant; partial. (Reconstruction of jaw) |
| 21246 | Reconstruction of mandible or maxilla, subperiosteal implant; complete. (Reconstruction of jaw) |
| 21247 | Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (e.g., for hemifacial 13acrosomia) |
| 21248 | Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); partial. (Reconstruction of jaw) |
| 21249 | Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); complete. (Reconstruction of jaw) |
| 21255 | Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts) (Reconstruct lower jaw bone) |
| 21256 | Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (e.g., micro-ophthalmia). (Reconstruction of orbit) |
| 21260 | Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach. (Revise eye sockets) |
| 21261 | Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach. (Revise eye sockets) |
| 21263 | Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement. (Revise eye sockets) |
| 21267 | Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach. (Revise eye sockets) |
| 21268 | Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach. (Revise eye sockets) |
| 21270 | Malar augmentation, prosthetic material. (Augmentation cheek bone) |
| 21275 | Secondary revision of orbitocraniofacial reconstruction. (Revision orbitofacial bones) |
| 21280 | Medial canthopexy (separate procedure). (Revision of eyelid) |
| 21282 | Lateral canthopexy, (Revision of eyelid) |
| 21295 | Reduction of masseter muscle and bone (e.g., for treatment of benign masseteric hypertrophy); extraoral approach. (Revision of jaw muscle/bone) |
| 21296 | Reduction of masseter muscle and bone (e.g., for treatment of benign masseteric hypertrophy); intraoral approach. (Revision of jaw muscle/bone) |
| 21299 | Unlisted craniofacial and maxillofacial procedure (Cranio/maxillofacial surgery) |
| D7946 | LeFort I (maxilla-total) [Surgical section of the upper jaw. Includes the surgical exposure, bone cuts, downfracture, repositioning, fixation, routine wound closure and normal post-operative follow-up care]. |
| D7947 | LeFort I (maxilla-segmented) [When reporting a surgically assisted palatal expansion without downfracture] |

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| CPT codes | Maxillofacial and Oral Reconstruction and Prosthetics. Note: Use CPT® codes only when the physician actually designs and prepares the prosthesis and not when the prosthesis is prepared by an outside laboratory |
| D7948 | LeFort II or LeFort III (osteoplasty of facial bone for midface hypoplasia or retrusion)-without bone graft. (Surgical section of the upper jaw, includes the surgical exposure, bone cuts, downfracture, segmentation of maxilla, repositioning, fixation, routine wound closure & normal post-op follow-up care) |
| D7949 | LeFort II or LeFort III-with bone graft [Includes obtaining autografts] |

| Code | Description |
|-------------|---|
| | |
| C00.0 | Malignant neoplasm of external upper lip |
| C00.1 | Malignant neoplasm of external lower lip |
| C00.3 | Malignant neoplasm of upper lip, inner aspect |
| C00.4 | Malignant neoplasm of lower lip, inner aspect |
| C00.5 | Malignant neoplasm of lip, unspecified, inner aspect |
| C00.6 | Malignant neoplasm of commissure of lip, unspecified |
| C00.8 | Malignant neoplasm of overlapping sites of lip |
| C01 | Malignant neoplasm of base of tongue |
| C02.0 | Malignant neoplasm of dorsal surface of tongue |
| C02.1 | Malignant neoplasm of border of tongue |
| C02.2 | Malignant neoplasm of ventral surface of tongue |
| C02.8 | Malignant neoplasm of overlapping sites of tongue |
| C03.0 | Malignant neoplasm of upper gum |
| C03.1 | Malignant neoplasm of lower gum |
| C04.0 | Malignant neoplasm of anterior floor of mouth |
| C04.1 | Malignant neoplasm of lateral floor of mouth |
| C04.8 | Malignant neoplasm of overlapping sites of floor of mouth |
| C05.0 | Malignant neoplasm of hard palate |
| C05.1 | Malignant neoplasm of soft palate |
| C05.2 | Malignant neoplasm of uvula |
| C05.8 | Malignant neoplasm of overlapping sites of palate |
| C06.0 | Malignant neoplasm of cheek mucosa |
| C06.1 | Malignant neoplasm of vestibule of mouth |
| C06.2 | Malignant neoplasm of retromolar area |
| C06.80 | Malignant neoplasm of overlapping sites of unspecified parts of mouth |
| C06.89 | Malignant neoplasm of overlapping sites of other parts of mouth |
| C07 | Malignant neoplasm of parotid gland |
| C08.0 | Malignant neoplasm of submandibular gland |
| C08.1 | Malignant neoplasm of sublingual gland |
| C08.9 | Malignant neoplasm of major salivary gland, unspecified |
| C09.0 | Malignant neoplasm of tonsillar fossa |
| C09.1 | Malignant neoplasm of tonsillar pillar (anterior) (posterior) |
| C09.8 | Malignant neoplasm of overlapping sites of tonsil |
| C10.0 | Malignant neoplasm of vallecula |
| C10.1 | Malignant neoplasm of anterior surface of epiglottis |
| C10.2 | Malignant neoplasm of lateral wall of oropharynx |
| C10.3 | Malignant neoplasm of posterior wall of oropharynx |

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| Code | Description |
|---------|---|
| | |
| C10.4 | Malignant neoplasm of branchial cleft |
| C10.8 | Malignant neoplasm of overlapping sites of oropharynx |
| C11.0 | Malignant neoplasm of superior wall of nasopharynx |
| C11.1 | Malignant neoplasm of posterior wall of nasopharynx |
| C11.2 | Malignant neoplasm of lateral wall of nasopharynx |
| C11.3 | Malignant neoplasm of anterior wall of nasopharynx |
| C11.8 | Malignant neoplasm of overlapping sites of nasopharynx |
| C12 | Malignant neoplasm of pyriform sinus |
| C13.0 | Malignant neoplasm of postcricoid region |
| C13.1 | Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect |
| C13.2 | Malignant neoplasm of posterior wall of hypopharynx |
| C13.8 | Malignant neoplasm of overlapping sites of hypopharynx |
| C14.0 | Malignant neoplasm of pharynx, unspecified |
| C14.2 | Malignant neoplasm of Waldeyer's ring |
| C14.8 | Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx |
| C30.0 | Malignant neoplasm of nasal cavity |
| C30.1 | Malignant neoplasm of middle ear |
| C31.0 | Malignant neoplasm of maxillary sinus |
| C31.1 | Malignant neoplasm of ethmoidal sinus |
| C31.2 | Malignant neoplasm of frontal sinus |
| C31.3 | Malignant neoplasm of sphenoid sinus |
| C31.8 | Malignant neoplasm of overlapping sites of accessory sinuses |
| C31.9 | Malignant neoplasm of accessory sinus, unspecified |
| C32.0 | Malignant neoplasm of glottis |
| C32.1 | Malignant neoplasm of supraglottis |
| C32.2 | Malignant neoplasm of subglottis |
| C32.3 | Malignant neoplasm of laryngeal cartilage |
| C32.8 | Malignant neoplasm of overlapping sites of larynx |
| C32.9 | Malignant neoplasm of larynx, unspecified |
| C41.0 | Malignant neoplasm of bones of skull and face |
| C41.1 | Malignant neoplasm of mandible |
| C43.0 | Malignant melanoma of lip |
| C43.111 | Malignant melanoma of right upper eyelid, including canthus |
| C43.112 | Malignant melanoma of right lower eyelid, including canthus |
| C43.121 | Malignant melanoma of left upper eyelid, including canthus |
| C43.122 | Malignant melanoma of left lower eyelid, including canthus |
| C43.21 | Malignant melanoma of right ear and external auricular canal |
| C43.22 | Malignant melanoma of left ear and external auricular canal |
| C43.30 | Malignant melanoma of unspecified part of face |
| C43.31 | Malignant melanoma of nose |
| C43.39 | Malignant melanoma of other parts of face |
| C43.4 | Malignant melanoma of scalp and neck |
| C43.8 | Malignant melanoma of overlapping sites of skin |
| C4A.111 | Merkel cell carcinoma of right upper eyelid, including canthus |
| C4A.112 | Merkel cell carcinoma of right lower eyelid, including canthus |
| C4A.121 | Merkel cell carcinoma of left upper eyelid, including canthus |
| C4A.122 | Merkel cell carcinoma of left lower eyelid, including canthus |

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| Code | Description |
|----------|---|
| | |
| C44.1021 | Unspecified malignant neoplasm of skin of right upper eyelid, including canthus |
| C44.1022 | Unspecified malignant neoplasm of skin of right lower eyelid, including canthus |
| C44.1091 | Unspecified malignant neoplasm of skin of left upper eyelid, including canthus |
| C44.1092 | Unspecified malignant neoplasm of skin of left lower eyelid, including canthus |
| C44.1121 | Basal cell carcinoma of skin of right upper eyelid, including canthus |
| C44.1122 | Basal cell carcinoma of skin of right lower eyelid, including canthus |
| C44.1191 | Basal cell carcinoma of skin of left upper eyelid, including canthus |
| C44.1192 | Basal cell carcinoma of skin of left lower eyelid, including canthus |
| C44.1221 | Squamous cell carcinoma of skin of right upper eyelid, including canthus |
| C44.1222 | Squamous cell carcinoma of skin of right lower eyelid, including canthus |
| C44.1291 | Squamous cell carcinoma of skin of left upper eyelid, including canthus |
| C44.1292 | Squamous cell carcinoma of skin of left lower eyelid, including canthus |
| C44.1321 | Sebaceous cell carcinoma of skin of right upper eyelid, including canthus |
| C44.1322 | Sebaceous cell carcinoma of skin of right lower eyelid, including canthus |
| C44.1391 | Sebaceous cell carcinoma of skin of left upper eyelid, including canthus |
| C44.1392 | Sebaceous cell carcinoma of skin of left lower eyelid, including canthus |
| C44.1921 | Other specified malignant neoplasm of skin of right upper eyelid, including canthus |
| C44.1922 | Other specified malignant neoplasm of skin of right lower eyelid, including canthus |
| C44.1991 | Other specified malignant neoplasm of skin of left upper eyelid, including canthus |
| C44.1992 | Other specified malignant neoplasm of skin of left lower eyelid, including canthus |
| C44.212 | Basal cell carcinoma of skin of right ear and external auricular canal |
| C44.219 | Basal cell carcinoma of skin of left ear and external auricular canal |
| C44.222 | Squamous cell carcinoma of skin of right ear and external auricular canal |
| C44.229 | Squamous cell carcinoma of skin of left ear and external auricular canal |
| C44.311 | Basal cell carcinoma of skin of nose |
| C44.321 | Squamous cell carcinoma of skin of nose |
| C44.42 | Squamous cell carcinoma of skin of scalp and neck |
| C47.0 | Malignant neoplasm of peripheral nerves of head, face and neck |
| C49.0 | Malignant neoplasm of connective and soft tissue of head, face and neck |
| C69.51 | Malignant neoplasm of right lacrimal gland and duct |
| C69.52 | Malignant neoplasm of left lacrimal gland and duct |
| C69.61 | Malignant neoplasm of right orbit |
| C69.62 | Malignant neoplasm of left orbit |
| C83.11 | Mantle cell lymphoma, lymph nodes of head, face, and neck |
| C83.31 | Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck |
| C83.81 | Other non-follicular lymphoma, lymph nodes of head, face, and neck |
| C84.41 | Peripheral T-cell lymphoma, not classified, lymph nodes of head, face, and neck |
| C84.61 | Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face, and neck |
| C84.71 | Anaplastic large cell lymphoma, ALK-negative, lymph nodes of head, face, and neck |
| C85.21 | Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face, and neck |
| D03.0 | Melanoma in situ of lip |
| D03.111 | Melanoma in situ of right upper eyelid, including canthus |
| D03.112 | Melanoma in situ of right lower eyelid, including canthus |
| D03.121 | Melanoma in situ of left upper eyelid, including canthus |
| D03.122 | Melanoma in situ of left lower eyelid, including canthus |
| D03.21 | Melanoma in situ of right ear and external auricular canal |
| D03.22 | Melanoma in situ of left ear and external auricular canal |

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| Code | Description |
|---------|---|
| | |
| D03.30 | Melanoma in situ of unspecified part of face |
| D03.39 | Melanoma in situ of other parts of face |
| D03.4 | Melanoma in situ of scalp and neck |
| D03.8 | Melanoma in situ of other sites |
| D04.111 | Carcinoma in situ of skin of right upper eyelid, including canthus |
| D04.112 | Carcinoma in situ of skin of right lower eyelid, including canthus |
| D04.121 | Carcinoma in situ of skin of left upper eyelid, including canthus |
| D04.122 | Carcinoma in situ of skin of left lower eyelid, including canthus |
| D04.21 | Carcinoma in situ of skin of right ear and external auricular canal |
| D04.22 | Carcinoma in situ of skin of left ear and external auricular canal |
| D09.21 | Carcinoma in situ of right eye |
| D09.22 | Carcinoma in situ of left eye |
| D10.1 | Benign neoplasm of tongue |
| D10.2 | Benign neoplasm of floor of mouth |
| D10.39 | Benign neoplasm of other parts of mouth |
| D10.4 | Benign neoplasm of tonsil |
| D10.5 | Benign neoplasm of other parts of oropharynx |
| D10.6 | Benign neoplasm of nasopharynx |
| D10.7 | Benign neoplasm of hypopharynx |
| D11.0 | Benign neoplasm of parotid gland |
| D11.7 | Benign neoplasm of other major salivary glands |
| D11.9 | Benign neoplasm of major salivary gland, unspecified |
| D14.0 | Benign neoplasm of middle ear, nasal cavity and accessory sinuses |
| D22.0 | Melanocytic nevi of lip |
| D23.0 | Other benign neoplasm of skin of lip |
| D23.111 | Other benign neoplasm of skin of right upper eyelid, including canthus |
| D23.112 | Other benign neoplasm of skin of right lower eyelid, including canthus |
| D23.121 | Other benign neoplasm of skin of left upper eyelid, including canthus |
| D23.122 | Other benign neoplasm of skin of left lower eyelid, including canthus |
| D31.61 | Benign neoplasm of unspecified site of right orbit |
| D31.62 | Benign neoplasm of unspecified site of left orbit |
| D43.3 | Neoplasm of uncertain behavior of cranial nerves |
| D43.8 | Neoplasm of uncertain behavior of other specified parts of central nervous system |
| H05.021 | Osteomyelitis of right orbit |
| H05.022 | Osteomyelitis of left orbit |
| H05.023 | Osteomyelitis of bilateral orbits |
| H05.30 | Unspecified deformity of orbit |
| H05.51 | Retained (old) foreign body following penetrating wound of right orbit |
| H05.52 | Retained (old) foreign body following penetrating wound of left orbit |
| H05.53 | Retained (old) foreign body following penetrating wound of bilateral orbits |
| H05.89 | Other disorders of orbit |
| H44.89 | Other disorders of globe |
| H72.01 | Central perforation of tympanic membrane, right ear |
| H72.02 | Central perforation of tympanic membrane, left ear |
| H72.03 | Central perforation of tympanic membrane, bilateral |
| H72.2X1 | Other marginal perforations of tympanic membrane, right ear |
| H72.2X2 | Other marginal perforations of tympanic membrane, left ear |

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| Code | Description |
|----------|---|
| | |
| H72.2X3 | Other marginal perforations of tympanic membrane, bilateral |
| J95.01 | Hemorrhage from tracheostomy stoma |
| J95.03 | Malfunction of tracheostomy stoma |
| J95.04 | Tracheo-esophageal fistula following tracheostomy |
| J95.09 | Other tracheostomy complication |
| K09.0 | Developmental odontogenic cysts |
| K09.1 | Developmental (nonodontogenic) cysts of oral region |
| M27.0 | Developmental disorders of jaws |
| M27.1 | Giant cell granuloma, central |
| M27.2 | Inflammatory conditions of jaws |
| M27.3 | Alveolitis of jaws |
| M27.40 | Unspecified cyst of jaw |
| M27.49 | Other cysts of jaw |
| M27.8 | Other specified diseases of jaws |
| M30.1 | Polyarteritis with lung involvement [Churg-Strauss] |
| M31.2 | Lethal midline granuloma |
| M31.30 | Wegener's granulomatosis without renal involvement |
| M31.31 | Wegener's granulomatosis with renal involvement |
| M87.180 | Osteonecrosis due to drugs, jaw |
| Q17.3 | Other misshapen ear |
| Q17.4 | Misplaced ear |
| Q67.0 | Congenital facial asymmetry |
| Q67.1 | Congenital compression facies |
| Q67.2 | Dolichocephaly |
| Q67.3 | Plagiocephaly |
| Q67.1 | Other congenital deformities of skull, face and jaw |
| Q75.0 | Craniosynostosis |
| Q75.1 | Craniofacial dysostosis |
| Q75.2 | Hypertelorism |
| Q75.3 | Macrocephaly |
| Q75.4 | Mandibulofacial dysostosis, (Franceschetti syndrome, Treacher Collins syndrome) |
| Q75.5 | Other specified congenital malformations of skull and face bones |
| Q87.0 | Congenital malformation syndromes predominantly affecting facial appearance |
| Q85.00 | Neurofibromatosis, unspecified |
| Q85.01 | Neurofibromatosis, type 1 |
| Q85.02 | Neurofibromatosis, type 2 |
| Q85.03 | Schwannomatosis |
| Q85.09 | Other neurofibromatosis |
| R13.0 | Aphagia |
| R13.10 | Dysphagia, unspecified |
| R13.11 | Dysphagia, oral phase |
| R13.12 | Dysphagia, oropharyngeal phase |
| S01.05XD | Open bite of scalp, subsequent encounter |
| S01.05XS | Open bite of scalp, sequela |
| S01.111D | Laceration without foreign body of right eyelid and periocular area, subsequent encounter |
| S01.111S | Laceration without foreign body of right eyelid and periocular area, sequela |

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| Code | Description |
|----------|---|
| | |
| S01.112D | Laceration without foreign body of left eyelid and periocular area, subsequent encounter |
| S01.112S | Laceration without foreign body of left eyelid and periocular area, sequela |
| S01.121D | Laceration with foreign body of right eyelid and periocular area, subsequent encounter |
| S01.121S | Laceration with foreign body of right eyelid and periocular area, sequela |
| S01.122D | Laceration with foreign body of left eyelid and periocular area, subsequent encounter |
| S01.122S | Laceration with foreign body of left eyelid and periocular area, sequela |
| S01.131D | Puncture wound without foreign body of right eyelid and periocular area, subsequent encounter |
| S01.131S | Puncture wound without foreign body of right eyelid and periocular area, sequela |
| S01.132D | Puncture wound without foreign body of left eyelid and periocular area, subsequent encounter |
| S01.132S | Puncture wound without foreign body of left eyelid and periocular area, sequela |
| S01.141D | Puncture wound with foreign body of right eyelid and periocular area, subsequent encounter |
| S01.141S | Puncture wound with foreign body of right eyelid and periocular area, sequela |
| S01.142D | Puncture wound with foreign body of left eyelid and periocular area, subsequent encounter |
| S01.142S | Puncture wound with foreign body of left eyelid and periocular area, sequela |
| S01.151D | Open bite of right eyelid and periocular area, subsequent encounter |
| S01.151S | Open bite of right eyelid and periocular area, sequela |
| S01.152D | Open bite of left eyelid and periocular area, subsequent encounter |
| S01.152S | Open bite of left eyelid and periocular area, sequela |
| S01.20XD | Unspecified open wound of nose, subsequent encounter |
| S01.20XS | Unspecified open wound of nose, sequela |
| S01.21XD | Laceration without foreign body of nose, subsequent encounter |
| S01.21XS | Laceration without foreign body of nose, sequela |
| S01.22XD | Laceration with foreign body of nose, subsequent encounter |
| S01.22XS | Laceration with foreign body of nose, sequela |
| S01.23XD | Puncture wound without foreign body of nose, subsequent encounter |
| S01.23XS | Puncture wound without foreign body of nose, sequela |
| S01.24XD | Puncture wound with foreign body of nose, subsequent encounter |
| S01.24XS | Puncture wound with foreign body of nose, sequela |
| S01.25XD | Open bite of nose, subsequent encounter |
| S01.25XS | Open bite of nose, sequela |
| S01.301D | Unspecified open wound of right ear, subsequent encounter |
| S01.301S | Unspecified open wound of right ear, sequela |
| S01.302D | Unspecified open wound of left ear, subsequent encounter |
| S01.302S | Unspecified open wound of left ear, sequela |
| S01.311D | Laceration without foreign body of right ear, subsequent encounter |
| S01.311S | Laceration without foreign body of right ear, sequela |
| S01.312D | Laceration without foreign body of left ear, subsequent encounter |
| S01.312S | Laceration without foreign body of left ear, sequela |
| S01.319D | Laceration without foreign body of unspecified ear, subsequent encounter |
| S01.319S | Laceration without foreign body of unspecified ear, sequela |
| S01.321D | Laceration with foreign body of right ear, subsequent encounter |
| S01.321S | Laceration with foreign body of right ear, sequela |
| S01.322D | Laceration with foreign body of left ear, subsequent encounter |

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| Code | Description |
|----------|---|
| | |
| S01.322S | Laceration with foreign body of left ear, sequela |
| S01.329D | Laceration with foreign body of unspecified ear, subsequent encounter |
| S01.329S | Laceration with foreign body of unspecified ear, sequela |
| S01.331D | Puncture wound without foreign body of right ear, subsequent encounter |
| S01.331S | Puncture wound without foreign body of right ear, sequela |
| S01.332D | Puncture wound without foreign body of left ear, subsequent encounter |
| S01.332S | Puncture wound without foreign body of left ear, sequela |
| S01.341D | Puncture wound with foreign body of right ear, subsequent encounter |
| S01.341S | Puncture wound with foreign body of right ear, sequela |
| S01.342D | Puncture wound with foreign body of left ear, subsequent encounter |
| S01.342S | Puncture wound with foreign body of left ear, sequela |
| S01.349D | Puncture wound with foreign body of unspecified ear, subsequent encounter |
| S01.349S | Puncture wound with foreign body of unspecified ear, sequela |
| S01.351D | Open bite of right ear, subsequent encounter |
| S01.351S | Open bite of right ear, sequela |
| S01.352D | Open bite of left ear, subsequent encounter |
| S01.352S | Open bite of left ear, sequela |
| S01.401D | Unspecified open wound of right cheek and temporomandibular area, subsequent encounter |
| S01.401S | Unspecified open wound of right cheek and temporomandibular area, sequela |
| S01.402D | Unspecified open wound of left cheek and temporomandibular area, subsequent encounter |
| S01.402S | Unspecified open wound of left cheek and temporomandibular area, sequela |
| S01.411D | Laceration without foreign body of right cheek and temporomandibular area, subsequent encounter |
| S01.411S | Laceration without foreign body of right cheek and temporomandibular area, sequela |
| S01.412D | Laceration without foreign body of left cheek and temporomandibular area, subsequent encounter |
| S01.412S | Laceration without foreign body of left cheek and temporomandibular area, sequela |
| S01.421D | Laceration with foreign body of right cheek and temporomandibular area, subsequent encounter |
| S01.421S | Laceration with foreign body of right cheek and temporomandibular area, sequela |
| S01.422D | Laceration with foreign body of left cheek and temporomandibular area, subsequent encounter |
| S01.422S | Laceration with foreign body of left cheek and temporomandibular area, sequela |
| S01.429D | Laceration with foreign body of unspecified cheek and temporomandibular area, subsequent encounter |
| S01.429S | Laceration with foreign body of unspecified cheek and temporomandibular area, sequela |
| S01.431D | Puncture wound without foreign body of right cheek and temporomandibular area, subsequent encounter |
| S01.431S | Puncture wound without foreign body of right cheek and temporomandibular area, sequela |
| S01.432D | Puncture wound without foreign body of left cheek and temporomandibular area, subsequent encounter |
| S01.432S | Puncture wound without foreign body of left cheek and temporomandibular area, sequela |
| S01.439D | Puncture wound without foreign body of unspecified cheek and temporomandibular area, subsequent encounter |

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| Code | Description |
|----------|--|
| | |
| S01.439S | Puncture wound without foreign body of unspecified cheek and temporomandibular area, sequela |
| S01.441D | Puncture wound with foreign body of right cheek and temporomandibular area, subsequent encounter |
| S01.441S | Puncture wound with foreign body of right cheek and temporomandibular area, sequela |
| S01.442D | Puncture wound with foreign body of left cheek and temporomandibular area, subsequent encounter |
| S01.442S | Puncture wound with foreign body of left cheek and temporomandibular area, sequela |
| S01.451D | Open bite of right cheek and temporomandibular area, subsequent encounter |
| S01.451S | Open bite of right cheek and temporomandibular area, sequela |
| S01.452D | Open bite of left cheek and temporomandibular area, subsequent encounter |
| S01.452S | Open bite of left cheek and temporomandibular area, sequela |
| S01.501D | Unspecified open wound of lip, subsequent encounter |
| S01.501S | Unspecified open wound of lip, sequela |
| S01.502D | Unspecified open wound of oral cavity, subsequent encounter |
| S01.502S | Unspecified open wound of oral cavity, sequela |
| S01.511D | Laceration without foreign body of lip, subsequent encounter |
| S01.511S | Laceration without foreign body of lip, sequela |
| S01.512D | Laceration without foreign body of oral cavity, subsequent encounter |
| S01.512S | Laceration without foreign body of oral cavity, sequela |
| S01.521D | Laceration with foreign body of lip, subsequent encounter |
| S01.521S | Laceration with foreign body of lip, sequela |
| S01.522D | Laceration with foreign body of oral cavity, subsequent encounter |
| S01.522S | Laceration with foreign body of oral cavity, sequela |
| S01.531D | Puncture wound without foreign body of lip, subsequent encounter |
| S01.531S | Puncture wound without foreign body of lip, sequela |
| S01.532D | Puncture wound without foreign body of oral cavity, subsequent encounter |
| S01.532S | Puncture wound without foreign body of oral cavity, sequela |
| S01.541D | Puncture wound with foreign body of lip, subsequent encounter |
| S01.541S | Puncture wound with foreign body of lip, sequela |
| S01.542D | Puncture wound with foreign body of oral cavity, subsequent encounter |
| S01.542S | Puncture wound with foreign body of oral cavity, sequela |
| S01.551D | Open bite of lip, subsequent encounter |
| S01.551S | Open bite of lip, sequela |
| S01.552D | Open bite of oral cavity, subsequent encounter |
| S01.552S | Open bite of oral cavity, sequela |
| S01.80XD | Unspecified open wound of other part of head, subsequent encounter |
| S01.80XS | Unspecified open wound of other part of head, sequela |
| S01.81XD | Laceration without foreign body of other part of head, subsequent encounter |
| S01.81XS | Laceration without foreign body of other part of head, sequela |
| S01.82XD | Laceration with foreign body of other part of head, subsequent encounter |
| S01.82XS | Laceration with foreign body of other part of head, sequela |
| S01.83XD | Puncture wound without foreign body of other part of head, subsequent encounter |
| S01.83XS | Puncture wound without foreign body of other part of head, sequela |
| S01.84XD | Puncture wound with foreign body of other part of head, subsequent encounter |
| S01.84XS | Puncture wound with foreign body of other part of head, sequela |
| S01.85XD | Open bite of other part of head, subsequent encounter |

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| Code | Description |
|----------|--|
| | |
| S01.85XS | Open bite of other part of head, sequela |
| S02.5XXD | Fracture of tooth (traumatic), subsequent encounter for fracture with routine healing |
| S02.5XXG | Fracture of tooth (traumatic), subsequent encounter for fracture with delayed healing |
| S02.5XXK | Fracture of tooth (traumatic), subsequent encounter for fracture with nonunion |
| S02.5XXS | Fracture of tooth (traumatic), sequela |
| S03.2XXD | Dislocation of tooth, subsequent encounter |
| S03.2XXS | Dislocation of tooth, sequela |
| S05.20XD | Ocular laceration and rupture with prolapse or loss of intraocular tissue, unspecified eye, subsequent encounter |
| S05.20XS | Ocular laceration and rupture with prolapse or loss of intraocular tissue, unspecified eye, sequela |
| S05.21XD | Ocular laceration and rupture with prolapse or loss of intraocular tissue, right eye, subsequent encounter |
| S05.21XS | Ocular laceration and rupture with prolapse or loss of intraocular tissue, right eye, sequela |
| S05.22XD | Ocular laceration and rupture with prolapse or loss of intraocular tissue, left eye, subsequent encounter |
| S05.22XS | Ocular laceration and rupture with prolapse or loss of intraocular tissue, left eye, sequela |
| S05.31XD | Ocular laceration without prolapse or loss of intraocular tissue, right eye, subsequent encounter |
| S05.31XS | Ocular laceration without prolapse or loss of intraocular tissue, right eye, sequela |
| S05.32XD | Ocular laceration without prolapse or loss of intraocular tissue, left eye, subsequent encounter |
| S05.32XS | Ocular laceration without prolapse or loss of intraocular tissue, left eye, sequela |
| S05.41XD | Penetrating wound of orbit with or without foreign body, right eye, subsequent encounter |
| S05.41XS | Penetrating wound of orbit with or without foreign body, right eye, sequela |
| S05.42XD | Penetrating wound of orbit with or without foreign body, left eye, subsequent encounter |
| S05.42XS | Penetrating wound of orbit with or without foreign body, left eye, sequela |
| S05.51XD | Penetrating wound with foreign body of right eyeball, subsequent encounter |
| S05.51XS | Penetrating wound with foreign body of right eyeball, sequela |
| S05.52XD | Penetrating wound with foreign body of left eyeball, subsequent encounter |
| S05.52XS | Penetrating wound with foreign body of left eyeball, sequela |
| S05.61XD | Penetrating wound without foreign body of right eyeball, subsequent encounter |
| S05.61XS | Penetrating wound without foreign body of right eyeball, sequela |
| S05.62XD | Penetrating wound without foreign body of left eyeball, subsequent encounter |
| S05.62XS | Penetrating wound without foreign body of left eyeball, sequela |
| S05.71XD | Avulsion of right eye, subsequent encounter |
| S05.71XS | Avulsion of right eye, sequela |
| S05.72XD | Avulsion of left eye, subsequent encounter |
| S05.72XS | Avulsion of left eye, sequela |
| S05.8X1D | Other injuries of right eye and orbit, subsequent encounter |
| S05.8X1S | Other injuries of right eye and orbit, sequela |
| S05.8X2D | Other injuries of left eye and orbit, subsequent encounter |
| S05.8X2S | Other injuries of left eye and orbit, sequela |
| S05.91XD | Unspecified injury of right eye and orbit, subsequent encounter |

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| Code | Description |
|----------|---|
| | |
| S05.91XS | Unspecified injury of right eye and orbit, sequela |
| S05.92XD | Unspecified injury of left eye and orbit, subsequent encounter |
| S05.92XS | Unspecified injury of left eye and orbit, sequela |
| S08.111D | Complete traumatic amputation of right ear, subsequent encounter |
| S08.111S | Complete traumatic amputation of right ear, sequela |
| S08.112D | Complete traumatic amputation of left ear, subsequent encounter |
| S08.112S | Complete traumatic amputation of left ear, sequela |
| S08.121D | Partial traumatic amputation of right ear, subsequent encounter |
| S08.121S | Partial traumatic amputation of right ear, sequela |
| S08.122D | Partial traumatic amputation of left ear, subsequent encounter |
| S08.122S | Partial traumatic amputation of left ear, sequela |
| S08.811D | Complete traumatic amputation of nose, subsequent encounter |
| S08.811S | Complete traumatic amputation of nose, sequela |
| S08.812D | Partial traumatic amputation of nose, subsequent encounter |
| S08.812S | Partial traumatic amputation of nose, sequela |
| S08.89XD | Traumatic amputation of other parts of head, subsequent encounter |
| S08.89XS | Traumatic amputation of other parts of head, sequela |
| S09.12XD | Laceration of muscle and tendon of head, subsequent encounter |
| S09.12XS | Laceration of muscle and tendon of head, sequela |
| S09.311D | Primary blast injury of right ear, subsequent encounter |
| S09.311S | Primary blast injury of right ear, sequela |
| S09.312D | Primary blast injury of left ear, subsequent encounter |
| S09.312S | Primary blast injury of left ear, sequela |
| S09.313D | Primary blast injury of ear, bilateral, subsequent encounter |
| S09.313S | Primary blast injury of ear, bilateral, sequela |
| S09.8XXD | Other specified injuries of head, subsequent encounter |
| S09.8XXS | Other specified injuries of head, sequela |
| Z48.1 | Encounter for planned postprocedural wound closure |

| CODE | Common Non-covered Cosmetic Procedures. See Policy Article (A58774) The following CPT codes/procedures are generally considered cosmetic and may be medically reviewed or denied as non-covered. |
|---------------------|--|
| 11950 | Subcutaneous injection of filling material (e.g., collagen); 1 cc or less |
| 11951 | Subcutaneous injection of filling material (e.g., collagen); 1.1 to 5.0 cc |
| 11952 | Subcutaneous injection of filling material (e.g., collagen); 5.1 to 10.0 cc |
| 11954 | Subcutaneous injection of filling material (e.g., collagen); over 10.0 cc |
| 15780, 15782, 15783 | Dermabrasion, total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis) Dermabrasion; regional, other than face Dermabrasion; superficial, any site (eg, tattoo removal) |
| 15786 15787 | Abrasion; single lesion (eg, keratosis, scar); each additional 4 lesions or less (List separately in addition to code for primary procedure) |
| 15819 | Cervicoplasty |
| 15824 | Rhytidectomy; forehead |
| 15825 | Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap) |
| 15826 | Rhytidectomy; glabellar frown lines |

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| CODE | Common Non-covered Cosmetic Procedures. See Policy Article (A58774) The following CPT codes/procedures are generally considered cosmetic and may be medically reviewed or denied as non-covered. |
|-------------|--|
| 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 |
| 15876 | Suction assisted lipectomy; head and neck |
| 15877 | Suction assisted lipectomy; trunk |
| 15878 | Suction assisted lipectomy; upper extremity |
| 15879 | Suction assisted lipectomy; lower extremity |
| 17340 | Cryotherapy (CO2 slush, liquid N2) for acne |
| 17360 | Chemical exfoliation for acne (e.g., acne paste, acid) |
| 17380 | Electrolysis epilation, each 30 minutes (See MPM 7.3) |
| 40500 | Vermilionectomy (lip shave), with mucosal advancement |
| 65760 | Keratomileusis |
| 65765 | Keratophakia |
| 65767 | Epikeratoplasty |
| 69090 | Ear piercing |
| 69300 | Otoplasty, protruding ear, with or without size reduction |

| CPT Codes | Other Surgery Integumentary repair due to injury/trauma. |
|------------------|---|
| 13100 | Repair, complex, trunk; 1.1 cm to 2.5 cm |
| 13101 | Repair, complex, trunk; 2.6 cm to 7.5 cm |
| 13102 | Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure) |
| 13120 | Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm |
| 13121 | Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm |
| 13122 | Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure) |
| 13131 | Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm |
| 13132 | Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm |
| 13133 | Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (List separately in addition to code for primary procedure) |
| 13151 | Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm |
| 13152 | Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm |
| 13153 | Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure) |
| 13160 | Secondary closure of surgical wound or dehiscence, extensive or complicated |
| 14000 | Adjacent Tissue Transfer or Rearrangement |
| 14001 | Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq. cm to 30.0 sq. cm |

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| CPT Codes | Other Surgery Integumentary repair due to injury/trauma. |
|------------------|---|
| 14020 | Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq. cm or less |
| 14021 | Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq. cm to 30.0 sq. cm |
| 14040 | Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq. cm or less |
| 14041 | Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq. cm to 30.0 sq. cm |
| 14060 | Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq. cm or less |
| 14061 | Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq. cm to 30.0 sq. cm |
| 14301 | Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq. cm to 60.0 sq. cm |
| 14302 | Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq. cm, or part thereof (List separately in addition to code for primary procedure) |
| 14350 | Filletted finger or toe flap, including preparation of recipient site |
| 15570 | Formation of direct or tubed pedicle, with or without transfer; trunk |
| 15572 | Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs |
| 15574 | Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet |
| 15576 | Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral |
| 15600 | Delay of flap or sectioning of flap (division and inset); at trunk |
| 15610 | Delay of flap or sectioning of flap (division and inset); at scalp, arms, or legs |
| 15620 | Delay of flap or sectioning of flap (division and inset); at forehead, cheeks, chin, neck, axillae, genitalia, hands, or feet |
| 15630 | Delay of flap or sectioning of flap (division and inset); at eyelids, nose, ears, or lips |
| 15650 | Transfer, intermediate, of any pedicle flap (e.g., abdomen to wrist, Walking tube), any location |
| 15730 | Midface flap (i.e., zygomaticofacial flap) with preservation of vascular pedicle(s) |
| 15731 | Forehead flap with preservation of vascular pedicle (e.g., axial pattern flap, paramedian forehead flap) |
| 15733 | Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (i.e., buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae) |
| 15734 | Muscle, myocutaneous, or fasciocutaneous flap; trunk |
| 15736 | Muscle, myocutaneous, or fasciocutaneous flap; upper extremity |
| 15738 | Muscle, myocutaneous, or fasciocutaneous flap; lower extremity |
| 15740 | Flap; island pedicle requiring identification and dissection of an anatomically named axial vessel |
| 15750 | Flap; neurovascular pedicle |
| 15756 | Free muscle or myocutaneous flap with microvascular anastomosis |
| 15757 | Free skin flap with microvascular anastomosis |
| 15758 | Free fascial flap with microvascular anastomosis |
| 15760 | Graft; composite (e.g., full thickness of external ear or nasal ala), including primary closure, donor area |
| 15769 | Grafting of autologous soft tissue, other, harvested by direct excision (e.g., fat, dermis, fascia) |
| 15770 | Graft; derma-fat-fascia |
| 15771 | Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate |

| CPT Codes | Other Surgery Integumentary repair due to injury/trauma. |
|-----------|--|
| 15772 | Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure) |
| 15773 | Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate |
| 15774 | Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure) |
| Q3031 | Collagen skin test |

Reviewed by / Approval Signatures

Population Health & Clinical Quality Committee: Gray Clarke MD

Medical Director: Ana Maria Rael MD

Date Approved: 09-27-2023

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| 05-25-16: | Annual review. Removed ICD 9 codes. |
| 03-27-19: | Annual review. Update CPT and ICD-10 codes |
| 09-23-20: | Annual review. Reviewed by PHP Medical Policy Committee on 09/02, 09/09 and 10/06/2020. All items remained the same except for the following items: <ul style="list-style-type: none"> • Removal of Benign Skin: New codes added that will not need PA: 96567, 96573, 96574, J7308, and J7309. • Destruction of Actinic: PHP follows NCD 250.4 for all lines of business. • Facial, Maxillofacial and Oral Reconstruction and Prosthetics: This is a new item added to policy, since most of the CPT codes are listed on the PA grid. • Reconstruction of Eyelid. New item added to policy. CPT codes 67950, 67966, 67971, 67973, 67974, 67975 will all require PA. • Prosthesis for Eye and Facial: This is a new item and applicable codes will not require a PA. • Non-covered codes: A list of Non-covered CPT codes for common cosmetic procedures were added to policy that already exist on the PA grid. Codes include: 11950, 11951, 11952, 11954, 15786, 15787, 15819, 15824, 15825, 15826, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15876, 15877, 15878, 15879, 17340, 17360, 17380, 40500, 65760, 65765, 65767, 69090, 69300 • Old Codes to be deleted from policy: D5916, D7950, D7995. |
| 09-22-21: | Annual review. Reviewed by PHP Medical Policy Committee on 09-03-2021 thru 09-10-2021. All items remained the same except for the following items: <ul style="list-style-type: none"> • Deformity of Ear: No change in criteria. Added exclusion of otoplasty (69300) due to congenital deformities. Configure to deny 69300 as cosmetic for all LOB and remove from PA. • Removal of Benign Skin: No change in criteria. Added: Cryotherapy (17340) to this section, which will continue to require PA. All other codes in this section will continue no PA. • Destruction of Actinic: No change in criteria for destruction by photodynamic therapy. Added a section for Chemical Peel (15788, 15789, 15792, 15793). Configure 15788, 15789, 15792, 15793 to map to diagnosis Actinic keratosis (L57.0) using LCA (A58774/L39051) which replaced retired LCA |

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(A57475/L34698), for all LOB, then remove off PA grid.

- Scar Revisions: No change in criteria. Added exclusion language, “keloid scarring due to complication of cosmetic procedure is non-covered.” Continue no PA requirement.
- Dermabrasion: Added criteria from LCD L35090 for Dermabrasion (15781) for treatment of rhinophyma only. Code 15781 will be mapped to diagnosis (L71.0, L71.1, L71.8) using LCA (A58774) Group 7 for all LOB, then the PA requirement will be removed. Added coverage statement for excision or shaving of rhinophyma (CPT code 30120); only rhinophyma (L71.1) will be set to pay for 30120. PA will be removed for 30120. The following codes are considered cosmetic and will be set to not pay (15780, 15782 & 15783) per LCA (A58774).
- Nasal Surgery: No change in criteria. Congenital repair codes 30460 and 30462 will be removed from PA grid. Both codes will be configured to pay for only these ICD-10 codes (Q30.0, Q30.8, Q35.1, Q35.3, Q35.5, Q35.7, Q36.0, Q36.1, Q36.9, Q37.0, Q37.1, Q37.2, Q37.3, Q37.4, Q37.5, Q67.0, Q67.1, Q67.4) for all LOB. Continue PA for (CPT 30400, 30410, 30420, 30430, 30435, 30450).
- Punch graft Hair Transplant: No change in criteria. No Utilization for 15775 and 15776. Configure to map ICD-10 listed in LCA (A58774), Group 5 to codes 15775 and 15776 for all LOB; then remove from PA grid. All other ICD-10 not billed with these codes in Group 5 will be deny as cosmetic.
- Tattooing: No change in criteria. Configure to map ICD-10 (Z42.1 and Z42.8) to Tattooing (CPT 11920, 11921, 11922) for all LOB; and remove from PA grid. No utilization for 11922.
- Rhytidectomy: No criteria change. Configure to deny 15824, 15825, 15826, it is considered cosmetic and is non-covered for all LOB and remove from PA grid. Continue PA requirement for 15828 and 15829.
- Dermal Injections for facial Lipodystrophy Syndrome (LDS): No change in criteria. Add non-covered indications. Codes G0429, Q2026 & Q2028 do not require PA, but will be set to only pay for ICD-10 (B20 and E88.1) for all LOB.
- Facial, Maxillofacial and Oral Reconstruction: added criteria using LCD L33428, (not in NM region). Prior authorization will be removed for: (21137, 21138, 21139, 21150, 21151, 21154, 21155, 21159, 21160, 21295, 21296) for all LOB due to no utilization.
- Reconstruction of Eyelid: Changed criteria to say, “Corrective eyelid surgery will be considered cosmetic rather than reconstructive when there is no associated functional impairment present.” Remove codes 67950, 67961, 67966, 67971, 67973, 67974 and 67975 from PA grid. Utilization is low.
 - Prostheses for Eye and Facial: no change in criteria. Configure (L8040) as Status Indicator “N” for OPSS for CY 2021, considered packaged into APC rates

09-28-22: Annual review. Reviewed by PHP Medical Policy Committee on 08-26-2022; 09-(02, 07, 09, 14)-2022.

- Deformity of Ear: No change. Continue to follow criteria. Continue no PA requirement for 69310, 69320, 69399, 21230, 21235, D5914. Second request to configure to deny 69300 as cosmetic for all LOB and remove from PA.
- Removal of Benign Skin: No change in criteria. Continue to follow LCD L34938/LCA A57113. The coverage determination guideline language was removed and reformatted to only include LCD/LCA weblinks. Prior Authorization is not required, except for Cryotherapy (17340).
- Destruction of Actinic:
 - Photodynamic therapy: No change, continue to follow NCD 250.4. Continue no PA requirement for 96567, 96573, 96574.
 - Chemical Peel: Change. Removed to follow LCD (L39051) and change to follow National Coverage Determination (NCD 250.4). Continue CY 2021 configuration to map ICD-10 (L57.0) to 15788, 15789, 15792, 15793 since there is no change to (A58774/L39051) for all LOB. Continue no PA requirement for these codes. No utilization.
- Scar Revisions: No change. Continue to follow MCG A-0495. Continue no PA requirement for: 15002, 15003, 15004, 15005, 23921, 24149, 24925, 25907, 25922, 25929, 27884, 31830, 67343. Removed codes (26121, 26123, 26125, 26508, 27594) from policy, since MCG removed codes in the update of 26th edition.
- Chest deformity associated with Poland Syndrome: Continue to follow homegrown criteria, which is still comparable to other payers. Pectus deformity repair CPT codes (21740, 21742, and 21743) added to policy which will not require Prior Auth, (after removal of PA for 21740). Update policy to say no PA is required. CPT codes related to breast reconstruction surgery (11970, 11971, 19340, 19342, 19357, 19361, 19364, 19366, 19367, 19368, and 19369) were removed from policy. These codes will continue to be managed in MPM 27.0. Codes 11960, 20900 and 20902 will continue to be listed in policy and continue no PA requirement.
- Dermabrasion:
 - For Dermabrasion code (15781), PHP will continue to follow Novitas LCD (L35090) and LCA (A56587) for clinical indications but will follow Wisconsin LCA (A58774) recommendation that only these ICD-10 diagnosis (L71.0, L71.1, and L71.8) are considered medically necessary when billing for code (15781). PA will continue to be required for 15781 and the policy is updated to reflect PA is required.
 - For excision or planning of rhinophyma we will continue to follow the homegrown criteria. Code (30120) will be set to pay for only (L71.1). PA will be removed for (30120).
 - The following codes are considered cosmetic (15780, 15782 & 15783) per LCA (A58774).

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- **Nasal Surgery:** Continue to follow LCD (L35090) and LCA (A56587). New codes (30465 and 30520) were added to policy which will not require PA. For Medicare and commercial these procedures cannot be performed in the office setting (Place of Service-11) according to Medicare Professional Fee Schedule (MPFS) guideline. Only the ICD-10 mentioned in LCA A56587 are considered medically necessary for all LOBs.
- **Punch graft Hair Transplant:** Continue to follow LCD L39051/LCA A58774. CY 2022 shows no Utilization for 15775 and 15776. Continue CY 2021 config to map ICD-10 listed in LCA (A58774), Group 5 for codes 15775 and 15776 for all LOB; and continue no PA requirement.
- **Tattooing:** Continue to follow LCD L39051/LCA A58774. Continue CY 2021 config to map ICD-10 (Z42.1 and Z42.8) to Tattooing (CPT 11920, 11921, 11922) for all LOB; and continue no PA requirement.
- **Rhytidectomy:** Continue to follow LCD L39051/LCA A58774. Continue CY 2021 config to deny 15824, 15825, 15826, it is still considered cosmetic and is non-covered for all LOB and continue no PA requirement. Continue PA requirement for 15828 and 15829.
- **Dermal Injections for facial Lipodystrophy Syndrome (LDS):** Since Wisconsin LCD (L39051) and NCD (250.5) are similar we removed LCD and will only follow NCD. Continue no PA requirement for (G0429, Q2026 & Q2028); and continue 2021 config only pay for ICD-10 (B20 and E88.1) for all LOB.
- **Maxillofacial and Oral Reconstruction:** Continue to follow the Palmetto LCD (L33428/LCA A56658). The coverage determination guideline language has been removed from policy and reformatted to only include LCD/LCA weblinks. Continue no PA requirement for: 21137, 21138, 21139, 21150, 21151, 21154, 21155, 21159, 21160, 21295, 21296. However, PA will continue to be required for: 21120, 21121, 21122, 21123, 21125, 21127, 21141, 21142, 21143, 21145, 21146, 21147, 21196, 21208, 21209, 21270, 21280, and 21282.
- **Both Reconstruction of Eyelid and Prostheses for Eye and Facial** were removed from policy due to low utilization. Related codes: 67950, 67961, 67966, 67971, 67973, 67974, 67975, L8040, L8041, L8042, L8043, L8044, L8045, L8046, L8047, L8048, L8049, L8610, L9900, V2623, V2624, V2625, V2626, V2627, V2628, V2629, and L8610.
- Throughout the policy replaced "Centennial" to "Medicaid".

Updated on March 22, 2023: PHP Medical Policy Committee on 03-01-2023. Removed PA requirement related to Lefort I for codes: (21141, 21142, 21143, 21145, 21146 and 21147) for Medicaid. Rationale: Low utilization, low abuse, and the approval rate is 95%. On 04/12/2023, MPC approved to remove previously ICD-10 configuration to CPT code 30460 and 30462 for ALOB, since CPT codes are specific for congenital defect repair and no need for ICD-10 config.

Updated on May 24, 2023: PHP Medical Policy Committee on 05/10/2023. Add Fractional Laser Ablation for ALOB for treatment of burn and traumatic scars for functional improvement. (Codes 0479T and 0480T), will require PA for ALOB.

09-27-2023 Annual review. Reviewed by PHP Medical Policy Committee on 08-30, 09-06, and 09-08-2023.

- **Deformity of Ear:** No change. Continue to follow criteria for ALOB. Continue no PA requirement for 69310, 69320, 69399, 21230, 21235, D5914.
- **Removal of Benign Skin:** No change in criteria. Continue to follow LCD L34938/LCA A57113 for ALOB. Prior Authorization is not required, except for Cryotherapy (17340).
- **Destruction of Actinic:**
 - Photodynamic therapy: No change, continue to follow NCD 250.4 for ALOB. Continue no PA requirement for 96567, 96573, 96574.
 - Chemical Peel: No change. Continue to follow NCD (250.4) for ALOB. Continue CY 2021 configuration to map ICD-10 (L57.0) to 15788, 15789, 15792, 15793 since there is no change to (A58774 - Group 8), for all LOB. Continue no PA requirement for these codes. No utilization.
- **Scar Revisions:** No change. Continue to follow MCG A-0495 for ALOB. Continue no PA requirement for: 15002, 15003, 15004, 15005, 23921, 24149, 24925, 25907, 25922, 25929, 27884, 31830, 67343.
- **Chest deformity associated with Poland Syndrome and Pectus Excavatum:** Added ALOB will follow criteria, this was left out erroneously. Continue to follow homegrown criteria for ALOB, which is still comparable to other payers. Pectus deformity repair CPT codes (21740, 21742, and 21743) and related surgical codes (11960, 20900 and 20902) will continue no prior auth requirement. Added Pectus excavatum ICD-10 codes (Q67.6 and M95.4). Added language that, "Prior authorization is not required for 11970 and 11971 when tissue expander is for Poland Syndrome" and added wording that PA is not required for pectus excavatum. Added to policy CPT codes (11960, 11970, 11971, 15734, 15756, 15777, 19325, 19340, 19342, 19357, 19361, 19364, 19367, 19368, 19369, and 19380) related to Poland's syndrome surgery, these codes are managed in MPM 27.0 and MPM 18.5.
- **Dermabrasion:**
 - For dermabrasion code (15781), continue to follow Novitas LCD (L35090) and related LCA (A56587) for ALOB. Continue config to follow Wisconsin LCA (A58774) to pay only for medically necessary, Group 7-ICD-10 (L71.0, L71.1, and L71.8) for ALOB. PA will continue to be required for 15781 for ALOB.

- Non-covered Dermabrasion: For ALOB, continue config to deny cosmetic codes (15780, 15782 & 15783) per LCA (A58774), Group 12. Added the non-covered codes to the policy.
- For excision or planning of rhinophyma (30120), continue to follow the homegrown criteria. Continue to pay for only ICD-10 (L71.1) for ALOB. Continue no PA requirement for ALOB.
- **Nasal Surgery:** No change. Continue to follow LCD (L35090) and LCA (A56587) for ALOB. For codes 30465 and 30520, continue CY 2021 config to deny for Medicare and commercial; continue CY 2021 config to not pay in the office setting (Place of Service-11) based on (MPFS) guideline; and lastly to continue to only pay for the (46) medically necessary ICD-10 mentioned in LCA A56587 for ALOBs. For codes 30460 and 30462, continue CY 2021 config to only pay for dx (Q30.0, Q30.8, Q35.1, Q35.3, Q35.5, Q35.7, Q36.0, Q36.1, Q36.9, Q37.0, Q37.1, Q37.2, Q37.3, Q37.4, Q37.5, Q67.0, Q67.1, Q67.4) for ALOB. Continue no PA requirement for 30465, 30520, 30460, 30462 and 30468. Continue PA requirement for 30400, 30410, 30420, 30430, 30435, 30450.
- **Punch graft Hair Transplant:** No change. Continue to follow WPS LCD L39051/LCA A58774 for ALOB. Continue CY 2021 config to map (31) ICD-10 listed in LCA (A58774), Group-5 for CPT codes 15775 and 15776 for all LOB; and continue no PA requirement.
- **Tattooing:** No change. Continue to follow LCD L39051/LCA A58774 for ALOB. Continue CY 2021 config to map ICD-10 (Z42.1 and Z42.8) listed in LCA (A5877), Group-4 to codes (CPT 11920, 11921, 11922) and continue no PA requirement for ALOB.
- **Rhytidectomy:** No change. Continue to follow LCD L39051/LCA A58774 for ALOB. Continue CY 2021 config to deny 15824, 15825, 15826, it is still considered cosmetic and is non-covered for all LOB and continue no PA requirement. Continue PA requirement for 15828 and 15829.
- **Excision-excessive skin:** Removed Item "F" since item is managed in MPM 16.5.
- **Dermal Injections for facial Lipodystrophy Syndrome (LDS):** No change. Continue to follow NCD (250.5) for ALOB. Continue CY 2021 config of G0429, Q2026 & Q2028 to map to ICD-10 (B20 and E88.1) listed in LCA (A58774) Group 10 and continue no PA requirement for ALOB.
- **Maxillofacial and Oral Reconstruction:** Continue to follow the Palmetto LCD (L33428/LCA A56658) for ALOB. Continue no PA requirement for: 21137, 21138, 21139, 21150, 21151, 21154, 21155, 21159, 21160, 21295, 21296, 21141, 21142, 21143, 21145, 21146, 21147. Continue PA for: 21120, 21121, 21122, 21123, 21125, 21127, 21208, 21209, 21270, 21280, and 21282. Change: Removed PA requirement for 21196 for ALOB. Rationale: Low utilization, low abuse, and the approval rate is >95%. Also, this procedure is related to primary surgery of Lefort.
- Reconstruction of Eyelid and Prostheses for Eye and Facial were removed from policy in 2021 due to low utilization. Related codes: 67950, 67961, 67966, 67971, 67973, 67974, 67975, L8040, L8041, L8042, L8043, L8044, L8045, L8046, L8047, L8048, L8049, L8610, L9900, V2623, V2624, V2625, V2626, V2627, V2628, V2629, and L8610. Continue with decision to keep these items off the policy.

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such. For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: [Click here for Medical Policies](#)

Web links:

At any time during your visit to this policy and find the source material web links has been updated, retired or superseded, PHP is not responsible for the continued viability of websites listed in this policy.

When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.