

Regence

Medical Policy Manual

Surgery, Policy No. 12

Cosmetic and Reconstructive Procedures

Effective: April 1, 2024

Next Review: May 2024

Last Review: February 2024

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.

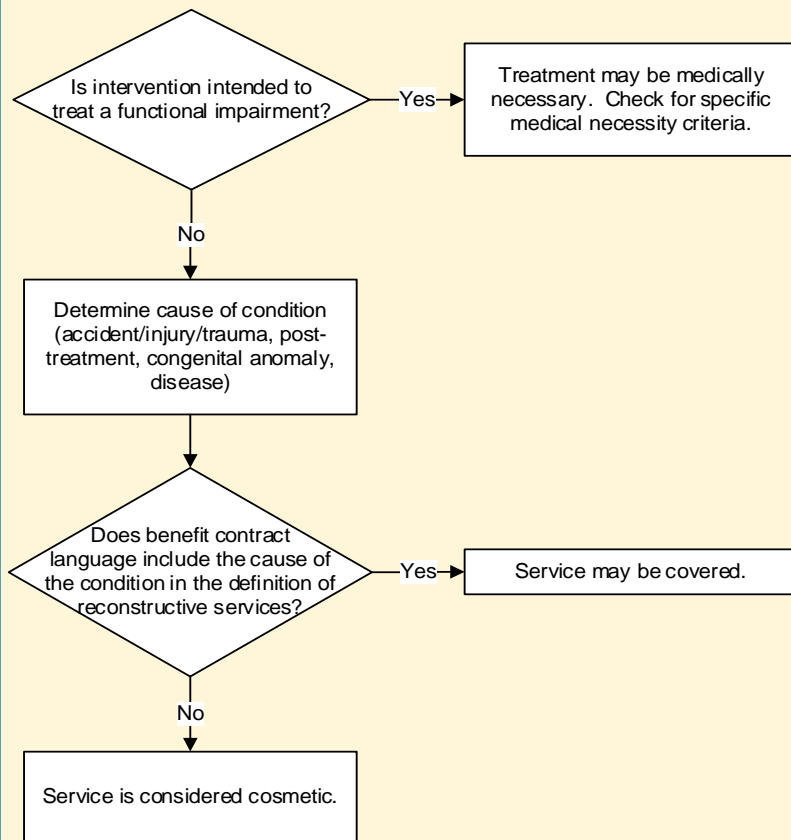
MEDICAL POLICY CRITERIA

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 Excavatatum](#), Surgery, Policy No. 12.02
5. [Ventral Hernia Repair](#), Surgery, Policy No. 12.03
6. [Dermabrasion or Microdermabrasion](#), Surgery, Policy No. 12.04
7. [Blepharoplasty and Brow Ptosis Repair](#), Surgery, Policy No. 12.05

8. [Mastectomy as a Treatment of Gynecomastia Cosmetic Services](#), 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/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. [Autologous Fat Grafting to the Breast and Adipose-derived Stem Cells](#), 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
	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
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

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