

COSMETIC AND RECONSTRUCTIVE SURGERY PROCEDURES

Effective Date: June 1, 2024

Review Dates: 7/07, 6/08, 6/09, 10/09, 10/10, 2/11,
2/12, 2/13, 2/14, 2/15, 2/16, 2/17, 2/18, 2/19, 11/19,
2/20, 2/21, 5/21, 5/22, 5/23, 5/24

Date Of Origin: July 2007

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.

Summary of Changes

- Addition:
 - Submission of photographic documentation is required for procedures that with both reconstructive and cosmetic indications.
 - V.C - Fractional ablative laser treatment with a CO₂ laser for hypertrophic burns and trauma scars causing functional impairment is medically necessary; Fractional laser treatment for keloid scars is not medically necessary.
- Clarification:
 - VI.3 – Changed terminology: “individual <20 years of age” to “pediatric patients”.

POLICY/CRITERIA**I. Cosmetic Surgery**

- 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. In general, coverage is not provided for the following conditions and/or procedures:
 - 1. Abdominoplasty (unless specified in Panniculectomy/Abdominoplasty medical policy # 91444)
 - 2. Birthmarks, blemishes
 - 3. Botox for wrinkles
 - 4. Breast augmentation/lift except when provided as part of post-mastectomy reconstructive services
 - 5. Brow lift
 - 6. Chemical peeling
 - 7. Collagen injections or implants
 - 8. Dental congenital abnormalities
 - 9. Dermabrasion

10. Diastasis recti repair
11. Electrolysis
12. Excision or repair of excess or sagging skin except Panniculectomy
13. Face lifts or related procedures to diminish the aging process
14. Fat grafts, unless an integral part of another Covered procedure
15. Hair transplants or repair of any congenital or acquired hair loss, including hair analysis
16. Labial Hypertrophy
17. Laser facial resurfacing
18. Laser hair removal
19. Liposuction, unless an integral part of another Covered procedure
20. Moles/nevi (excluding atypical moles/dysplastic nevi)
21. Orthodontic treatment, even when provided along with reconstructive surgery
22. Otoplasty
23. Refractive eye surgery (LASIK)
24. Removal (any method) for excessive hair growth, even if caused by underlying medical condition
25. Rhinophyma treatment
26. Rhytidectomy (wrinkle removal)
27. Salabrasion
28. Spider vein repair or removal
29. Tattoo removal
30. Torn ear lobe repair
31. Transgender procedures (unless identified as covered in the Gender Affirming Surgery medical policy 91612)

II. Therapeutic Reconstructive Surgery

- A. Prior Plan approval is required from the Medical Director. Therapeutic reconstructive surgery is medically necessary 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.
- B. Revisions of prior surgery for aesthetic/cosmetic reasons are not covered unless there were surgical complications such as cellulitis, other infections, lymphedema, hematoma, or significant skin or flap necrosis. Examples of

non-covered conditions include breast reconstruction nipple fading, and loss of symmetry, for any reason, including tissue atrophy.

- C. Submission of photographs is required for procedures with both reconstructive and cosmetic indications.

III. Clinical Functional Impairment

- A. Prior Plan approval is required from the Medical Director. Medical necessity is determined 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 the member is 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.

IV. Blepharoptosis and Brow Ptosis Repair

- A. Blepharoplasty is only medically necessary when due to functional impairment (visual field obstruction). Blepharoplasty must be prior authorized and is medically necessary when applicable InterQual criteria are met.
 - 1. Potential indications for blepharoplasty include, but are not limited to, the following:
 - a. Mechanical
 - i. Blepharoconjunctivitis, or associated with true blepharoptosis
 - ii. Dermatochalasis causing "pseudoptosis" with asthenopia
 - iii. Disinsertion of the levator muscle
 - iv. Ectropion or Entropion
 - v. Epiblepharon
 - b. Inflammatory
 - i. Blepharochalasis with documented visual impairment
 - ii. Floppy eyelid syndrome
 - iii. Graves' ophthalmopathy and other metabolic disorders
 - c. Traumatic
 - i. Following skin grafting for eyelid tissue or eyelid reconstruction
 - Orbital fracture

2. 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 to improve appearance).

- B. Brow Ptosis Repair is medically necessary when applicable InterQual criteria are met. Submission of photographic documentation is required.

V. Scar Revisions and Removal

- A. Facial: 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.
- B. Keloid formation: Removal for formations due to body piercings and tattoos are considered cosmetic and not medically necessary.
- C. Hypertrophic and traumatic scars causing functional impairment: Fractional ablative laser treatment (FLT) with a CO₂ laser is medically necessary. FLT for keloid scars is not medically necessary due to insufficient evidence of effectiveness. Submission of photographic documentation is required.

VI. Port Wine Stains (PWS) and Vascular Malformations

Laser therapy for PWS or other vascular malformations is a covered benefit when determined to be medically necessary:

- A. 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. Pediatric patients: Superficial PWS on head or neck for psychological or clinical prophylaxis .
- B. Treatment for cosmetic reasons is not medically necessary.

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

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. They are as follows:

- Abdominoplasty: See Panniculectomy/Abdominoplasty # 91444
- Bariatric Surgery: See Surgical Treatment of Obesity # 91595

- Breast Reconstruction: See Breast Related Procedures # 91545
- Breast Reduction: See Breast Related Procedures # 91545
- Breast Implant Explantation: See Breast Related Procedures # 91545
- Orthognathic Surgery: See Orthognathic Surgery # 91273
- Panniculectomy: See Panniculectomy/Abdominoplasty # 91444
- Reduction Mammoplasty: See Breast Related Procedures # 91545
- Refractive Keratoplasty: See Refractive Keratoplasty/Lasik # 91529
- Rhinoplasty: See Septoplasty/Rhinoplasty # 91506
- Selected Skin Conditions: See Skin Conditions # 91456
- Varicose Vein Treatments: See Varicose Vein Treatment # 91326

VII. MEDICAL NECESSITY REVIEW

Prior authorization for certain drug, services, and procedures may or may not be required. In cases where prior authorization is required, providers will submit a request demonstrating that a drug, service, or procedure is medically necessary. Submission of photographs is required for procedures with both reconstructive and cosmetic indications. For more information, please refer to the [Priority Health Provider Manual](#).

VIII. 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) and/or the Evidence of Coverage (EOC); 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.*

IX. 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.

Scar Removal or Revision

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.

Fractional laser treatment with a CO₂ laser

Fractional laser resurfacing is largely used for cosmetic indications, but thick and stiff hypertrophic scars may regain pliability by applying a fractional carbon dioxide (CO₂) laser (Hayes, 2023). This technique involves treating microscopic columns of skin called microscopic treatment zones (MTZs) with lasers, resulting in the generation of microscopic thermal wounds while sparing the tissue surrounding each wound (Gold, 2010). Fractional lasers are associated with significant surface relief improvements and reductions in scar firmness compared with untreated internal controls (Poetschke, 2017). In a small, uncontrolled prospective trial of 18 patients, treatment with a fractional carbon dioxide laser improved the appearance of mature burn scars and resulted in a significant improvement in collagen architecture following treatment (Ozog, 2012). In another small trial, the authors noted significant improvements in both observer and subject ratings in Vancouver Scar Scale as well as Patient and Observer Scar Assessment Scale. Both types I and III procollagen mRNA levels were dramatically down regulated after treatment, but the ratio of types I/III procollagen mRNA was not different. The expression of MMP-1 was significantly up-regulated after treatment, while TGF- β 2, - β 3, and bFGF levels were significantly down-regulated. Expression of miR-18a and miR-19a were dramatically up-regulated ($P < 0.05$) after treatment. Furthermore, in treated skin specimens, a collagen subtype (types I and III collagen) profile resembling that of nonwounded skin was found (Le, 2012).

The International Consensus Recommendations: Laser Treatment of Traumatic Scars and Contractures (Seago, 2020) recommends ablative fractional lasers for managing thick scars and contractures. The International Society for Burn Injury (ISBI) Practice Guidelines (2016) for Burn Care found a low level of evidence in support of lasers treatment of keloids. Additionally, the Keloid Research Foundation (KRF)'s Clinical Treatment Strategy Guidelines (2019) advises against laser treatment for keloids.

Port Wine Stains and Vascular Malformations

Port wine stains (PWS) are congenital anomalies that may occur anywhere on the body.

PWS Classifications:

- I. Grade I lesions: vessel diameters are in the 80 μ m range. These lesions are light pink macules.
- II. Grade II lesions: vessel diameters measure up to 120 μ m. These lesions are darker pink macules.
- III. Grade III lesions: vessel diameters measure up to 150 μ m. These lesions are red macules.
- IV. Grade IV lesions: vessel diameters are greater than 150 μ m. 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 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.

The psychological impact of Port Wine Stains is not well established. In a survey study conducted by Hansen et al, patients were asked to quantify changes in their PWS as well as their psychological well-being. The vast majority of patients noted little or no change in texture, height, or dimension of their PWS, whereas 62% noted color improvement. A majority of patients (60%) worried less about their appearance after treatment, whereas a similar number (61%) believed their ability to make friends or meet others was unaffected by treatment. Only 19% thought others looked at or treated them differently because of their PWS. Overall, 48% of patients indicated satisfaction with treatment, 24% dissatisfaction, and 28% neutral. The authors concluded that pulsed-dye laser improves the color of PWS over long periods of time in most patients. Patients tended to worry less about their appearance after treatment, although most believed treatment did not substantially affect their relationship with others or others' view of them. Most patients were satisfied or neutral with regard to satisfaction with therapy and would recommend treatment to others. A minority of patients was dissatisfied with treatment, and men were more likely to be dissatisfied. Additional long-term and prospective studies will be helpful in assessing the physical and psychosocial impact of PDL for PWS.

In another study by Kurwa et al, over a 5-year period all 249 patients (192 females and 57 males) aged 15 years and older with a port wine stain (PWS) attending a laser clinic completed a psychological questionnaire at their first visit. The overall mean score (OMS) expressed as a percentage of the maximum possible score of 32 (%OMS) for all patients was 61.7%. Researchers found that the mean score was significantly higher for females (%OMS 63.8%; OMS 20.42, SD 7.9) than for males (%OMS 54.7%; OMS 17.5, SD 7.4; $P < 0.05$). Patients with facial PWS ($n = 208$) had a %OMS of 59.4% (OMS 19.0, SD 7.8) whereas those with PWS on the body ($n = 41$) had a %OMS of 72.2% (OMS 23.1, SD 7.1; $P < 0.05$). There was no significant difference found in the OMS between different age groups, between flat or raised PWS or between different colored PWS. Of the 249 patients entered, 53 (21.3%) completed laser therapy and returned completed post-treatment questionnaires. For this cohort the %OMS prior to treatment was 61.2% (OMS 19.6, SD 8.17) and fell to 35.2% (11.3, SD 10.05) after completing therapy ($P < 0.001$).

The greatest improvement was seen in response to questions on feelings of anxiety and embarrassment and the need to hide the PWS.

A 2017 study by Hagen et al surveyed 244 adults with facial PWS. The survey consisted of a quality of life (QoL) questionnaire, which included the Skindex-29 instrument. Results of the survey indicated that QoL in adults with facial PWS was diminished, especially from an emotional perspective. Variables associated with reduced QoL in all Skindex-29 subdomains included comorbid depression, limited facial mobility, and presence of other skin conditions. Persons with hypertrophy had more emotional and symptomatic impairment. The composite dermatologic-specific QoL scores were similar to those of cutaneous T-cell lymphoma, rosacea, alopecia, and vitiligo. The authors acknowledged that selection bias was a potential limitation, as participants were primarily recruited from patient support groups.

The optimal timing for PWS is controversial, although many experts agree that early treatments can provide improved results. A consensus statement published in JAMA Dermatology in 2020 states the following: “Based on expert observations and limited studies, treatment of PWBs at an earlier age, particularly in the first year of life, results in better outcomes.” (Sabeti S, et al 2020)

X. 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
15769*	Grafting of autologous soft tissue, other, harvested by direct excision (e.g, fat, dermis, 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)
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
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 (covered for indications in policy 91631 only)
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg (covered for indications in policy 91631 only)
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip (covered for indications in policy 91631 only)
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock (covered for indications in policy 91631 only)
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm (covered for indications in policy 91631 only)
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand (covered for indications in policy 91631 only)

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) (List separately in addition to code for primary procedure)
15876	Suction assisted lipectomy; head and neck
15877	Suction assisted lipectomy; trunk
15878	Suction assisted lipectomy; upper extremity <i>(covered for indications in policy 91631 only)</i>
15879	Suction assisted lipectomy; lower extremity <i>(covered for indications in policy 91631 only)</i>
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
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
 91631 Surgical Treatment Lymphedema & Lipedema

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 – S01.1159S	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

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.

Fractional ablative laser treatment**ICD-10 Codes:**

L90.5	Scar conditions and fibrosis of skin
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CPT/HCPCS Codes

Covered only for the above diagnosis

- 0479T Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; first 100 cm² or part thereof, or 1% of body surface area of infants and children *(Not Covered for Medicaid)*
- 0480T Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; each additional 100 cm², or each additional 1% of body surface area of infants and children, or part thereof (List separately in addition to code for primary procedure) *(Not Covered for Medicaid)*

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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