

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. **Scars:**

- 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.**

Prior authorization is required for Poland Syndrome.

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:**

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:

- 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/turbinectomy or would not be expected to resolve with septoplasty/turbinectomy 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](#)) for Medicare, Medicaid and Commercial. 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](#)) for Medicare, Medicaid and Commercial.

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](#)) for Medicare, Medicaid and Commercial.

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.

F. Excision, excessive skin:

For excision of excessive skin and subcutaneous tissue (including lipectomy); abdomen (abdominoplasty), will be considered on a case-by case basis. Excision of excessive skin will be considered reasonable and medically necessary when these procedures are performed due to another surgery being done at the same time and would affect the healing of the surgical incision. (see [Panniculectomy and Abdominoplasty, MPM 16.5](#)).

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:

- 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

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	Deformity of the Ear for (microtia) to improve hearing and Atresia
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

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

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.
17000	Destruct prealg lesion
17003	Destruct prealg les 2-14
17004	Destroy prealg lesions 15/>
17106	Destruction of skin lesions
17107	Destruction of skin lesions
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

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CPT Codes	Destruction of actinic keratosis see (TN 2039) (CR10473) of NCD (250.4)
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 cm ² 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 cm ² , 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 - Poland's Syndrome: 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
20900	Bone graft, any donor area; minor or small (e.g., dowel or button)
20902	Bone graft, any donor area; major or large
ICD-10 Code	ICD-10 codes for Poland's Syndrome
Q79.8	Other congenital malformations of musculoskeletal system [Poland's syndrome]

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

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].

CPT Codes	Reconstructive Surgery LCD (L35090) with related Article (A56587), and (LCD L39051) with related Article (A58774).
30465	Repair nasal stenosis
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).	

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.	

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

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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
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]

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

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].

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	Keratomeiosis
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

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3. Neil Chen, MD, Plastic Surgery. April 2004, July 2005
4. John M. Finley, MD, PMG Plastic Surgery, Albuquerque, NM. May 2009.

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03-25-15:	Annual Review
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:

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].

- 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 (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 OPPS 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).
- 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.

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.