*Note this policy incorporates previously separate policies Blepharoptosis/Brow Ptosis Repair #91376, Facial Scar Revisions #91442 and Port Wine Stains and Vascular Malformations #91413.

POLICY/Criteria

I. Therapeutic Reconstructive Surgery
   A. Prior Plan approval is required from the Medical Director. Coverage is provided for therapeutic reconstructive surgery when it is performed to improve function as follows:
      1. Congenital anomaly that has resulted in a functional defect that was identified within 24 months of birth and repair was delayed for clinical reasons. (Congenital anomaly is defined as a condition existing at or from birth that is a significant deviation from the common form or norm and is other than a common racial or ethnic feature.)
      2. Treatment needed for the non-cosmetic repair of an accidental injury within a 24-month time frame of the injury. If repair is being performed in stages secondary to the extent of the injury, special consideration may be given to the extension of the 24-month requirement.
      3. As mandated by Federal or State laws such as in the case of breast reconstructive surgery following a mastectomy.

II. Clinical Functional Impairment
   A. Prior Plan approval is required from the Medical Director. Coverage is provided when the documentation demonstrates significant clinical functional impairment. "Clinical functional impairment" exists when the defects and/or effects of Illness or Injury:
      1. Cause significant disability or major psychological trauma, (Psychological reasons do not represent a medical or surgical necessity unless you are undergoing psychotherapy for issues solely related to the Illness or Injury for which the reconstructive surgery is requested.),
      2. Interfere with employment or regular attendance at school,
      3. Require surgery that is a component of a program of reconstruction surgery for congenital deformity or trauma, or
      4. Contribute to a major health problem.

Photographic documentation may be required as well.
III. Blepharoptosis/Brow Ptosis Repair

A. **Blepharoplasty** is a covered benefit only when necessary due to functional impairment (visual field obstruction) only when the indications below are met:

1. For patients in whom the *primary indication is visual field obstruction* all (a, b, & c) of the following criteria must be met:
   a. Visual field obstruction by lid without taping, that limits upper field to within thirty (30) degrees of fixation and;
   b. Visual field test with the eyelid taped shows improvement in the superior field of ten (10) degrees or more and;
   c. A photograph of the patient looking straight ahead must be provided
   
   OR
   
   d. If a patient meets these criteria (a, b,& c) in one eye only and a bilateral blepharoplasty is planned, the opposite eye must have visual field obstruction without taping that limits upper field to within forty (40) degrees of fixation for both eyes to be covered.
   
   e. If the *primary indication is dermatochalasis* then the above criteria also apply. In addition a lateral photograph showing skin touching the eyelashes must be provided.

2. Potential indications for blepharoplasty include, but are not limited to, the following:
   a. Mechanical
      - Blepharoconjunctivitis, or associated with true blepharoptosis
      - Dermatochalasis causing "pseudoptosis" with asthenopia
      - Disinsertion of the levator muscle
      - Ectropion or Entropion
      - Epiblepharon
   b. Inflammatory
      - Blepharochalasis with documented visual impairment
      - Floppy eyelid syndrome
      - Graves' ophthalmopathy and other metabolic disorders
   c. Traumatic
      - Following skin grafting for eyelid tissue or eyelid reconstruction
      - Orbital fracture

3. **Blepharoplasty is not a covered benefit for aesthetic or cosmetic purposes**, (i.e. when the surgery is performed to reshape normal structures of the body in order to improve appearance).

B. **Brow Ptosis Repair** — All of the following criteria must be met:

1. Visual field obstruction by brow without taping, that limits upper field to within thirty (30) degrees of fixation and;
2. Visual field test with the brow taped shows improvement in the superior field of ten (10) degrees or more and;
3. Photographs show the eyebrow below the supraorbital rim
C. Lower Lid Blepharoplasty
   1. Blepharoplasty of lower eyelids is not a covered benefit unless associated with ectropion, entropion or trichiasis.

IV. Facial Scar Revisions
A. One facial scar revision is covered if the repair is performed within two years of the event that caused the injury, unless either of the following applies:
   1. The impairment was not recognized at the time of the event. In that case, treatment must begin within two years of the time that the problem is identified.
   2. The treatment needs to be delayed because of developmental reasons.

V. Port Wine Stains and Vascular Malformations
A. Laser therapy for PWS or other vascular malformations is a covered benefit when determined to be medically necessary. Treatment for cosmetic reasons is not a covered benefit.

B. Laser therapy for PWS / vascular malformations is a covered benefit for any of the following:
   1. PWS on head or neck associated with other diseases or complications. Examples include PWS associated syndromes (e.g. Sturge-Weber, Wyburn-Mason, etc.), glaucoma, seizures, and spontaneous bleeding.
   2. PWS not on head or neck associated with central nervous system.
   3. Superficial PWS on head or neck for psychological or clinical prophylaxis for individuals <20 years of age.

   Technology — The pulsed dye laser is the current laser of choice for the treatment of PWS.

VI. Limitations and Exclusions
A. Therapies and procedures intended to change or restore appearance for cosmetic purposes are not a covered benefit. Coverage is not provided for cosmetic procedures regardless of the underlying causes of the condition and even if it is expected that the proposed cosmetic procedure may be psychologically beneficial to the member.

B. There are a number of “gray” areas that depending upon the situation may be considered cosmetic or reconstructive/medically indicated. Specific policies addressing these areas have been developed providing coverage guidelines. They are as follows:
   • Bariatric Surgery
   • Breast Reconstruction
   • Breast Reduction
- Breast Implant Explantation
- Orthognathic Surgery
- Panniculectomy
- Reduction Mammoplasty
- Refractive Keratoplasty
- Rhinoplasty
- Varicose Vein treatments
- Selected Skin conditions

C. In general, coverage is not provided for the following conditions and/or procedures:
- Birthmarks, blemishes
- Botox for wrinkles
- Breast augmentation/lift except when provided as part of post-mastectomy reconstructive services
- Brow lift
- Chemical peeling
- Collagen injections or implants
- Dental congenital abnormalities
- Dermabrasion
- Diastasis recti repair
- Electrolysis
- Excision or repair of excess or sagging skin except Panniculectomy
- Face lifts or related procedures to diminish the aging process
- Fat grafts, unless an integral part of another Covered procedure
- Hair transplants or repair of any congenital or acquired hair loss, including hair analysis
- Labial Hypertrophy
- Laser facial resurfacing
- Laser hair removal
- Liposuction, unless an integral part of another Covered procedure
- Moles/nevus (excluding atypical moles/dysplastic nevi)
- Orthodontic treatment, even when provided along with reconstructive surgery
- Otoplasty
- Refractive eye surgery (LASIK)
- Removal (any method) for excessive hair growth, even if caused by underlying medical condition
- Rhinophyma treatment
- Rhytidectomy (wrinkle removal)
- Salabrasion
- Spider vein repair or removal
• Tattoo removal
• Torn ear lobe repair
• Transgender procedures (unless identified as covered in the Gender Reassignment Surgery medical policy)

MEDICAL NECESSITY REVIEW
Therapeutic Reconstructive Surgery
☒ Required
Clinical Functional Impairment
☒ Required
Blepharoptosis/Brow Ptosis Repair
☒ *Required for Medicaid, fully-funded PPO and self-funded products including: SF PPO, SF EPO, SF POS
*No prior authorization is required for members under 19 years of age.
Facial Scar Revisions
☒ Not Required
Port Wine Stains and Vascular Malformations
☒ Not Required

APPLICATION TO PRODUCTS

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

☒ HMO/EPO: This policy applies to insured HMO/EPO plans.
☒ POS: This policy applies to insured POS plans.
☒ PPO: This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.
☒ ASO: For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.
☒ INDIVIDUAL: For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.
☒ MEDICARE: Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.
☒ MEDICAID/HEALTHY MICHIGAN PLAN: For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: http://www.michigan.gov/mdch/0,1607,7-132-2945-42542-42543-42546-42551-159815--,00.html. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945-5100-87572--,00.html, the Michigan Medicaid Provider Manual will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.
DESCRIPTION/BACKGROUND

Cosmetic Reconstruction and Surgery Procedures

Plastic surgery is a general term for operative manual and instrumental treatment, which is performed, for functional or cosmetic reasons. The word "plastic" derives from the Greek plastikos meaning to mould or to shape.

The principal areas of plastic surgery include two broad fields.

- Cosmetic surgery is performed on normal structures of the body primarily to improve appearance and/or self-esteem rather than to restore the anatomy and/or functions of the body that are lost or impaired due to an illness or injury. Cosmetic surgery is not considered a medical necessity.
- Reconstructive surgery, including microsurgery, focuses on undoing or masking the destructive effects of trauma, surgery or disease. It is performed on abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. Reconstructive surgery is often performed on burn and accident victims. It may involve the rebuilding of severely fractured bones, as well as skin grafting. Reconstructive surgery includes such procedures as the reattachment of an amputated finger or toe, or implanting a prosthesis. It is generally performed to improve function, but may also be done to approximate a normal appearance.

Blepharoptosis/Brow Ptosis Repair

Blepharoplasty is performed for either functional or cosmetic purposes. The goal of functional reconstructive surgery is to restore normal structure that has been altered by trauma, infection, inflammation, degeneration, neoplasia or developmental errors. The most common functional indication for blepharoplasty is a superior visual field defect secondary to redundant upper eyelid tissue (dermatochalasis) that overhangs the eyelid margin. The best candidates for eyelid surgery are men and women who are physically healthy, psychologically stable and realistic in their expectations. Most are 35 or older, but if droopy, baggy eyelids run in the family, surgery may be indicated at a younger age.

Symptoms related to ptosis or dermatochalasis include decreased visual fields (most commonly superior), symptoms of fatigue from keeping the eyes open, brow ache, or sensation of the upper lid skin resting on the lashes.

Facial Scar Revisions

Even in the best of circumstances, repair of facial injuries can often times result in significant scarring that is cosmetically unacceptable. Since traumatic facial injuries are often repaired under suboptimal conditions, Priority Health will cover one revision of facial scars. Member co-pays and co-insurance will apply. Coverage is limited to one revision only.
Port Wine Stains and Vascular Malformations
Port wine stains (PWS) are congenital anomalies that may occur anywhere on the body.

PWS Classifications:
- Grade I lesions: vessel diameters are in the 80 μm range. These lesions are light pink macules.
- Grade II lesions: vessel diameters measure up to 120 μm. These lesions are darker pink macules.
- Grade III lesions: vessel diameters measure up to 150 μm. These lesions are red macules.
- Grade IV lesions: vessel diameters are greater than 150 μm. These lesions are purple and may become papular.

Vascular malformations are abnormal clusters of blood vessels that occur during fetal development. Although they are always present at birth, they may not be visible until weeks or even years after birth. These lesions will typically grow in proportion to the growth of the child. While they sometimes grow quite rapidly, their growth is usually gradual and steady during the first year of life. Without treatment, a vascular malformation will not diminish or disappear. Port wine stains (PWS) are vascular malformations that are present at birth and occur primarily on the face and neck. PWS grow proportionately with the child, darken with age, and do not fade or disappear. Long-term complications are psychological disturbances and skin hypertrophy which increases the risk of spontaneous bleeding.

The treatment of choice is pulsed dye laser therapy for light skin. However, the Nd:YAG infrared laser is the laser of choice for dark skin. Due to the deficiency or absence of nerve supply to the blood vessels, the blood will in time repool and the PWS will once again reappear. Maintenance laser treatments are necessary since it is common for PWS to recur after several years.

CODING INFORMATION

Cosmetic Reconstruction and Surgery Procedures
ICD-10 Codes that EXCLUDE coverage of any services:

- Z41.1 Encounter for cosmetic surgery
- Z41.8 Encounter for other procedures for purposes other than remedying health state
- Z41.9 Encounter for procedure for purposes other than remedying health state, unspecified
- Z42.8 Encounter for other plastic and reconstructive surgery following medical procedure or healed injury
### CPT/HCPCS Codes:

The following codes are generally not covered. *Auth required for exception to exclusion. List should not be considered inclusive of all possible applicable codes. Refer to specific medical policies for exception criteria, if applicable.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>10040</td>
<td>Acne Surgery</td>
</tr>
<tr>
<td>11920</td>
<td>Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq. cm or less</td>
</tr>
<tr>
<td>11921</td>
<td>Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq. cm</td>
</tr>
<tr>
<td>11922</td>
<td>Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq. cm (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>11950</td>
<td>Subcutaneous injection of filling material (e.g., collagen); 1 cc or less</td>
</tr>
<tr>
<td>11951</td>
<td>Subcutaneous injection of filling material (e.g., collagen); 1.1 to 5.0 cc</td>
</tr>
<tr>
<td>11952</td>
<td>Subcutaneous injection of filling material (e.g., collagen); 5.1 to 10.0 cc</td>
</tr>
<tr>
<td>11954</td>
<td>Subcutaneous injection of filling material (e.g., collagen); over 10.0 cc</td>
</tr>
<tr>
<td>11960*</td>
<td>Insertion of tissue expander(s) for other than breast, including subsequent expansion</td>
</tr>
<tr>
<td>15775</td>
<td>Punch graft for hair transplant; 1 to 15 punch grafts</td>
</tr>
<tr>
<td>15776</td>
<td>Punch graft for hair transplant; more than 15 punch grafts</td>
</tr>
<tr>
<td>15780</td>
<td>Dermabrasion; total face (e.g., for acne scarring, fine wrinkling, rhytids, general keratosis)</td>
</tr>
<tr>
<td>15781</td>
<td>Dermabrasion; segmental, face</td>
</tr>
<tr>
<td>15782</td>
<td>Dermabrasion; regional, other than face</td>
</tr>
<tr>
<td>15783</td>
<td>Dermabrasion; superficial, any site, (e.g., tattoo removal)</td>
</tr>
<tr>
<td>15786</td>
<td>Abrasion; single lesion (e.g., keratosis, scar)</td>
</tr>
<tr>
<td>15787</td>
<td>Abrasion; each additional four lesions or less (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>15788</td>
<td>Chemical peel, facial; epidermal</td>
</tr>
<tr>
<td>15789</td>
<td>Chemical peel, facial; dermal</td>
</tr>
<tr>
<td>15792</td>
<td>Chemical peel, nonfacial; epidermal</td>
</tr>
<tr>
<td>15793</td>
<td>Chemical peel, nonfacial; dermal</td>
</tr>
<tr>
<td>15819</td>
<td>Cervicoplasty</td>
</tr>
<tr>
<td>15824</td>
<td>Rhytidectomy; forehead</td>
</tr>
<tr>
<td>15825</td>
<td>Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)</td>
</tr>
<tr>
<td>15826</td>
<td>Rhytidectomy; glabellar frown lines</td>
</tr>
<tr>
<td>15828</td>
<td>Rhytidectomy; cheek, chin, and neck</td>
</tr>
<tr>
<td>15829</td>
<td>Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap</td>
</tr>
<tr>
<td>15832</td>
<td>Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh</td>
</tr>
<tr>
<td>15833</td>
<td>Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg</td>
</tr>
<tr>
<td>15834</td>
<td>Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip</td>
</tr>
<tr>
<td>15835</td>
<td>Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock</td>
</tr>
<tr>
<td>15836</td>
<td>Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm</td>
</tr>
<tr>
<td>15837</td>
<td>Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand</td>
</tr>
<tr>
<td>15838</td>
<td>Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
<td>------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>15839</td>
<td>Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area</td>
</tr>
<tr>
<td>15876</td>
<td>Suction assisted lipectomy; head and neck</td>
</tr>
<tr>
<td>15877</td>
<td>Suction assisted lipectomy; trunk</td>
</tr>
<tr>
<td>15878</td>
<td>Suction assisted lipectomy; upper extremity</td>
</tr>
<tr>
<td>15879</td>
<td>Suction assisted lipectomy; lower extremity</td>
</tr>
<tr>
<td>17340</td>
<td>Cryotherapy (CO2 slush, liquid N2) for acne</td>
</tr>
<tr>
<td>17360</td>
<td>Chemical exfoliation for acne (e.g., acne paste, acid)</td>
</tr>
<tr>
<td>17380</td>
<td>Electrolysis epilation, each 30 minutes</td>
</tr>
<tr>
<td>19316</td>
<td>Mastopexy</td>
</tr>
<tr>
<td>19355</td>
<td>Correction Inverted Nipples</td>
</tr>
<tr>
<td>21076</td>
<td>Impression and custom preparation; surgical obturator prosthesis</td>
</tr>
<tr>
<td>21079</td>
<td>Impression and custom preparation; interim obturator prosthesis</td>
</tr>
<tr>
<td>21080</td>
<td>Impression and custom preparation; definitive obturator prosthesis</td>
</tr>
<tr>
<td>21081</td>
<td>Impression and custom preparation; mandibular resection prosthesis</td>
</tr>
<tr>
<td>21082</td>
<td>Impression and custom preparation; palatal augmentation prosthesis</td>
</tr>
<tr>
<td>21083</td>
<td>Impression and custom preparation; palatal lift prosthesis</td>
</tr>
<tr>
<td>21085</td>
<td>Impression and custom preparation; oral surgical splint</td>
</tr>
<tr>
<td>21120*</td>
<td>Genioplasty; augmentation (autograft, allograft, prosthetic material)</td>
</tr>
<tr>
<td>21137*</td>
<td>Reduction forehead; contouring only</td>
</tr>
<tr>
<td>21138*</td>
<td>Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)</td>
</tr>
<tr>
<td>21139*</td>
<td>Reduction forehead; contouring and setback of anterior frontal sinus wall</td>
</tr>
<tr>
<td>21125*</td>
<td>Augmentation, mandibular body or angle; prosthetic material</td>
</tr>
<tr>
<td>21127*</td>
<td>Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)</td>
</tr>
<tr>
<td>21150*</td>
<td>Reconstruction midface, LeFort II; anterior intrusion (e.g., Treacher-Collins Syndrome)</td>
</tr>
<tr>
<td>21151*</td>
<td>Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)</td>
</tr>
<tr>
<td>21154*</td>
<td>Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I</td>
</tr>
<tr>
<td>21155*</td>
<td>Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I</td>
</tr>
<tr>
<td>21159*</td>
<td>Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (e.g., mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I</td>
</tr>
<tr>
<td>21160*</td>
<td>Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (e.g., mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort</td>
</tr>
<tr>
<td>21172*</td>
<td>Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)</td>
</tr>
<tr>
<td>21175*</td>
<td>Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (e.g., plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>21179*</td>
<td>Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)</td>
</tr>
<tr>
<td>21180*</td>
<td>Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)</td>
</tr>
<tr>
<td>21181*</td>
<td>Reconstruction by contouring of benign tumor of cranial bones (e.g., fibrous dysplasia), extracranial</td>
</tr>
<tr>
<td>21182*</td>
<td>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</td>
</tr>
<tr>
<td>21183*</td>
<td>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</td>
</tr>
<tr>
<td>21184*</td>
<td>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</td>
</tr>
<tr>
<td>21230*</td>
<td>Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)</td>
</tr>
<tr>
<td>21235*</td>
<td>Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)</td>
</tr>
<tr>
<td>21244*</td>
<td>Reconstruction of mandible, extraoral, with transosseal bone plate (e.g., mandibular staple bone plate)</td>
</tr>
<tr>
<td>21245*</td>
<td>Reconstruction of mandible or maxilla, subperiosteal implant; partial</td>
</tr>
<tr>
<td>21246*</td>
<td>Reconstruction of mandible or maxilla, subperiosteal implant; complete</td>
</tr>
<tr>
<td>21247*</td>
<td>Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining autografts) (e.g., for hemifacial microsomia)</td>
</tr>
<tr>
<td>21255*</td>
<td>Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)</td>
</tr>
<tr>
<td>21256*</td>
<td>Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (e.g., micro-ophthalmia)</td>
</tr>
<tr>
<td>21260*</td>
<td>Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach</td>
</tr>
<tr>
<td>21261*</td>
<td>Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach</td>
</tr>
<tr>
<td>21263*</td>
<td>Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement</td>
</tr>
<tr>
<td>21267*</td>
<td>Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach</td>
</tr>
<tr>
<td>21268*</td>
<td>Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach</td>
</tr>
<tr>
<td>21270*</td>
<td>Malar augmentation, prosthetic material</td>
</tr>
<tr>
<td>21275*</td>
<td>Secondary revision of orbitocraniofacial reconstruction</td>
</tr>
<tr>
<td>21280*</td>
<td>Medial canthopexy (separate procedure)</td>
</tr>
<tr>
<td>21282*</td>
<td>Lateral canthopexy</td>
</tr>
<tr>
<td>21295*</td>
<td>Reduction of masseter muscle and bone (e.g., for treatment of benign masseteric hypertrophy); extraoral approach</td>
</tr>
<tr>
<td>21296*</td>
<td>Reduction of masseter muscle and bone (e.g., for treatment of benign masseteric hypertrophy); intraoral approach</td>
</tr>
<tr>
<td>26590*</td>
<td>Repair macrodactyilia, each digit</td>
</tr>
</tbody>
</table>
30120  Excision or surgical planing of skin of nose for rhinophyma

56620  Vulvectomy simple; partial
        for dx N90.6 Hypertrophy of vulva  (labial hypertrophy)

69090  Piercing of Ear
69300  Otoplasty, protruding ear, with or without size reduction
69310* Reconstruction of external auditory canal (meatoplasty) (e.g., for stenosis due to injury, infection) (separate procedure)
69320* Reconstruction external auditory canal for congenital atresia, single stage

Also See

Additional policies that may be referenced:
91273  Orthognathic Surgery
91326  Varicose Vein Treatment
91444  Panniculectomy/Abdominoplasty
91456  Skin Conditions
91506  Septoplasty/Rhinoplasty
91529  Refractive Keratoplasty/Lasik
91542  Oral Surgery & Dental Extractions
91545  Breast Related Procedures
91595  Surgical Treatment of Obesity
91612  Gender Reassignment Surgery

Blepharoptosis/Brow Ptosis Repair
ICD-10 Codes that may apply:
C43.10 – C43.12  Malignant melanoma of eyelid, including canthus
C44.101 – C44.199 Malignant neoplasm of skin of eyelid, including canthus
D03.10 – D03.12  Melanoma in situ of eyelid, including canthus

D04.10 – D04.12  Carcinoma in situ of skin of eyelid, including canthus
D04.30 – S04.39  Carcinoma in situ of skin of other part of face
D22.10 – D22.12  Melanocytic nevi of eyelid, including canthus
D23.10 – D23.12  Other benign neoplasm of skin of eyelid, including canthus
E05.00  Thyrotoxicosis with diffuse goiter without thyrotoxic crisis or storm
G24.5  Blepharospasm
G51.9  Disorder of facial nerve, unspecified
H02.001 – H02.059  Entropion and trichiasis of
H02.101 – H02.139  Unspecified ectropion of eyelid
H02.211 – H02.239  Cicatricial lagophthalmos
H02.30 – H02.36  Blepharochalasis
H02.401 – H02.439  Ptosis of eyelid
H02.520 – H02.529  Blepharophimosis
H02.531 – H02.539  Eyelid retraction
H02.831 – H02.839  Dermatochalasis of eyelid
H02.89  Other specified disorders of eyelid
H05.20  Unspecified exophthalmos
H10.501 – H10.509  Unspecified blepharoconjunctivitis
Q10.0 – Q10.3  Congenital malformations of eyelid
S00.10x – S00.12xS  Contusion of eyelid and periorcular area
S01.10x – S01.109S  Unspecified open wound of eyelid and periorcular area
S01.111A – S01.119S  Laceration without foreign body of eyelid and periorcular area
S01.121A – S01.129S  Laceration with foreign body of eyelid and periorcular area
S01.131A – S01.139S  Puncture wound without foreign body of eyelid and periorcular area
S01.141A – S01.149S  Puncture wound with foreign body of eyelid and periorcular area
S01.151A – S01.159S  Open bite of eyelid and periorcular
T26.00x – T26.02xS  Burn of eyelid and periorcular area
T26.50x – T26.52xS  Corrosion of eyelid and periorcular area

CPT/HCPCS Codes
The following procedures require prior authorization for members 19 years and older for PPO, Medicaid, and Self-funded products:
15820  Blepharoplasty, lower eyelid;
15821  Blepharoplasty, lower eyelid; with extensive herniated fat pad
15822  Blepharoplasty, upper eyelid;
15823  Blepharoplasty, upper eyelid; with excessive skin weighting down lid
67900  Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
67901  Repair of blepharoptosis; frontalis muscle technique with suture or other material
67902  Repair of blepharoptosis; frontalis muscle technique with 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  Reduction of overcorrection of ptosis

Facial Scar Revisions
ICD-10 Codes that apply:
L90.5  Scar conditions and fibrosis of skin
L91.0  Hypertrophic scar

CPT/HCPCS Codes
All procedures billed with the diagnoses above, fall under the scope of this policy:
Medication
Physician Services including injections
Surgery – including but not limited to:
11300 – 11313  Shaving
11400 – 11446  Excision
11900 – 11901  Injection
11950 – 11954  Filling
Cosmetic and Reconstructive Surgery Procedures

12001 – 14350 Repair
15781 – 15787 Abrasion
17000 – 17004, 17110 – 17111, 17250 Destruction

Services may be subject to benefit limitations (refer to plan documents for benefit details)
Services for these diagnoses are not covered for Priority Medicaid products.

**Port Wine Stains and Vascular Malformations**

**ICD-10 Codes** that apply:
- D18.00  Hemangioma unspecified site
- D18.01  Hemangioma of skin and subcutaneous tissue
- Q82.5  Congenital non-neoplastic nevus

**CPT/HCPCS Codes:**
General services that may be subject to benefit limitations (refer to plan documents for benefit details)
- Medication
- Imaging
- Lab/Path
- Physician Services including injections
- Surgery – including but not limited to:
  - 11300 – 11313  Shaving
  - 11400 – 11446  Excision
  - 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 50.0 sq. cm

**REFERENCES**

**Cosmetic Reconstruction and Surgery Procedures**

**Blepharoptosis/Brow Ptosis Repair**
Cosmetic and Reconstructive Surgery Procedures

1. Aetna Clinical Policy Bulletin # 0084 - Ptosis Surgery
   http://www.aetna.com/cpb/data/CPBA0084.html

Port Wine Stains and Vascular Malformations

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