

**Subject:** Restorative/Reconstructive/Cosmetic Surgery and Treatment

**Medical Policy #:** 18.5

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**Status:** Reviewed

**Last Annual Review Date:** 10-23-2024

## 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 reconstruction following mastectomy;
- Breast Implant removal and/or replacement and capsulectomy;
- Breast reduction mammoplasty for Symptomatic Breast Hypertrophy (Macromastia);
- Gigantomastia of Pregnancy;
- Gynecomastia;
- Tattooing
- External Breast Protheses
- Biological Implant for Tissue Reinforcement Procedure of Breast

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

**MPM 2.7**, *Blepharoplasty/Ptosis Surgery*

**MPM 16.5**, *Panniculectomy and Abdominoplasty (Excision of Excessive Skin)*

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

**MPM 16.10**, *Prophylactic Risk Reduction Surgery (Mastectomy & 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.

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. **Reconstructive surgery:**

For the following (A & B), 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.

**Dermabrasion 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 LCD ([L35090](#)) and related LCA ([A58774](#)) for coverage and criteria details on Dermabrasion.

**A. 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** Rhinoplasty/reconstructive nasal surgery is covered for the following indications:
  - a. Nasal fracture
  - b. Benign or malignant neoplasms
  - c. Nasal Obstruction

**B. Rhytidectomy (facelift):**

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

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

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

**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.

5. **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
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 ( <a href="#">A57113</a> ) related to (LCD <a href="#">L34938</a> ) or see ( <a href="#">TN 2039</a> ) ( <a href="#">CR10473</a> ) of NCD ( <a href="#">250.4</a> ) for treatment of actinic keratosis.
11200	Removal of skin tags <w/15
11201	Remove skin tags add-on

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.
11300	Shave skin lesion 0.5 cm/<
11301	Shave skin lesion 0.6-1.0 cm
11302	Shave skin lesion 1.1-2.0 cm
11303	Shave skin lesion >2.0 cm
11305	Shave skin lesion 0.5 cm/<
11306	Shave skin lesion 0.6-1.0 cm
11307	Shave skin lesion 1.1-2.0 cm
11308	Shave skin lesion >2.0 cm
11310	Shave skin lesion 0.5 cm/<
11311	Shave skin lesion 0.6-1.0 cm
11312	Shave skin lesion 1.1-2.0 cm
11313	Shave skin lesion >2.0 cm
11400	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less
11401	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm
11402	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm
11403	Exc tr-ext b9+marg 2.1-3cm
11404	Exc tr-ext b9+marg 3.1-4 cm
11406	Exc tr-ext b9+marg >4.0 cm
11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less
11421	Exc h-f-nk-sp b9+marg 0.6-1
11422	Exc h-f-nk-sp b9+marg 1.1-2
11423	Exc h-f-nk-sp b9+marg 2.1-3
11424	Exc h-f-nk-sp b9+marg 3.1-4
11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm
11440	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less
11441	Exc face-mm b9+marg 0.6-1 cm
11442	Exc face-mm b9+marg 1.1-2 cm
11443	Exc face-mm b9+marg 2.1-3 cm
11444	Exc face-mm b9+marg 3.1-4 cm
11446	Exc face-mm b9+marg >4 cm
17000	Destruct premalg lesion
17003	Destruct premalg les 2-14
17004	Destroy premal lesions 15/>
17106	Destruction of skin lesions

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

CPT Codes	For removal of benign skin lesions see Policy Article (A57113) related to (LCD L34938) or see (TN 2039) (CR10473) of NCD (250.4) for treatment of actinic keratosis.
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: <a href="https://www.cms.gov/Medicare/Coverage/DeterminationProcess/downloads/CR10473.zip">https://www.cms.gov/Medicare/Coverage/DeterminationProcess/downloads/CR10473.zip</a>	

CPT Codes	Destruction of actinic keratosis see (TN 2039) (CR10473) of NCD (250.4)
15788	Chemical peel, facial; epidermal
15789	Chemical peel, facial; dermal
15792	Chemical peel, nonfacial; epidermal

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CPT Codes	Destruction of actinic keratosis see <a href="#">(TN 2039)</a> <a href="#">(CR10473)</a> of NCD <a href="#">(250.4)</a>
15793	Chemical peel, nonfacial; dermal
For ICD-10 Codes (diagnosis) for above CPT codes see NCD <a href="#">(250.4)</a> for <a href="#">(TN 2039)</a> <a href="#">(CR10473)</a> or access: <a href="https://www.cms.gov/Medicare/Coverage/DeterminationProcess/downloads/CR10473.zip">https://www.cms.gov/Medicare/Coverage/DeterminationProcess/downloads/CR10473.zip</a>	

CPT Codes	Reconstructive Surgery LCD <a href="#">(L35090)</a> with related Article <a href="#">(A56587)</a> , and (LCD <a href="#">L39051</a> ) with related Article <a href="#">(A58774)</a> .
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
30410	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
30420	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip; including major septal repair
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
30435	Rhinoplasty, secondary; minor revision (small amount of nasal tip work); intermediate revision (bony work with osteotomies)
30450	Rhinoplasty, secondary; minor revision (small amount of nasal tip work); major revision (nasal tip work and osteotomies)
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies
30465	Repair nasal stenosis
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 <a href="#">(A56587)</a> or <a href="#">(A58774)</a> .	

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

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<b>CPT</b>	<b>CPT for: Repair of cleft lip/Palate and nasal deformity, this list is not inclusive</b>
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-Eslander 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
<b>ICD-10 Codes</b>	<b>Use appropriate ICD-10 code range for Cleft defects</b>
Q36.0 – Q36.9	Cleft lip
Q37.0 – Q37.9	Cleft plate with cleft lip

<b>CPT codes</b>	<b>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 (See LCA (A56658) for complete list of codes</b>
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

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	<b>Maxillofacial and Oral Reconstruction and Prosthetics.</b> <b>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 (See LCA (A56658) for complete list of codes)</b>
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)
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)

<b>CPT codes</b>	<b>Maxillofacial and Oral Reconstruction and Prosthetics.</b> <b>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 (See LCA (A56658) for complete list of codes)</b>
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)
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 10acrosomia)
21248	Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); partial. (Reconstruction of jaw)

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].

<b>CPT codes</b>	<b>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 (See LCA (<a href="#">A56658</a>) for complete list of codes</b>
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]
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]
<b>ICD-10 Diagnosis Codes</b>	
For the listed codes above see covered diagnosis listing in the Local Coverage Article for Cosmetic and Reconstructive Surgery ( <a href="#">A56658</a> )	

<b>CODE</b>	<b>Common Non-covered Cosmetic Procedures. See Policy Article (<a href="#">A58774</a>) The following CPT codes/procedures are generally considered cosmetic and may be medically reviewed or denied as non-covered.</b>
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

<b>CODE</b>	<b>Common Non-covered Cosmetic Procedures. See Policy Article (<a href="#">A58774</a>)</b> The following CPT codes/procedures are generally considered cosmetic and may be medically reviewed or denied as non-covered.
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
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	Keratomeleusis
65765	Keratophakia
65767	Epikeratoplasty
69090	Ear piercing
69300	Otoplasty, protruding ear, with or without size reduction

<b>CPT Codes</b>	<b>Other Surgery Integumentary repair due to injury/trauma.</b>
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

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].

<b>CPT Codes</b>	<b>Other Surgery Integumentary repair due to injury/trauma.</b>
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
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)

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

## Reviewed by / Approval Signatures

Population Health & Clinical Quality Committee: Clinton White, MD

Medical Director: Jim Romero, MD

Date Approved: 10-23-2024

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  - NMAC Title [8.310.2.13. D GENERAL NONCOVERED SERVICES Cosmetic services and surgeries](#), Effective 1/1/14. Accessed 09/27/2024.
  - NMAC Title [8.301.3.13 Dental Services](#), Last Update 5/14/2010. Accessed 09/27/2024.
  - NMAC Title [13.10.21.8.G\(5\) Other mandated benefits](#); Effective 09-01-2009. Accessed 09/27/2024.
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13. **UHC, Cosmetic and Reconstructive Procedures**, No. MP.007.25, Effective Date: April 1, 2023. **[Cited 05/09/2023]**

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May 2003	Effective Date
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06-24-09:	Annual Review and Revision.
01-27-10:	Revision: Dental Services section added
06-23-10:	Annual Review
02-22-12:	Annual Review and revision
01-29-14:	Annual Review
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"> <li>• Removal of Benign Skin: New codes added that will not need PA: 96567, 96573, 96574, J7308, and J7309.</li> <li>• Destruction of Actinic: PHP follows NCD 250.4 for all lines of business.</li> <li>• 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.</li> <li>• Reconstruction of Eyelid. New item added to policy. CPT codes 67950, 67966, 67971, 67973, 67974, 67975 will all require PA.</li> <li>• Prosthesis for Eye and Facial: This is a new item and applicable codes will not require a PA.</li> <li>• 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</li> <li>• Old Codes to be deleted from policy: D5916, D7950, D7995.</li> </ul>

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].

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:

- 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.

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

- **Deformity of Ear:** No change. Continue to follow criteria for ALOB. Continue no PA requirement for 69310, 69320, 69399, 21230, 21235, D5914.
- **Removal of Benign Skin:** No change in criteria. Continue to follow LCD L34938/LCA A57113 for ALOB. Prior Authorization is not required, except for Cryotherapy (17340).
- **Destruction of Actinic:**

- Photodynamic therapy: No change, continue to follow NCD 250.4 for ALOB. Continue no PA requirement for 96567, 96573, 96574.
- Chemical Peel: No change. Continue to follow NCD (250.4) for ALOB. Continue CY 2021 configuration to map ICD-10 (L57.0) to 15788, 15789, 15792, 15793 since there is no change to (A58774 - Group 8), for all LOB. Continue no PA requirement for these codes. No utilization.
- **Scar Revisions:** No change. Continue to follow MCG A-0495 for ALOB. Continue no PA requirement for: 15002, 15003, 15004, 15005, 23921, 24149, 24925, 25907, 25922, 25929, 27884, 31830, 67343.
- **Chest deformity associated with Poland Syndrome and Pectus Excavatum:** Added ALOB will follow criteria, this was left out erroneously. Continue to follow homegrown criteria for ALOB, which is still comparable to other payers. Pectus deformity repair CPT codes (21740, 21742, and 21743) and related surgical codes (11960, 20900 and 20902) will continue no prior auth requirement. Added Pectus excavatum ICD-10 codes (Q67.6 and M95.4). Added language that, "Prior authorization is not required for 11970 and 11971 when tissue expander is for Poland Syndrome" and added wording that PA is not required for pectus excavatum. Added a reference to policy CPT codes (11960, 11970, 11971, 15734, 15756, 15777, 19325, 19340, 19342, 19357, 19361, 19364, 19367, 19368, 19369, and 19380) related to Poland's syndrome surgery, these codes are managed in MPM 27.0 and MPM 18.5.
- **Dermabrasion:**
  - For dermabrasion code (15781), continue to follow Novitas LCD (L35090) and related LCA (A56587) for ALOB. Continue config to follow Wisconsin LCA (A58774) to pay only for medically necessary, Group 7-ICD-10 (L71.0, L71.1, and L71.8) for ALOB. PA will continue to be required for 15781 for ALOB.
  - Non-covered Dermabrasion: For ALOB, continue config to deny cosmetic codes (15780, 15782 & 15783) per LCA (A58774), Group 12. Added the non-covered codes to the policy.
  - For excision or planning of rhinophyma (30120), continue to follow the homegrown criteria. Continue to pay for only ICD-10 (L71.1) for ALOB. Continue no PA requirement for ALOB.
- **Nasal Surgery:** No change. Continue to follow LCD (L35090) and LCA (A56587) for ALOB. For codes 30465 and 30520, continue CY 2021 config to deny for Medicare and commercial; continue CY 2021 config to not pay in the office setting (Place of Service-11) based on (MPFS) guideline; and lastly to continue to only pay for the (46) medically necessary ICD-10 mentioned in LCA A56587 for ALOBs. For codes 30460 and 30462, continue CY 2021 config to only pay for dx (Q30.0, Q30.8, Q35.1, Q35.3, Q35.5, Q35.7, Q36.0, Q36.1, Q36.9, Q37.0, Q37.1, Q37.2, Q37.3, Q37.4, Q37.5, Q67.0, Q67.1, Q67.4) for ALOB. Continue no PA requirement for 30465, 30520, 30460, 30462 and 30468. Continue PA requirement for 30400, 30410, 30420, 30430, 30435, 30450.
- **Punch graft Hair Transplant:** No change. Continue to follow WPS LCD L39051/LCA A58774 for ALOB. Continue CY 2021 config to map (31) ICD-10 listed in LCA (A58774), Group-5 for CPT codes 15775 and 15776 for all LOB; and continue no PA requirement.
- **Tattooing:** No change. Continue to follow LCD L39051/LCA A58774 for ALOB. Continue CY 2021 config to map ICD-10 (Z42.1 and Z42.8) listed in LCA (A5877), Group-4 to codes (CPT 11920, 11921, 11922) and continue no PA requirement for ALOB.
- **Rhytidectomy:** No change. Continue to follow LCD L39051/LCA A58774 for ALOB. Continue CY 2021 config to deny 15824, 15825, 15826, it is still considered cosmetic and is non-covered for all LOB and continue no PA requirement. Continue PA requirement for 15828 and 15829.
- **Excision-excessive skin:** Removed Item "F" since item is managed in MPM 16.5.
- **Dermal Injections for facial Lipodystrophy Syndrome (LDS):** No change. Continue to follow NCD (250.5) for ALOB. Continue CY 2021 config of G0429, Q2026 & Q2028 to map to ICD-10 (B20 and E88.1) listed in LCA (A58774) Group 10 and continue no PA requirement for ALOB.
- **Maxillofacial and Oral Reconstruction:** Continue to follow the Palmetto LCD (L33428/LCA A56658) for ALOB. Continue no PA requirement for: 21137, 21138, 21139, 21150, 21151, 21154, 21155, 21159, 21160, 21295, 21296, 21141, 21142, 21143, 21145, 21146, 21147. Continue PA for: 21120, 21121, 21122, 21123, 21125, 21127, 21208, 21209, 21270, 21280, and 21282. Change: Removed PA requirement for 21196 for ALOB. Rationale: Low utilization, low abuse, and the approval rate is >95%. Also, this procedure is related to primary surgery of Lefort.
- Reconstruction of Eyelid and Prostheses for Eye and Facial were removed from policy in 2021 due to low utilization. Related codes: 67950, 67961, 67966, 67971, 67973, 67974, 67975, L8040, L8041, L8042, L8043, L8044, L8045, L8046, L8047, L8048, L8049, L8610, L9900, V2623, V2624, V2625, V2626, V2627, V2628, V2629, and L8610. Continue with decision to keep these items off

10-23-24

the policy.

**Annual Review**, PHP Medical Policy Committee's met October 1, 2024, and made the following determinations:

- **Deformity of Ear:** Criteria unchanged; No PA required; CPT 69300 remains non-covered.
- **Removal of Benign Skin:** Criteria unchanged; PA required only for cryotherapy (CPT 17340) — see below.
- **Destruction of Actinic:** Criteria unchanged; No PA required  
Configuration is set on Chemical peels — see below
- **Scar revisions: Removed PA for Fractional Ablative Laser (CPT 0479T, 0480T) due to low utilization, cost and abuse potential. The Scar Revisions section has been removed from this policy, along with associated codes. — see below**
- **Chest deformities (Poland Syndrome, Pectus Excavatum): PA removed due to low utilization, cost and abuse potential. Section has been removed from this policy, along with associated codes. — see below**
- **Dermabrasion: Rhinophyma removed PA and removed from this section due to low utilization, cost and abuse potential, along associated codes. — see below**  
All other criteria unchanged. Denial for non-covered cosmetic codes (15780, 15782, 15783), managed through configuration.
- **Nasal surgery:** Criteria unchanged;  
Configuration for 30465 and 30520 to deny Medicare & Commercial is still set, along with denial when performed in an office setting, (POS 11).  
Configuration and PA remains on some codes, — see below
- **Rhytidectomy:** Criteria unchanged; continued configuration to deny cosmetic procedures.  
Some configuration and PA are required on specified codes — see below.
- **Punch graft hair transplants, Tattooing and Dermal Injections for Facial Lipodystrophy Syndrome (LDS): Sections removed from this policy due to low utilization, cost, and abuse potential with No PA.**
- **Maxillofacial and oral reconstruction:** Criteria unchanged;  
PA required some services. — see below.

**All policies apply to ALOB unless specifically specified.**

- **The following CPT codes remained with no prior authorization (PA) required: for deformity of the ear**, the codes 69310, 69320, 69399, 21230, 21235, and D5914; for the **removal of benign skin**, all but specified cryotherapy have no PA; for the **destruction of actinic lesions**, the codes 96567, 96573, and 96574, In **nasal surgery**, the codes 30465, 30520, 30460, 30462, and 30468 do not require PA. Lastly, in **maxillofacial and oral reconstruction**, the codes 21137, 21138, 21139, 21150, 21151, 21154, 21155, 21159, 21160, 21295, 21296, 21141, 21142, 21143, 21145, 21146, and 21147 are also exempt from prior authorization.
- **The following CPT codes require prior authorization (PA):** for **removal of benign skin, cryotherapy (CPT 17340)** requires PA; for **nasal surgery**, the codes 30400, 30410, 30420, 30430, 30435, 30450 require PA; for **rhytidectomy**, the codes 15828 and 15829 require PA; and in **maxillofacial and oral reconstruction**, the codes 21120, 21121, 21122, 21123, 21125, 21127, 21208, 21209, 21270, 21280, and 21282 also require PA.
- **The following CPT codes are managed through configuration:**  
For **Deformity of Ear**, CPT code 69300 is non-covered and configured to deny; **destruction of actinic lesions** related to **chemical peels**, continues to be mapped through configuration for specified ICD-10 in the LCA on codes for CPT codes 15788, 15789, 15792, 15793; **dermabrasion**, non-covered cosmetic codes (15780, 15782, 15783) continue to be configured to deny; **nasal surgery**, CPT codes 30465 and 30520 are configured to *deny for Medicare and commercial plans*, and *in POS 11, ALOB*, and CPT codes 30460 and 30462 are configured to allow only for diagnoses (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); **Rhytidectomy** CPT codes 15824, 15825, 15826 are configured to deny non-covered cosmetic.
- **The following CPT codes were removed from this policy**, All codes from the **scar revision** section: CPT codes 15002, 15003, 15004, 15005, 23921, 24149, 24925, 25907, 25922, 25929, 27884, 31830, 67343, 0479T, and 0480T; for **chest deformity associated with Poland Syndrome and Pectus Excavatum**, the codes 11960, 11970, 11971, 15734, 15756, 15777, 19325, 19340, 19342, 19357, 19361, 19364, 19367, 19368, 19369, and 19380; for **dermabrasion**, the codes 15781 and 30120; for **punch graft hair transplant**, the codes 15775 and 15776; for **tattooing**, the codes 11920, 11921, and 11922; and for **dermal injections for**

**facial Lipodystrophy Syndrome (LDS)**, the codes G0429, Q2026, and Q2028.  
**All references related to these sections or codes have also been removed from the policy.**

*This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.*

*For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: [Click here for Medical Policies](#)*

**Web links:**

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

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