

Regence

Medical Policy Manual

Surgery, Policy No. 12

Cosmetic and Reconstructive Procedures

Effective: January 1, 2025

Next Review: May 2025

Last Review: January 2025

IMPORTANT REMINDER

Medical Policies are developed to provide guidance for members and providers regarding coverage in accordance with contract terms. Benefit determinations are based in all cases on the applicable contract language. To the extent there may be any conflict between the Medical Policy and contract language, the contract language takes precedence.

PLEASE NOTE: Contracts exclude from coverage, among other things, services or procedures that are considered investigational or cosmetic. Providers may bill members for services or procedures that are considered investigational or cosmetic. Providers are encouraged to inform members before rendering such services that the members are likely to be financially responsible for the cost of these services.

DESCRIPTION

Cosmetic procedures are performed to alter or reshape normal body structures in order to improve appearance.

Reconstructive surgery is primarily performed to improve or correct a functional impairment.

NOTE: This policy is not intended to address treatment of gender dysphoria which is addressed in the [Gender Affirming Interventions for Gender Dysphoria medical policy, Medicine, Policy No. 153](#), which may be applicable.

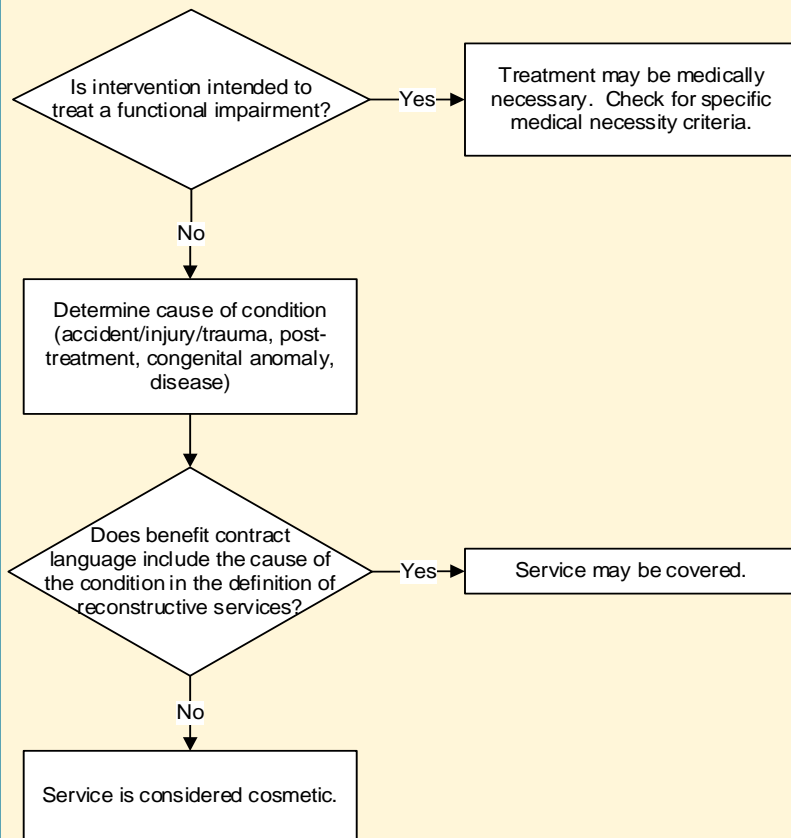
MEDICAL POLICY CRITERIA

Notes:

- Many member contracts have very specific language regarding covered reconstructive services and excluded cosmetic procedures. Specific member contract language has precedence over medical policy, and requests for coverage of potentially cosmetic services should be reviewed by applicable member contract language.
- Specific services may be addressed in separate medical policies. Please see cross references below.

- I. The following criteria may be applied when member contract language is not specific:
 - A. If the intervention is intended to treat a functional impairment and if no other contract exclusions apply, it may be considered **medically necessary**.
 - B. If the intervention is not intended to treat a functional impairment, the cause of the condition must be determined, for example, accident/injury/trauma, post-treatment, congenital anomaly, disease. If the cause is included in the definition of reconstructive services in the benefits contract language, then the treatment may be covered.
 - C. If the intervention is not intended to treat a functional impairment, the cause of the condition must be determined, for example, accident/injury/trauma, post-treatment, congenital anomaly, disease. If the cause is *not* included in the definition of reconstructive services in the benefits contract language, then the treatment is considered **cosmetic**.

The following flow chart may be used as a guide to interpreting benefits language.



CROSS REFERENCES

1. [Gender Affirming Interventions for Gender Dysphoria](#), Medicine, Policy No. 153
2. [Endometrial Ablation](#), Surgery, Policy No. 01
3. [Panniculectomy](#), Surgery, Policy No. 12.01
4. [Pectus Excavatum and Carinatum Treatment](#), Surgery, Policy No. 12.02
5. [Ventral \(Including Incisional\) Hernia Repair](#), Surgery, Policy No. 12.03
6. [Dermabrasion or Microdermabrasion](#), Surgery, Policy No. 12.04
7. [Blepharoplasty, Repair of Blepharoptosis, and Brow Ptosis Repair](#), Surgery, Policy No. 12.05

8. [Mastectomy as a Treatment of Gynecomastia](#), Surgery, Policy No. 12.06
9. [Rhinoplasty](#), Surgery, Policy No. 12.28
10. [Laser Treatment for Port Wine Stains](#), Surgery, Policy No. 12.34
11. [Chemical Peels](#), Surgery, Policy No. 12.50
12. [Reconstructive Breast Surgery/Mastopexy, and Management of Breast Implants](#), Surgery, Policy No. 40
13. [Reduction Mammoplasty](#), Surgery, Policy No. 60
14. [Varicose Vein Treatment](#), Surgery, Policy No. 104
15. [Orthognathic Surgery](#), Surgery, Policy No. 137
16. [Adipose-derived Stem Cell Enrichment in Autologous Fat Grafting to the Breast](#), Surgery, Policy No. 182

REFERENCES

None

CODES

NOTE: CPT codes 17106-17108 are used for the destruction of vascular proliferative lesions only. If the treatment does not destroy the lesion, or if a lesion is not considered a “vascular proliferative lesion” (e.g., hypervascular, hypertrophic, or keloid scars), then the treatment should not be reported using these codes. Unlisted code 17999 (*Unlisted procedure, skin, mucous membrane and subcutaneous tissue*) should be reported instead.

| Codes | Number | Description |
|-------|------------------|--|
| CPT | 11920 | Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less |
| | 11921 | Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm |
| | 11922 | Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof |
| | 11950 | Subcutaneous injection of filling material (eg, collagen); 1 cc or less |
| | 11951 | Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc |
| | 11952 | Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc |
| | 11954 | Subcutaneous injection of filling material (eg, collagen); over 10.0 cc |
| | 15769 | Grafting of autologous soft tissue, other, harvested by direct excision (eg, 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 |
| | 15819 | Cervicoplasty (Deleted 01/01/2025) |
| | 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 |

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| 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 |
| 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 |
| 17106 | Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm |
| 17107 | Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm |
| 17108 | Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm |
| 17380 | Electrolysis epilation, each 30 minutes |
| 17999 | Unlisted procedure, skin, mucous membrane and subcutaneous tissue |
| 19355 | Correction of inverted nipples |
| 21137 | Reduction forehead; contouring only |
| 21138 | Reduction forehead; contouring and application of contouring material or bone graft (includes obtaining autograft) |
| 21139 | Reduction forehead; contouring and setback of anterior frontal sinus wall |
| 21230 | Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft) |
| 21244 | Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate) |
| 21245 | Reconstruction of mandible, or maxilla, subperiosteal implant; partial |
| 21246 | Reconstruction of mandible, or maxilla, subperiosteal implant; complete |
| 21248 | Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial |
| 21249 | Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete |
| 21270 | Malar augmentation, prosthetic material |
| 21280 | Medial canthopexy |
| 21282 | Lateral canthopexy |
| 21295 | Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach |
| 21296 | Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach |
| 26590 | Repair macrodactylia, each digit |
| 31830 | Revision of tracheostomy scar |
| 41510 | Suture of tongue to lip for micrognathia (Douglas type procedure) |
| 49250 | Umbilectomy, omphalectomy, excision of umbilicus |
| 54360 | Plastic operation on penis to correct angulation |
| 67950 | Canthoplasty |
| 67999 | Unlisted procedure, eyelids |
| 69090 | Ear piercing |
| 69300 | Otoplasty, protruding ear, with or without size reduction |

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| HCPCS | G0429 | Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome (LDS) (e.g., as a result of highly active antiretroviral therapy) |
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Date of Origin: January 1996