NO. 91535

COSMETIC AND RECONSTRUCTIVE SURGERY PROCEDURES

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Policy scope: This policy defines medically necessary determinations for cosmetic and reconstructive surgical procedures, including identification of not medically necessary cosmetic services and limited circumstances where reconstructive services may be medically necessary.

Related policies:

- Breast Related Procedures No. 91545
- Gender Affirming Surgery No. 91612
- Orthognathic Surgery No. 91273
- Panniculectomy/Abdominoplasty No. 91444
- Refractive Keratoplasty/Lasik No. 91529
- Septoplasty/Rhinoplasty No. 91506
- Skin Conditions No. 91456
- Surgical Treatments of Lipedema and Lymphedema No. 91631
- Surgical Treatment of Obesity No. 91595
- Varicose Vein Treatment No. 91326

I. POLICY/ CRITERIA

A. Cosmetic Surgery

Exclusions:

1. Therapies and procedures intended to change or restore appearance for cosmetic purposes are considered not medically necessary. Cosmetic procedures ae not medically necessary regardless of the underlying causes of the condition, even when the procedure is expected to provide psychological benefit to the member.

2. In general, the following conditions and/or procedures are considered **not** medically necessary:
   - **a.** Abdominoplasty (unless specified in Panniculectomy/Abdominoplasty medical policy No. 91444)
   - **b.** Birthmarks, blemishes
   - **c.** Botox for wrinkles
   - **d.** Breast augmentation/lift except when provided as part of post-mastectomy reconstructive services (See: Breast Related Procedures No. 91545)
   - **e.** Brow lift
   - **f.** Chemical peeling
   - **g.** Collagen injections or implants
   - **h.** Dermabrasion
   - **i.** Diastasis recti repair
   - **j.** Electrolysis
   - **k.** Excision or repair of excess or sagging skin except panniculectomy
   - **l.** Face lifts or related procedures to diminish the aging process
   - **m.** Fat grafts, unless an integral part of another covered procedure
   - **n.** Hair transplants or repair of any congenital or acquired hair loss, including hair analysis
   - **o.** Labial Hypertrophy
   - **p.** Laser facial resurfacing
   - **q.** Laser hair removal
   - **r.** Liposuction, unless an integral part of another covered procedure
   - **s.** Moles/nevi (excluding atypical moles/dysplastic nevi)
   - **t.** Orthodontic treatment, even when provided along with reconstructive surgery
   - **u.** Otoplasty
   - **v.** Refractive eye surgery (LASIK)
   - **w.** Removal (any method) for excessive hair growth, even if caused by underlying medical condition
   - **x.** Rhinophyma treatment
   - **y.** Rhytidectomy (wrinkle removal)

z. Salabrasion
aa. Scalp cooling devices for prevention of chemotherapy-induced alopecia
bb. Spider vein repair or removal
cc. Tattoo removal
dd. Torn ear lobe repair
ee. Transgender procedures (unless identified as covered in the Gender Affirming Surgery medical policy No. 91612)

B. Therapeutic Reconstructive Surgery

Inclusions:

Therapeutic reconstructive surgery is medically necessary when **all** of the following are met:

1. Prior Plan approval from the Medical Director has been obtained.

2. The procedure is intended to restore or improve function and is performed for one of the following:
   - **a.** Correction of a congenital anomaly that has resulted in a functional defect, and repair was delayed for clinical reasons.
     - i. A 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.
   - **b.** Non-cosmetic repair of an accidental injury when performed within 24-months of the injury.
     - i. If reconstruction is being performed in stages secondary to the extent of the injury, special consideration may be given to the extension of the 24-month timeframe.
   - **c.** Reconstructive surgery as mandated by Federal or State laws (e.g., breast reconstructive surgery following a mastectomy).
   - **d.** There is submission of photographic documentation

Exclusions:

The following are **not** medically necessary:

1. Revisions of prior surgery performed for aesthetic/cosmetic reasons

2. Revisions of prior reconstructive surgery in the absence of documented surgical complications such as cellulitis, other infections, lymphedema, hematoma, significant skin necrosis, or flap necrosis.

3. Examples of not medically necessary conditions include but are not limited to:
    a. Breast reconstruction
    b. Nipple fading
    c. Loss of symmetry, for any reason, including tissue atrophy.

C. Clinical Functional Impairment

Inclusions:

Clinical functional impairment is established when all of the following are met:

1. Prior Plan approval from the Medical Director has been obtained.

2. Documentation demonstrates significant clinical functional impairment, resulting from the defect, illness, or injury.
    a. Clinical functional impairment exists when the defects and/or effects of illness or injury meet one or more of the following:
        i. Cause significant disability or major psychological trauma
            a) 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.
        ii. Interfere with employment or regular attendance at school.
        iii. Require surgery that is a component of a program of reconstruction surgery for congenital deformity or trauma; **or**
        iv. Contribute to a major health problem.

3. There is submission of photographic documentation.

D. Blepharoptosis and Brow Ptosis Repair

1. **Blepharoplasty**

    Inclusions:

    Blepharoplasty may be considered medically necessary when:
    a. Applicable InterQual criteria are met; **and**
    b. There is submission of photographic documentation

2. **Brow Ptosis Repair**

   Inclusions:

   Brow ptosis repair may be considered medically necessary when:
   - **a.** Applicable InterQual criteria are met; **and**
   - **b.** There is submission of photographic documentation

E. Scar Revisions and Removal

1. **Facial Scar Revision:**

   Inclusions:

   One facial scar revision may be considered medically necessary when all of the following criteria are met:
   - **a.** The facial scar is the result of a traumatic injury/event or condition requiring surgical repair;
   - **b.** The revision is performed within two years of the event that caused the injury, unless **one** of the following applies:
     - i. The functional impairment was not recognized at the time of the injury, in which case, treatment must begin within two years of identification of impairment; **or**
     - ii. Treatment must be delayed due to developmental or growth-related considerations, in which case, revision may be performed when clinically appropriate.
   - **c.** There is submission of photographic documentation.

   Limitations:

   a. Coverage is **limited to one (1) facial scar revision per affected area**.

2. **Keloid Formation:**

   Exclusions:

   The following are considered not medically necessary:
   - **a.** Removal for formations due to body piercings and tattoos are considered cosmetic
   - **b. Fractional ablative laser treatment (FLT)** for **keloid scars** (due to insufficient evidence of effectiveness).

3. **Post-Burn Hypertrophic and Traumatic Scars:**

Inclusions:

Fractional ablative laser treatment (FLT) with a CO_2 laser is considered medically necessary for the following:

a. Post-burn hypertrophic and traumatic scars that **cause functional impairment.**

b. There is submission of photographic documentation

F. Port Wine Birthmarks and Vascular Malformations

Inclusions:

Laser therapy for port-wine birthmarks (PWBs) or other vascular malformations is medically necessary when **all** of the following criteria are met:

1. Port-wine birthmark on head or neck associated with other diseases or complications.

a. Examples include PWB associated syndromes (e.g., Sturge-Weber, Wyburn-Mason), glaucoma, seizures, and spontaneous bleeding.

2. Port-wine birthmark not located on the head or neck associated with central nervous system involvement.

Exclusions:

The following are considered not medically necessary**:**

1. Treatment for cosmetic reasons

II. CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) COVERAGE DETERMINATION

Any applicable federal or state mandates will take precedence over this medical coverage policy.

Medicare: Refer to the CMS Online Manual System (IOMs) and Transmittals.
For the most current applicable CMS National Coverage Determination (NCD)/Local Coverage Determination (LCD)/Local Coverage Article (LCA) refer to CMS Medicare Coverage Database.

The information below is current as of the review date for this policy. However, the coverage issues and policies maintained by CMS are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. MAC jurisdiction for purposes of local coverage determinations is governed by the geographic service area where the Medicare Advantage plan is contracted to provide the service. Please refer to the Medicare Coverage Database website for the most current applicable NCD, LCD, LCA, and CMS Online Manual System/Transmittals.

National Coverage Determinations (NCDs)	
NCD 110.6 - Scalp Hypothermia During Chemotherapy to Prevent Hair Loss	
Local Coverage Determinations (LCDs)	
CGS Administrators, LLC	None Identified
First Coast Service Options, Inc.	None Identified
Wellpoint Federal (formerly National Government Services, Inc.)	None Identified
Noridian Healthcare Solutions	LCD - Blepharoplasty, Eyelid Surgery, and Brow Lift (L34194)
Novitas Solutions, Inc.	LCD - Blepharoplasty, Blepharoptosis Repair and Surgical Procedures of the Brow (L35004)
Palmetto GBA	LCD - Blepharoplasty, Eyelid Surgery, and Brow Lift (L34411) LCD - Scalp Cooling for the Prevention of Chemotherapy-Induced Alopecia (L39573)
WPS Insurance Corporation	LCD - Blepharoplasty, Blepharoptosis and Brow Lift (L34528)

III. 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 and Brow Ptosis Repair

Blepharoptosis (ptosis) is characterized by abnormal drooping of the upper eyelid due to dysfunction of the levator muscle, Müller muscle, or their associated neural pathways. Brow ptosis refers to descent of the eyebrow below its normal anatomical position, which may contribute to upper eyelid hooding and visual obstruction. Both conditions may occur because of aging-related changes, congenital abnormalities, trauma, neurologic disorders, muscular disorders, or other underlying medical conditions. Clinically significant ptosis or brow ptosis can impair the superior visual field and negatively affect activities of daily living, including reading, driving, and occupational tasks (American Society of Ophthalmic Plastic and Reconstructive Surgery [ASOPRS], 2025).

Individuals with functional blepharoptosis or brow ptosis may experience reduced visual fields, eyestrain, visual fatigue, headaches, brow ache from compensatory frontalis muscle contraction, and a sensation of excess eyelid tissue resting on the eyelashes. In severe cases, patients may compensate by elevating the brows or tilting the head backward to improve vision. Functional surgical repair may be indicated when eyelid or brow descent results in documented visual impairment and interferes with daily activities. The goals of surgery are to restore normal eyelid and brow position, improve visual function, and alleviate symptoms associated with visual field obstruction (ASOPRS, 2025; Centers for Medicare & Medicaid Services [CMS], 2026).

Scar Removal or Revision

Facial Scar Revisions

Facial scars resulting from traumatic injury may remain conspicuous despite appropriate primary repair and can have a disproportionate impact on appearance, psychosocial well-being, and social functioning (American Society of Plastic Surgeons [ASPS], 2024). The face is uniquely visible, and traumatic facial injuries are frequently repaired emergently or under suboptimal conditions, which may limit the ability to optimize scar placement, orientation along relaxed skin tension lines, or cosmetic outcomes at the time of initial treatment (Garg et al., 2014).

Professional societies, including the American Society of Plastic Surgeons (ASPS) and the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS), characterize facial scar revision as a reconstructive intervention when performed to improve the appearance of scars resulting from trauma, burns, or medically necessary surgery, rather than as purely cosmetic treatment (ASPS, 2024; AAFPRS, 2023). Society guidance emphasizes that scar revision does not eliminate a scar but may improve scar visibility, contour, texture, or distortion of adjacent anatomic structures through techniques such as excision and re-orientation of the scar, local tissue

rearrangement (e.g., Z-plasty or W-plasty), or adjunctive resurfacing procedures (Garg et al., 2014).

Timing considerations are central to facial scar management. Scar maturation typically evolves over 12 months or longer, and revision is commonly deferred until the scar has stabilized unless delayed recognition of functional or cosmetic impairment, growth-related considerations, or anatomic distortion justify later intervention (Garg et al., 2014; ASPS, 2024). Society guidance consistently emphasizes individualized clinical assessment, realistic patient expectations, and restraint in the use of repeated or iterative revisions.

Overall, contemporary clinical guidance supports a limited and selective approach to facial scar revision following **traumatic injury**, recognizing that a single revision may be appropriate to address significant residual deformity when initial repair conditions precluded optimal cosmetic outcome. Repeated revisions or procedures performed solely to pursue incremental cosmetic improvement are not supported in society guidance and are generally considered outside the scope of reconstructive care (ASPS, 2024; AAFPRS, 2023).

Fractional laser treatment with a CO_2 laser

Hypertrophic scarring is a common complication following **burn injury**, with reported incidence rates of up to 70% in burn survivors. Burn-related hypertrophic scars may result in substantial morbidity, including pain, pruritus, dyschromia, scar stiffness, and restricted range of motion due to scar thickening and contracture formation (Fu et al., 2019; Anderson et al., 2014). These functional limitations can interfere with rehabilitation, joint mobility, and quality of life, particularly when scars cross joints or involve areas of high tension (Anderson et al., 2014). Management of hypertrophic burn scars is typically multimodal and may include pressure therapy, silicone-based products, physical and occupational therapy, intralesional corticosteroids, and surgical intervention in severe or fixed contractures (Klifto et al., 2020).

Fractional ablative carbon dioxide (CO_2) laser therapy has emerged as an adjunctive, nonsurgical modality for the management of **hypertrophic and traumatic burn scars.** Fractional CO_2 lasers create microscopic columns of controlled thermal injury (microthermal treatment zones) within scar tissue while preserving surrounding epidermis and dermis, promoting rapid re-epithelialization and initiating a wound-healing response that supports collagen remodeling and improved tissue pliability (Anderson et al., 2014; Klifto et al., 2020). Histopathologic studies of mature hypertrophic burn scars treated with fractional CO_2 laser demonstrate reorganization of dermal collagen architecture, including a shift toward a collagen profile more closely resembling uninjured skin (Ozog et al., 2013).

The clinical evidence supporting fractional CO_2 laser therapy for hypertrophic burn scars has expanded beyond early observational studies. Systematic reviews and

meta-analyses evaluating burn-related hypertrophic scars report statistically significant improvements in validated scar assessment measures, including the Vancouver Scar Scale (VSS) and Patient and Observer Scar Assessment Scale (POSAS), particularly in scar pliability, thickness, vascularity, and pigmentation (Mahar et al., 2021; Ma et al., 2023). In the ELIPSE prospective randomized controlled trial, early intervention with ablative fractional CO_2 laser in burn scars resulted in improvements in patient-reported scar thickness and texture, favorable blinded photographic assessments, and biologic changes in fibroblast gene expression consistent with scar remodeling (Lewis et al., 2023). Although heterogeneity remains in laser platforms, treatment parameters, and intervals, the overall body of evidence supports a beneficial role for fractional CO_2 laser therapy as part of comprehensive burn scar rehabilitation.

Guideline and consensus statements reflect this evolving evidence base. The International Society for Burn Injury (ISBI) Practice Guidelines for Burn Care (2016) acknowledge laser therapy as a potential modality within the nonsurgical management of hypertrophic burn scars, while emphasizing that the quality of evidence at the time of publication was limited and that laser treatments should be considered adjunctive to established scar management strategies and rehabilitation programs (ISBI, 2016). More recent international consensus recommendations on traumatic scars and contractures identify ablative fractional lasers as commonly utilized for thick, function-limiting traumatic and burn scars, particularly to improve scar pliability and symptoms, while noting that laser therapy does not replace surgical release for severe, fixed contractures (Seago et al., 2020).

Fractional CO_2 laser therapy is generally well tolerated in burn populations when performed by experienced clinicians using conservative, scar-appropriate settings. Reported adverse effects are typically mild and transient and may include temporary pain, erythema, edema, blistering, or epidermal sloughing, with low overall complication rates in published series (Won et al., 2023). As such, fractional CO_2 laser therapy is best viewed as an adjunctive intervention within a multidisciplinary burn scar management framework rather than a stand-alone or definitive treatment.

Importantly, this background and evidence base apply **only to hypertrophic and traumatic burn scars**. **Keloids represent a distinct pathologic entity** with different biology, clinical behavior, and treatment response. The Keloid Research Foundation (KRF) Clinical Treatment Strategy Guidelines describe keloid disorder as a genetically mediated dysregulation of wound healing and specifically advise against the use of laser monotherapy for keloids due to high recurrence rates and limited durable benefit (Tirgan, 2019). Accordingly, evidence supporting fractional CO_2 laser therapy for hypertrophic *burn* scars should not be extrapolated to keloid scars, which are outside the scope of this indication.

Port Wine Birthmarks and Vascular Malformations

Vascular Malformations
Vascular malformations are structural abnormalities of blood vessels that result from abnormal vascular development during embryogenesis. These lesions are present at birth, although they may not become clinically apparent until later in childhood or adulthood. Vascular malformations are generally classified according to the predominant vessel type involved and may include capillary, venous, lymphatic, arteriovenous, or combined malformations. Unlike vascular tumors, vascular malformations do not involute and typically persist throughout life unless treated. PWBs represent the most common type of capillary vascular malformation (Poliner et al., 2022; Sabeti et al., 2021).

Port Wine Birthmarks
Port wine birthmarks (PWBs), formerly referred to as port-wine stains (PWS) are congenital capillary vascular malformations present at birth. PWBs may occur anywhere on the body, but most are commonly found on the face and neck. Unlike infantile hemangiomas, PWB's do not spontaneously regress and typically enlarge proportionately with growth. Over time, lesions may darken, thicken, and develop soft tissue hypertrophy, nodularity, or other progressive changes. PWBs may occur as isolated lesions or in association with disorders such as Sturge-Weber syndrome and glaucoma (Poliner et al., 2022; Sabeti et al., 2021).

The goals of treatment include improving lesion appearance, reducing progression of hypertrophy and nodularity, minimizing bleeding complications, and addressing associated functional impairment. Current expert consensus identifies pulsed dye laser (PDL) therapy as the standard treatment for most port-wine birthmarks. Multiple treatment sessions are frequently required, and complete clearance is uncommon. Additional treatments may be needed over time because residual or recurrent vascular discoloration may occur. Laser therapy has been shown to improve the appearance of PWBs, although outcomes vary based on lesion characteristics and treatment parameters (Kelly et al., 2005; Sabeti et al., 2021).

Visible PWBs, particularly those involving the face, may negatively affect quality of life and psychosocial well-being. Hagen et al. (2017) reported reduced dermatology-specific quality of life among adults with facial PWBs, with greater impairment observed in individuals with hypertrophic lesions. Psychosocial concerns may contribute substantially to the overall disease burden associated with these lesions (Hagen et al., 2017).

The optimal timing of treatment continues to be evaluated; however, current expert consensus supports consideration of treatment at an early age. The 2021 *JAMA Dermatology* Consensus Statement for the Management and Treatment of Port-Wine Birthmarks in Sturge-Weber Syndrome noted that treatment initiated during infancy or early childhood may result in improved outcomes and may help reduce progression of hypertrophy and other long-term skin changes. The consensus panel further concluded that treatment of PWBs is indicated to minimize psychosocial impact and diminish nodularity and tissue hypertrophy (Sabeti et al., 2021).

Technology Note: Pulsed dye laser (PDL) is considered the preferred laser treatment for most port-wine birthmarks. Alternative laser modalities may be considered in select clinical circumstances based on lesion characteristics, skin type, and provider expertise (Kelly et al., 2005; Sabeti et al., 2021).

Scalp Cooling Devices for Prevention of Chemotherapy-Induced Alopecia
Scalp cooling devices, also referred to as cooling caps or cold caps, are devices designed to lower the temperature of the scalp before, during, and after chemotherapy infusion (i.e., scalp hypothermia) with the goal of reducing chemotherapy-induced alopecia CIA. While these devices vary in design, all aim to lower scalp temperature to constrict blood vessels and lower metabolic activity in hair follicles, thereby limiting the amount of cytotoxic drug that reaches the follicular cells. This cooling effect helps protect follicles from chemotherapy-induced damage and can reduce the risk or severity of CIA.

Devices range from precooled manual cooling caps, such as the Penguin Cold Cap (Penguin Cold Caps) or Arctic Cold Cap (Arctic Cold Caps LLC), to continuous cooling systems that are self-contained with integrated temperature sensors and/or coolant-circulating pumps for automated temperature regulation. Examples of automated systems include the DigniCap Scalp Cooling System (Dignitana AB), Paxman Scalp Cooling System (Paxman Coolers Ltd), and Amma Scalp Cooling System (Cooler Heads Care Inc.). While scalp cooling is not appropriate for all patients or chemotherapy regimens, automated scalp cooling systems are currently the only U.S. Food and Drug Administration (FDA)-cleared intervention for the prevention of CIA in patients receiving chemotherapy for solid tumor cancers. Notably, manual scalp cooling devices are not regulated by the FDA.

An open-label randomized controlled trial compared scalp cooling versus control in newly diagnosed patients with breast cancer stages I-III who were scheduled to receive neoadjuvant or adjuvant chemotherapy with curative intent between December 2020 and August 2021. Patients were randomly assigned (2:1 ratio) to scalp cooling or usual clinical practice. The primary outcome was persistent chemotherapy-induced alopecia (PCIA) 6 months after chemotherapy. Hair thickness and density were measured using Folliscope 5.0. CIA-related distress was assessed using the CIA distress scale (CADS), with a higher score reflecting higher stress. The proportion of patients with PCIA at 6 months was 13.5% (12/89) in the scalp-cooling group and 52.0% (26/50) in the control group. The average difference in the change in hair thickness from baseline between the scalp-cooling and control groups was 9.0 μm in favor of the intervention group. The average difference in the change in hair density between intervention and control at the end of the study was -3.3 hairs/cm2. At 6 months after chemotherapy, the average difference in the change in CADS score between the intervention and control groups was -3.2 points, reflecting reduced CIA-related stress in the intervention group. The authors concluded that more studies are needed to determine long-term benefits of scalp cooling (Kang et al., 2024)

In a systematic review and meta-analysis published in 2024, 31 studies were included analyzing scalp hypothermia as a possible method to prevent severe CIA. The outcome studied was the proportion of patients with <50% hair loss. Among 2179 included patients, 60.7% were reported to have <50% hair loss (meta-analysis: 60.6%, 95% confidence interval [CI] 54.9-66.1%). Among the 28 studies reporting only on taxane-based chemotherapy, the rate of <50% hair loss was 60.0% (meta-analysis: 60.9%, (95% CI: 54.9-66.7%). In comparative studies, hair loss was significantly less in patients who received scalp hypothermia versus those who did not (49.3% versus 0% with <50% hair loss; OR 40.3, 95% CI: 10.5-154.8). Scalp cooling achieved <50% hair loss in patients receiving paclitaxel (67.7%; meta-analysis 69.9%, 95% CI 64.1-75.4%) and docetaxel (57.1%; meta-analysis 60.5%, 95% CI 50.0-71.6%). Meta-analysis on patient satisfaction in regard to scalp cooling found a satisfaction rate of 78.9% (95% CI 69.1-87.4%). (Lambert et al., 2024)

Scalp cooling does not add to cancer treatment or medical care. Priority Health considers cooling caps and other products for scalp cooling incidental to the chemotherapy administration and are not separately reimbursed.

IV. GUIDELINES / POSITION STATEMENTS

Medical/Professional Society	Guideline
European Society for Medical Oncology (ESMO)	Prevention and Management of Dermatological Toxicities Related to Anticancer Agents: ESMO Clinical Practice Guidelines (2021)
Cancer Australia	Guidance for the Management of Early Breast Cancer: Recommendations and Practice Points (2020)
National Comprehensive Cancer Network (NCCN)	NCCN Guidelines 2026 Invasive Breast Cancer (2026)
American Academy of Pediatrics	Clinical Practice Guideline for the Management of Infantile Hemangiomas (2019) Port-wine Birthmarks: Update on Diagnosis, Risk Assessment for Sturge-Weber Syndrome, and Management (2022)

V. REGULATORY (US FOOD AND DRUG ADMINISTRATION)

See U.S. Food & Drug Administration (FDA) Medical Device Databases for the most current information.

Device	Premarket Approval, 513(f)(2)(De Novo), or 510(k) Number	Notice date
Paxman Scalp Cooler	K163484	04/17/2017
DigniCap® Scalp Cooling System	K170871	07/03/2017
Portable Scalp Cooling System (Cooler Heads Care, Inc)	K211526	10/21/2021
Eva Scalp Cooling System	K252289	11/25/2025

VI. CODING

See also:

Priority Health Cosmetic and Reconstructive Surgery Billing Policy No. 197
Priority Health Blepharoplasty, Blepharoptosis and Brow Lift Billing Policy No. 102

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

Z41.1 Encounter for cosmetic surgery
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** medically necessary. List should not be considered inclusive of all possible applicable codes. Refer to specific medical policies for exception criteria, if applicable.*

Skin Extraction Procedures
10040 Extraction (e.g., marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)

Tattooing / Micropigmentation
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)

Soft Tissue Fillers

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

Tissue Expansion and Autologous Tissue/Fat Grafting

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)

Hair Transplant Procedures

15775	Punch graft for hair transplant; 1 to 15 punch grafts
15776	Punch graft for hair transplant; more than 15 punch grafts

Dermabrasion Procedures

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)

Skin Abrasion Procedures

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)

Chemical Peel Procedures

15788	Chemical peel, facial; epidermal
15789	Chemical peel, facial; dermal
15792	Chemical peel, nonfacial; epidermal
15793	Chemical peel, nonfacial; dermal

Rhytidectomy Procedures

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

Excision of Excessive Skin and Subcutaneous Tissue

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
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)

Suction-Assisted Lipectomy

15876	Suction assisted lipectomy; head and neck
15877	Suction assisted lipectomy; trunk
15878	Suction assisted lipectomy; upper extremity
15879	Suction assisted lipectomy; lower extremity

Acne Treatment Procedures

17340	Cryotherapy (CO_2 slush, liquid N_2) for acne
17360	Chemical exfoliation for acne (e.g., acne paste, acid)

Hair Removal Procedures

17380	Electrolysis epilation, each 30 minutes
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue (When used for laser hair removal)

Breast and Nipple Procedures

19316	Mastopexy
19355	Correction of Inverted Nipples

Craniofacial and Maxillofacial Reconstruction Procedures

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 th21an 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

Nasal Procedures

30120	Excision or surgical planing of skin of nose for rhinophyma

Vulvar Procedures

56620	Vulvectomy simple; partial ○ **Not** Medically necessary for dx N90.6-Hypertrophy of vulva *(labial hypertrophy*)

Ear Procedures

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

Blepharoptosis and Brow Ptosis Repair

ICD-10 Codes that <u>may</u> 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)*

Fractional Ablative Laser Treatment
ICD-10 Codes:

L90.5	Scar conditions and fibrosis of skin
L91.0	Hypertrophic scar

CPT/HCPCS Codes

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
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)

Port Wine Birthmarks and Vascular Malformations
ICD-10 Codes that apply:

D18.00 – D18.09	Hemangioma
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

Scalp Cooling Devices for Prevention of Chemotherapy-Induced Alopecia
CPT/HCPCS Codes
Not separately payable

97007	Mechanical scalp cooling, including individual cap supply with head measurement, fitting, and patient education
97008	Mechanical scalp cooling; including hair preparation, individual cap placement, therapy initiation, and precooling period
97009	Mechanical scalp cooling; provided after discontinuation of chemotherapy, each 30 minutes (List separately in addition to code for primary procedure)

VII. MEDICAL NECESSITY REVIEW

Prior authorization for certain drugs, devices, 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. For more information, refer to the Priority Health Provider Manual.

To access InterQual guidelines: Log into Priority Health Prism → Authorizations → Authorization Criteria Lookup.

Individual case review may allow coverage for care or treatment that is investigational yet promising for the conditions described. Requests for individual consideration require prior plan approval. All determinations of coverage for experimental, investigational, or unproven treatment will be made by a Priority Health medical director or clinical pharmacist. The exclusion of coverage for experimental, investigational, or unproven treatment may be reviewed for exception if the condition is either a terminal illness, or a chronic, life threatening, severely disabling disease that is causing serious clinical deterioration.

VIII. APPLICATION TO PRODUCTS

Coverage is subject to the 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. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual, the Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.

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SUMMARY OF CHANGES

Additions

- Added CPT 17999 for laser hair removal to the coding section.

Deletions

- Removed benefit language for facial scar revision.

- Removed Blepharoptosis and Brow Ptosis Repair inclusion and exclusion criteria, as coverage determinations are vendor managed through InterQual.
- Removed "Pediatric patients: Superficial PWS on head or neck for psychological or clinical prophylaxis" from the Port Wine Birthmarks section.
- Removed Section G, which contained a duplicate list of related medical policies.
- Removed the technology note stating, "Pulsed dye laser is the current laser of choice for the treatment of port-wine stains (PWS)"- Moved to background summary.
- Removed outdated references.

Changes

- Updated section title from "Port Wine Stains and Vascular Malformations" to "Port Wine Birthmarks and Vascular Malformations" to reflect current terminology.
- Updated background content and references to align with current literature and expert consensus.
- Reorganized policy content into Inclusions, Exclusions, and Limitations sections to improve clarity and consistency.
- Updated the clinical functional impairment documentation requirements to require photographic documentation of the affected area.
- Updated policy language and formatting for consistency with the current template.

Past committee review dates: 07/2007, 06/2008, 06/2009, 10/2009, 10/2010, 02/2011, 02/2012, 02/2013, 02/2014, 02/2015, 02/2016, 02/2017, 02/2018, 02/2019, 11/ 2019, 02/2020, 02/2021, 05/2021, 05/2022, 05/2023, 05/2024, 05/2025, 11/2025, 05/2026, 08/2026

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