

***COSMETIC AND RECONSTRUCTIVE SURGERY PROCEDURES**

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Status: Current

**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/nevi (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.*

- 10040 Acne Surgery
- 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 (List separately in addition to code for primary procedure)
- 11950 Subcutaneous injection of filling material (e.g., collagen); 1 cc or less
- 11951 Subcutaneous injection of filling material (e.g., collagen); 1.1 to 5.0 cc
- 11952 Subcutaneous injection of filling material (e.g., collagen); 5.1 to 10.0 cc
- 11954 Subcutaneous injection of filling material (e.g., collagen); over 10.0 cc
- 11960* Insertion of tissue expander(s) for other than breast, including subsequent expansion
- 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 (e.g., for acne scarring, fine wrinkling, rhytids, general keratosis)
- 15781 Dermabrasion; segmental, face
- 15782 Dermabrasion; regional, other than face
- 15783 Dermabrasion; superficial, any site, (e.g., tattoo removal)
- 15786 Abrasion; single lesion (e.g., keratosis, scar)
- 15787 Abrasion; each additional four lesions or less (List separately in addition to code for primary procedure)
- 15788 Chemical peel, facial; epidermal
- 15789 Chemical peel, facial; dermal
- 15792 Chemical peel, nonfacial; epidermal
- 15793 Chemical peel, nonfacial; dermal
- 15819 Cervicoplasty
- 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
- 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
19316	Mastopexy
19355	Correction Inverted Nipples
21076	Impression and custom preparation; surgical obturator prosthesis
21079	Impression and custom preparation; interim obturator prosthesis
21080	Impression and custom preparation; definitive obturator prosthesis
21081	Impression and custom preparation; mandibular resection prosthesis
21082	Impression and custom preparation; palatal augmentation prosthesis
21083	Impression and custom preparation; palatal lift prosthesis
21085	Impression and custom preparation; oral surgical splint
21120*	Genioplasty; augmentation (autograft, allograft, prosthetic material)
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
21125*	Augmentation, mandibular body or angle; prosthetic material
21127*	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)
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
21172*	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)
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)

- 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
- 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
- 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
- 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
- 21230* Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)
- 21235* Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)
- 21244* Reconstruction of mandible, extraoral, with transosteal bone plate (e.g., mandibular staple bone plate)
- 21245* Reconstruction of mandible or maxilla, subperiosteal implant; partial
- 21246* Reconstruction of mandible or maxilla, subperiosteal implant; complete
- 21247* Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (e.g., for hemifacial microsomia)
- 21255* Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
- 21256* Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (e.g., micro-ophthalmia)
- 21260* Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach
- 21261* Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach
- 21263* Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement
- 21267* Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach
- 21268* Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach
- 21270* Malar augmentation, prosthetic material
- 21275* Secondary revision of orbitocraniofacial reconstruction
- 21280* Medial canthopexy (separate procedure)
- 21282* Lateral canthopexy
- 21295* Reduction of masseter muscle and bone (e.g., for treatment of benign masseteric hypertrophy); extraoral approach
- 21296* Reduction of masseter muscle and bone (e.g., for treatment of benign masseteric hypertrophy); intraoral approach
- 26590 * Repair macrodactylia, each digit

30120	Excision or surgical planing of skin of nose for rhinophyma
56620	Vulvectomy simple; partial for dx N90.6 Hypertrophy of vulva (<i>labial hypertrophy</i>)
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
H02.521 – 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
S00.10xA – S00.12xS	Contusion of eyelid and periocular area
S01.101A – S01.109S	Unspecified open wound of eyelid and periocular area
S01.111A – S01.119S	Laceration without foreign body of eyelid and periocular area
S01.121A – S01.129S	Laceration with foreign body of eyelid and periocular area
S01.131A – S01.139S	Puncture wound without foreign body of eyelid and periocular area
S01.141A – S01.149S	Puncture wound with foreign body of eyelid and periocular area
S01.151A – S01.159S	Open bite of eyelid and periocular
T26.00xA – T26.02xS	Burn of eyelid and periocular area
T26.50xA – T26.52xS	Corrosion of eyelid and periocular 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

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

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Cosmetic Reconstruction and Surgery Procedures

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Blepharoptosis/Brow Ptosis Repair

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Port Wine Stains and Vascular Malformations

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