

## Cosmetic and Reconstructive Procedures

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### IMPORTANT REMINDER

*The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured's benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member.*

*The Medicare Advantage Medical Policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and the Centers of Medicare and Medicaid Services (CMS) policies, when available. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of CMS guidance for a requested service or procedure, the health plan may apply their Medical Policy Manual or MCG™ criteria, both of which are developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.*

*Medicare and EOCs exclude from coverage, among other things, services or procedures considered to be investigational, cosmetic, or not medically necessary, and in some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services.*

## DESCRIPTION

Cosmetic surgery is performed to reshape normal structures of the body to improve the patient's appearance and self-esteem. 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 appearance. (Noridian LCD L37020)

## MEDICARE ADVANTAGE POLICY CRITERIA

**Note:** This policy is not intended to address treatment of gender dysphoria. See the *Gender Affirming Interventions for Gender Dysphoria Medicare Advantage medical policy, Medicine, Policy No. M-153, which may be applicable.*

Procedure(s):	CPT and/or HCPCS Code(s)	CMS Coverage Manuals and National Coverage Determinations (NCD)*	Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCD) and Articles (LCA)*	Medical Policy Manual
Abdominoplasty <b>without</b> diastasis recti or <b>without</b> panniculectomy <ul style="list-style-type: none"> <li>• For repair of diastasis recti, see separate row below</li> <li>• For abdominoplasty <b>with</b> panniculectomy, see separate row below.</li> </ul>	17999  <i>Note, CPT code 15847 cannot be reported alone because it is an add-on code. It is the provider's responsibility to code correctly for all services rendered.</i>	"Cosmetic surgery or expenses incurred in connection with such surgery is not covered. Cosmetic surgery includes any surgical procedure directed at improving appearance, except when required for the prompt (i.e., as soon as medically feasible) repair of accidental injury or for the improvement of the functioning of a malformed body member. For example, this exclusion does not apply to surgery in connection with treatment of severe burns or repair of the face following a serious automobile accident, or to surgery for therapeutic purposes which coincidentally also serves some cosmetic purpose." <i>Medicare Benefit Policy Manual, Chapter 16, §120</i>		
Canthopexy/canthoplasty	21280, 21282, 67950	"Notwithstanding any other provision of this title, no payment may be made under part A or part B for any expenses incurred for items or services where such expenses are for cosmetic surgery or are incurred in connection therewith, except as required for the prompt repair of accidental injury or for improvement of the functioning of a malformed body member." <i>Title XVIII of the Social Security Act, Section 1862(a)(1)(P)(10)<sup>(4)</sup></i>		
Cervicoplasty	51819			
Collagen injection	11950-11954			
Correction of inverted nipples;	19355			
Electrolysis epilation;	17380			
Excision of excessive skin and subcutaneous tissue	15832-15839	The following guidelines will be applied in the absence of specific medical necessity criteria for the services in question:		

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(includes lipectomy) <b>for other than the abdomen and eyelids;</b>				
Excision or surgical planing of skin of nose for rhinophyma;	30120		1. If the intervention is intended to treat a functional impairment and if no other contract exclusions apply, it may be considered medically necessary.	
Macroductylia repair;	26590		2. If the intervention is not intended to treat a functional impairment, the cause of the condition must be determined (i.e., accident/injury/trauma, post-treatment, congenital anomaly, disease). If the cause of the condition is included as an exception to the Medicare cosmetic surgery exclusion, then the treatment may be covered.	
Malar augmentation;	21270		3. See Cross References for other policies that address services that may be considered dental in nature, including but not limited to, mandibular and maxillary procedures and dentures.	
Otoplasty, protruding ear, with or without size reduction;	69300			
Plastic operation on penis to correct angulation;	54360			
Punch graft hair transplant	15775, 15776	According to Title XVIII of the Social Security Act, <u>§1862 (a)(10)</u> , in order to review for medical necessity, medical records must include, as appropriate:		
Reconstruction of mandible or maxilla; (See Cross References for other policies addressing Medicare coverage of dental services)	21244-21246, 21248, 21249	<ul style="list-style-type: none"> <li>Documentation regarding the functional impairment that has been caused by the condition and that requires repair; and/or</li> <li>Documentation of an accident or injury that caused the condition.</li> </ul>		
Reduction of masseter muscle and bone;	21295, 21296	<b>Additional notes for consideration:</b>		
Reduction of the forehead;	21137-21139	From the LCD for <i>Plastic Surgery</i> ( <a href="#">L37020</a> ):		
Revision of tracheostomy scar;	31830	<ul style="list-style-type: none"> <li>Cosmetic surgery performed purely for the purpose of enhancing one's appearance is not eligible for coverage;</li> <li>Cosmetic surgery performed to treat psychiatric or emotional problems is not covered;</li> </ul>		

Procedure(s):	CPT and/or HCPCS Code(s)	CMS Coverage Manuals and National Coverage Determinations (NCD)*	Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCD) and Articles (LCA)*	Medical Policy Manual
Suture of tongue to lip for micrognathia;	41510			
Tattooing to correct color defects of skin;	11920-11922			
Umbilectomy, omphalectomy, excision of umbilicus	49250	<ul style="list-style-type: none"> <li>• Corrective facial surgery will be considered cosmetic rather than reconstructive when there is no functional impairment present;</li> <li>• If a noncovered cosmetic surgery is performed in the same operative period as a covered surgical procedure, benefits will be provided for the covered surgical procedure only.</li> <li>• 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 appearance.</li> <li>• Surgery to correct congenital defects, developmental abnormalities, trauma, infections, tumors, or disease may be covered when the surgery is considered reconstructive in nature.</li> </ul>		
Abdominal Lipectomy, Panniculectomy (with or without abdominoplasty), and Suction-Assisted Lipectomy	15830, 15847, 15876-15879		<p>Plastic Surgery (<a href="#">L37020</a>)<sup>[1]</sup></p> <p>Scroll to the “Public Version(s)” section at the bottom of the LCD for links to prior versions if necessary.</p>	
Blepharoplasty, Eyelid Surgery, and Brow Lift (endoscopic or open, aka, brow ptosis or browpexy)	15820-15823, 67900-67904, 67906, 67908, 67909, 67911, 67916, 67917,		<p><i>For CPT codes 15820 and 15821, see the “Lower Eyelid Blepharoplasty” section of the LCD listed below.</i></p>	

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	67923, 67924, 67999		<p>For CPT codes <b>15822, 15823, and 67900-67904, 67906, 67908, 67909, 67999</b>:  Blepharoplasty, Eyelid Surgery, and Brow Lift (<a href="#">L36286</a>)**</p> <p><i>For CPT codes 67911-67924, see notes regarding reconstructive surgery in the above LCD.</i></p> <p>Scroll to the “Public Version(s)” section at the bottom of the LCD for links to prior versions if necessary.</p>	
Chemical peel	15788, 15789, 15792, 15793	For the treatment of actinic keratosis (AKs): <a href="#">250.4</a>		For all other indications: <i>Chemical Peels, <a href="#">Policy No. 12.50</a> (see “Note” below)</i>

Procedure(s):	CPT and/or HCPCS Code(s)	CMS Coverage Manuals and National Coverage Determinations (NCD)*	Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCD) and Articles (LCA)*	Medical Policy Manual
CO2 laser resurfacing of lip	17999, 40799		<p>Non-Covered Services (<a href="#">L35008</a>)**</p> <p><i>See "Group 3" list of procedures in the LCD</i></p> <p>Scroll to the "Public Version(s)" section at the bottom of the LCD for links to prior versions if necessary.</p>	
Dental services/procedures	21244-21246, 21248, 21249	See Cross References for other policies addressing Medicare coverage of dental services.		
Dermabrasion, all indications	15780-15783, 15786, 15787	For the treatment of actinic keratosis (AKs): <a href="#">250.4</a>	<p>Plastic Surgery (<a href="#">L37020</a>)</p> <p>Scroll to the "Public Version(s)" section at the bottom of the LCD for links to prior versions if necessary.</p>	
Dermal injections for the treatment of facial lipodystrophy syndrome	C9800, G0429, Q2026, Q2028	<a href="#">250.5</a>		

Procedure(s):	CPT and/or HCPCS Code(s)	CMS Coverage Manuals and National Coverage Determinations (NCD)*	Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCD) and Articles (LCA)*	Medical Policy Manual
Laser Treatment of Port Wine Stains	17106-17108		<p>LCD L33979 states, "CPT codes 17106, 17107 and 17108 describe treatment of lesions that are usually cosmetic... clinical records should clearly document the medical necessity of such treatment and why the procedure is not cosmetic." However, the LCD does not provide criteria to determine coverage.</p>	<p>Laser Treatment for Port Wine Stains, <a href="#">Policy No. 12.34</a> (see "Note" below)</p>
Mastectomy for Gynecomastia	19300		<p>Plastic Surgery (<a href="#">L37020</a>)</p> <p>Scroll to the "Public Version(s)" section at the bottom of the LCD for links to prior versions if necessary.</p>	
Reconstructive Breast Surgery/Mastopexy, and Management of Breast Implants		See Cross References for policy addressing Medicare coverage of reconstructive breast procedures and implants not otherwise addressed in this policy		
Reduction Mammoplasty (Mammoplasty)		See Cross References for policy addressing Medicare coverage of reduction mammoplasty.		

Procedure(s):	CPT and/or HCPCS Code(s)	CMS Coverage Manuals and National Coverage Determinations (NCD)*	Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCD) and Articles (LCA)*	Medical Policy Manual
Revision of or Complications as a result of Prior Cosmetic Procedure		Medicare Benefit Policy Manual Chapter 16 <i>See Section 180 in the following link:</i> <a href="#">§180 - Services Related to and Required as a Result of Services Which Are Not Covered Under Medicare</a>	(See also the LCD for <i>Plastic Surgery (L37020)</i> , where it reads, “Benefits may be provided for complications arising from cosmetic surgery. Such complications include infection, hemorrhage, or other serious documented medical complication.”)	
Rhinoplasty and other nasal surgery	30400, 30410, 30420, 30430, 30435, 30450		Plastic Surgery ( <a href="#">L37020</a> )  Scroll to the “Public Version(s)” section at the bottom of the LCD for links to prior versions if necessary.	
Rhytidectomy	15824-15826, 15828, 15829	For <b>correction of “Moon Face”</b> : <a href="#">140.4</a>	For <b>all other indications</b> : Plastic Surgery ( <a href="#">L37020</a> )	



Procedure(s):	CPT and/or HCPCS Code(s)	CMS Coverage Manuals and National Coverage Determinations (NCD)*	Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCD) and Articles (LCA)*	Medical Policy Manual
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Scroll to the “Public Version(s)” section at the bottom of the LCD for links to prior versions if necessary.

Varicose Vein Treatment	See Cross References for policy addressing Medicare coverage of varicose vein treatments
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*At this time, Medicare coverage guidance is not available in the health plan’s service area for the following services. Therefore, the health plan’s medical policy is applicable.*

Hernial repair ( <i>with or without the use of component separation technique, or CST</i> )	15734, 49560, 49565, 49654, 49656		<i>Ventral Hernia Repair, <a href="#">Policy No. 12.03</a> (see “Note” below)</i>
Microdermabrasion, all indications	15780-15783, 15786, 15787		<i>Dermabrasion/Microdermabrasion, <a href="#">Policy No. 12.04</a> (see “Note” below)</i>
Pectus Excavatum	21740, 21742, 21743		<i>Pectus Excavatum, <a href="#">Policy No. 12.02</a> (see “Note” below)</i>
Surgical repair of diastasis recti	Includes but may not be limited to 17999		<i>Ventral Hernia Repair, <a href="#">Policy No. 12.03</a> (see “Note” below)</i>

Procedure(s):	CPT and/or HCPCS Code(s)	CMS Coverage Manuals and National Coverage Determinations (NCD)*	Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCD) and Articles (LCA)*	Medical Policy Manual
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**NOTE:** According to Title XVIII of the Social Security Act, §1862(a)(1)(A), only medically reasonable and necessary services are covered by Medicare. In the absence of a NCD, LCD, or other coverage guideline, CMS guidelines allow a Medicare Advantage Organization (MAO) to make coverage determinations, applying an **objective, evidence-based process, based on authoritative evidence**. ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)). The Medicare Advantage Medical Policy - Medicine Policy No. M-149 - provides further details regarding the plan's evidence-assessment process (see Cross References).

## POLICY GUIDELINES

### REQUIRED DOCUMENTATION

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome:

- Requested treatment, symptoms experienced, and history of condition being treated;
- Documentation regarding the functional impairment that has been caused by the condition and that requires repair; and/or
- Documentation of accident or injury that caused the condition.

## CROSS REFERENCES

[Dental Services](#), Allied Health, Policy No. M-35

[Investigational \(Experimental\) Services and New and Emerging Medical Technologies and Procedures](#), Medicine, Policy No. M-149

[Gender Affirming Interventions for Gender Dysphoria](#), Medicine, Policy No. M-153

[Reconstructive Breast Surgery, Mastopexy, and Management of Breast Implants](#), Surgery, Policy No. M-40

[Reduction Mammoplasty \(Mammoplasty\)](#), Surgery, Policy No. M-60

[Varicose Vein Treatment](#), Surgery, Policy No. M-104

[Orthognathic Surgery](#), Surgery, Policy No. M-137

[Adipose-derived Stem Cell Enrichment in Autologous Fat Grafting to the Breast](#), Surgery, Policy No. M-182

## REFERENCES

1. Medicare Benefit Policy Manual, Chapter 16 - General Exclusions From Coverage, [§120 – Cosmetic Surgery](#)
2. Medicare Benefit Policy Manual, Chapter 16 - General Exclusions From Coverage, [§180 - Services Related to and Required as a Result of Services Which Are Not Covered Under Medicare](#)
3. Title XVIII of the [Social Security Act, Section 1862\(a\)\(1\)\(P\)\(10\)](#)

## CODING

**NOTE:** CPT code 69090 is a Medicare Status “N” code, and therefore, is non-covered for Medicare and Medicare Advantage.

Codes	Number	Description
CPT	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
11950	Subcutaneous injection of filling material (eg, collagen); 1 cc or less
11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc
11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc
11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc
15734	Muscle, myocutaneous or fasciocutaneous flap; trunk
15775	Punch graft for hair transplant; 1 to 15 punch grafts
15776	Punch graft for hair transplant; more than 15 punch grafts
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)
15781	Dermabrasion; segmental, face
15782	Dermabrasion; regional, other than face
15783	Dermabrasion; superficial, any site (eg, tattoo removal)
15786	Abrasion; single lesion (eg, keratosis, scar)
15787	Abrasion; each additional four lesions or less
15788	Chemical peel, facial; epidermal
15789	Chemical peel; facial; dermal
15792	Chemical peel; nonfacial; epidermal
15793	Chemical peel; nonfacial; dermal
15819	Cervicoplasty
15820	Blepharoplasty, lower eyelid
15821	Blepharoplasty with extensive herniated fat pad
15822	Blepharoplasty, upper eyelid
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid
15824	Rhytidectomy; forehead
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)
15826	Rhytidectomy; glabellar frown lines
15828	Rhytidectomy; cheek, chin and neck
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand

15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen (e.g., abdominoplasty) (includes umbilical transposition and fascial plication)
15876	Suction assisted lipectomy; head and neck
15877	Suction assisted lipectomy; trunk
15878	Suction assisted lipectomy; upper extremity
15879	Suction assisted lipectomy; lower extremity
17106	Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); less than 10 sq cm
17107	Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); 10.0 to 50.0 sq cm
17108	Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); over 50 sq cm
17360	Chemical exfoliation for acne (eg, acne paste, acid)
17380	Electrolysis epilation, each 30 minutes
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue
19300	Mastectomy for gynecomastia
19355	Correction of inverted nipples
21137	Reduction forehead; contouring only
21138	Reduction forehead; contouring and application of contouring material or bone graft (includes obtaining autograft)
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)
21245	Reconstruction of mandible, or maxilla, subperiosteal implant; partial
21246	Reconstruction of mandible, or maxilla, subperiosteal implant; complete
21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial
21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete
21270	Malar augmentation, prosthetic material
21280	Medial canthopexy
21282	Lateral canthopexy
21295	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach
21296	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach
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

	26590	Repair macrodactylia, each digit
	30120	Excision or surgical planing of skin of nose for rhinophyma
	30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
	30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
	30420	Rhinoplasty, primary; including major septal repair
	30430	Rhinoplasty secondary; minor revision (small amount of nasal tip work)
	30435	Rhinoplasty secondary; intermediate revision (bony work with osteotomies)
	30450	Rhinoplasty secondary; major revision (nasal tip work and osteotomies)
	31830	Revision of tracheostomy scar
	40799	Unlisted procedure, lips
	41510	Suture of tongue to lip for micrognathia (Douglas type procedure)
	49250	Umbilectomy, omphalectomy, excision of umbilicus
	49560	Repair initial incisional or ventral hernia, reducible
	49565	Repair recurrent incisional or ventral hernia, reducible
	49654	Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible
	49656	Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); reducible
	54360	Plastic operation on penis to correct angulation
	67900	Repair or brow ptosis (supraciliary, mid-forehead or coronal approach)
	67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)
	67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)
	67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach
	67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach
	67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)
	67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (e.g., Fasanella-Servat type)
	67909	Reconstruction of overcorrection of ptosis
	67911	Correction of lid retraction
	67916	Repair of ectropion; excision tarsal wedge
	67917	Repair of ectropion; extensive (eg, tarsal strip operations)
	67923	Repair of entropion; excision tarsal wedge
	67924	Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operations)
	67950	Canthoplasty (reconstruction of canthus)
	67999	Unlisted procedure, eyelids
	69090	Ear piercing ( <i>Non-covered by Medicare</i> )
	69300	Otoplasty, protruding ear, with or without size reduction
<b>HCPCS</b>	G0429	Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome (LDS) (e.g., as a result of highly active antiretroviral therapy)

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Q2026	Injection, Radiesse, 0.1 ML
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Q2028	Injection, Sculptra, 0.5 mg
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**\*IMPORTANT NOTE:** Medicare Advantage medical policies use the most current Medicare references available at the time the policy was developed. Links to Medicare references will take viewers to external websites outside of the health plan's web control as these sites are not maintained by the health plan.