Priority Health

MEDICAL POLICY
No. 91535-R10

COSMETIC AND RECONSTRUCTIVE SURGERY PROCEDURES

Effective Date: December 1, 2025	**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, 5/25, 11/25**
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:

- Coverage is not provided for scalp cooling devices for prevention of chemotherapy-induced alopecia. Use of such devices is purely for cosmetic purposes and does not add to cancer treatment or medical care.

Clarification:

- Submission of photographic documentation is required for blepharoplasty.

I. POLICY/CRITERIA

A. **Cosmetic Surgery**

1. 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.
2. In general, coverage is not provided for the following conditions and/or procedures:
   a. Abdominoplasty (unless specified in Panniculectomy/Abdominoplasty medical policy # 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 #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 91612)

B. Therapeutic Reconstructive Surgery

1. Prior Plan approval is required from the Medical Director. Therapeutic reconstructive surgery is medically necessary when it is performed to improve function as follows:
   a. Congenital anomaly that has resulted in a functional defect 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.
   b. 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.
   c. As mandated by Federal or State laws such as in the case of breast reconstructive surgery following a mastectomy.

2. 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.
3. Submission of photographs is required for procedures with both reconstructive and cosmetic indications.

C. **Clinical Functional Impairment**

1. 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:
   a. 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).
   b. Interfere with employment or regular attendance at school.
   c. Require surgery that is a component of a program of reconstruction surgery for congenital deformity or trauma, or
   d. Contribute to a major health problem.

   Photographic documentation may be required as well.

D. **Blepharoptosis and Brow Ptosis Repair**

1. 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. Submission of photographic documentation is required. 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
ii. 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).
3. Brow Ptosis Repair is medically necessary when applicable InterQual criteria are met. Submission of photographic documentation is required.

E. Scar Revisions and Removal

1. 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:
   a. 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.
   b. The treatment needs to be delayed because of developmental reasons.
2. Keloid formation: Removal for formations due to body piercings and tattoos are considered cosmetic and not medically necessary.
3. Hypertrophic and traumatic scars causing functional impairment: Fractional ablative laser treatment (FLT) with a CO_2 laser is medically necessary. FLT for keloid scars is not medically necessary due to insufficient evidence of effectiveness. Submission of photographic documentation is required.

F. 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:

1. Laser therapy for PWS / vascular malformations is a covered benefit for ***any*** of the following:
   a. 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.
   b. PWS not on head or neck associated with central nervous system.
   c. Pediatric patients: Superficial PWS on head or neck for psychological or clinical prophylaxis.
2. Treatment for cosmetic reasons is not medically necessary.

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

G. Depending upon the situation, procedures may be considered cosmetic or reconstructive/medically indicated. See the specific policies addressing these procedures:
- 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
- Gender Affirming Surgeries: See Gender Affirming Surgery # 91612
- 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

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)	
Palmetto GBA	L39573 - Scalp Cooling for the Prevention of Chemotherapy-Induced Alopecia

WPS Insurance Corporation	L34528 - Blepharoplasty, Blepharoptosis and Brow Lift

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/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 CO_2 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 (CO_2) 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-β2, -β3, 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 μm range. These lesions are light pink macules.

II. Grade II lesions: vessel diameters measure up to 120 μm. These lesions are darker pink macules.
III. Grade III lesions: vessel diameters measure up to 150 μm. These lesions are red macules.
IV. Grade IV lesions: vessel diameters are greater than 150 μm. These lesions are purple and may become papular.

Vascular malformations are abnormal clusters of blood vessels that occur during fetal development. Although they are always present at birth, they may not be visible until weeks or even years after birth. These lesions will typically grow in proportion to the growth of the child. While they sometimes grow quite rapidly, their growth is usually gradual and steady during the first year of life. Without treatment, a vascular malformation will not diminish or disappear. Port wine stains 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 (%0MS 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)

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)
NCCN	Breast Cancer: Version 4.2025

V. 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.

VI. 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.***

V. 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 *(covered for indications in policy 91631 only)*

15879	Suction assisted lipectomy; lower extremity *(covered for indications in policy 91631 only)*
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 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
30120	Excision or surgical planing of skin of nose for rhinophyma
56620	Vulvectomy simple; partial - o for dx N90.6 Hypertrophy of vulva *(labial hypertrophy*)
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

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 – 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

0662T	Scalp cooling, mechanical; initial measurement and calibration of cap
0663T	Scalp cooling, mechanical; placement of device, monitoring, and removal of device (List separately in addition to code for primary procedure)

VI. REFERENCES

Cosmetic Reconstruction and Surgery Procedures

1. American Society of Plastic Surgeons (ASPS). Practice Parameter for Surgical Treatment of Skin Redundancy for Obese and Massive Weight Loss Patients. June 2017.
2. American Society of Plastic Surgeons (ASPS). ASPS Recommended Insurance Coverage Criteria for Third-Party Payers. Surgical Treatment of Skin Redundancy for Obese and Massive Weight Loss Patients. June 2017.
3. American Society of Plastic Surgeons (ASPS). ASPS Recommended Insurance Coverage Criteria for Third-Party Payers. Abdominoplasty. September 26, 2018.
4. American Society of Plastic Surgeons (ASPS). ASPS Recommended Insurance Coverage Criteria for Third-Party Payers: Panniculectomy. March 2019.

Blepharoptosis and Brow Ptosis Repair

1. American Society of Ophthalmic Plastic and Reconstructive Surgery (ASOPRS). Procedures and treatments. (Accessed April 2, 2025).
2. Baldwin HC, Manners RM. Congenital blepharoptosis: a literature review of the histology of levator palpebrae superioris muscle. Ophthalmic Plast Reconstr Surg. 2002 Jul;18(4):301-7. PMID: 12142765.
3. Finsterer J. Ptosis: causes, presentation, and management. Aesthetic Plast Surg. 2003 May-Jun;27(3):193-204. Epub 2003 Aug 21. PMID: 12925861.
4. Wisconsin Physicians Services. Blepharoplasty, Blepharoptosis and Brow Lift LCD L34528. (Accessed April 2, 2025).

Port Wine Stains and Vascular Malformations

1. Conlon JD, Drolet BA. Skin lesions in the neonate. Pediatr Clin North Am. 2004 Aug;51(4):863-88, vii-viii. doi: 10.1016/j.pcl.2004.03.015. PMID: 15275979.
2. Kelly KM, Choi B, McFarlane S, Motosue A, Jung B, Khan MH, Ramirez-San-Juan JC, Nelson JS. Description and analysis of treatments for port-wine stain birthmarks. Arch Facial Plast Surg. 2005 Sep-Oct;7(5):287-94. doi: 10.1001/archfaci.7.5.287. PMID: 16172335.
3. Marler JJ, Fishman SJ, Kilroy SM, Fang J, Upton J, Mulliken JB, Burrows PE, Zurakowski D, Folkman J, Moses MA. Increased expression of urinary matrix metalloproteinases parallels the extent and activity of vascular anomalies. Pediatrics. 2005 Jul;116(1):38-45. doi: 10.1542/peds.2004-1518. PMID: 15995028.
4. Mioc S, Mycek MA. Selected laser-based therapies in otolaryngology. Otolaryngol Clin North Am. 2005 Apr;38(2):241-54. doi: 10.1016/j.otc.2004.10.005. PMID: 15823591.
5. Schmults CD. Laser treatment of vascular lesions. Dermatol Clin. 2005 Oct;23(4):745-55. doi: 10.1016/j.det.2005.05.023. PMID: 16112452.Hansen K, et al. Long-term psychological impact and perceived efficacy of pulsed-dye laser therapy for patients with port-wine stains. Dermatol Surg. 2003 Jan;29(1):49-55. PMID: 12534512.
6. Hagen SL, et al. Quality of life in adults with facial port-wine stains. J Am Acad Dermatol. 2017 Apr;76(4):695-702. doi: 10.1016/j.jaad.2016.10.039. Epub 2016 Dec 9. PMID: 27955934; PMCID: PMC5790427.
7. Sabeti S, et al. Consensus Statement for the Management and Treatment of Port-Wine Birthmarks in Sturge-Weber Syndrome. JAMA Dermatol. 2021 Jan 1;157(1):98-104. doi: 10.1001/jamadermatol.2020.4226. PMID: 33175124; PMCID: PMC8547264.
8. Poliner et al; Port-wine Birthmarks: Update on Diagnosis, Risk Assessment for Sturge-Weber Syndrome, and Management. Pediatr Rev September 2022; 43 (9): 507–516.

Scar Removal or Revision

1. Gold MH. Update on fractional laser technology. J Clin Aesthet Dermatol. 2010;3(1):42-50. PMID: 20725538.
2. Hayes. Health Technology Assessment. Fractional Laser Treatment of Burn and Traumatic Scars for Functional Improvement. Accessed April 2, 2024.
3. ISBI Practice Guidelines Committee; Steering Subcommittee; Advisory Subcommittee. ISBI Practice Guidelines for Burn Care. Burns. 2016 Aug;42(5):953-1021. doi: 10.1016/j.burns.2016.05.013. PMID: 27542292.
4. Ozog DM, Liu A, Chaffins ML, Ormsby AH, Fincher EF, Chipps LK, Mi QS, Grossman PH, Pui JC, Moy RL. Evaluation of clinical results, histological architecture, and collagen expression following treatment of mature burn scars with a fractional carbon dioxide laser. JAMA Dermatol. 2013 Jan;149(1):50-7. doi: 10.1001/2013.jamadermatol.668. PMID: 23069917.
5. Poetschke J, Dornseifer U, Clementoni MT, Reinholz M, Schwaiger H, Steckmeier S, Ruzicka T, Gauglitz GG. Ultrapulsed fractional ablative carbon dioxide laser treatment of hypertrophic burn scars: evaluation of an in-patient controlled, standardized treatment approach. Lasers Med Sci. 2017 Jul;32(5):1031-1040. doi: 10.1007/s10103-017-2204-z. Epub 2017 Apr 12. PMID: 28401348.
6. Qu L, Liu A, Zhou L, He C, Grossman PH, Moy RL, Mi QS, Ozog D. Clinical and molecular effects on mature burn scars after treatment with a fractional CO(2) laser. Lasers Surg Med. 2012 Sep;44(7):517-24. doi: 10.1002/lsm.22055. Epub 2012 Jul 31. PMID: 22907286.
7. Seago M, Shumaker PR, Spring LK, et al. Laser Treatment of Traumatic Scars and Contractures: 2020 International Consensus Recommendations. Lasers Surg Med. 2020 Feb;52(2):96-116. doi: 10.1002/lsm.23201. Epub 2019 Dec 9. PMID: 31820478.
8. Tirgan MH. KRF Clinical Practice Guidelines in Keloid Disorder:Treatment Stratgey. Keloid Research Foundation. Version 1.2019 (Accessed April 2, 2025).
9. Wang J, Wu J, Xu M, et al. A comprehensive reconstruction strategy for moderate to severe faciocervical scar contractures. Lasers Med Sci. 2021;36(6):1275-1282.

Scalp Cooling Devices for Prevention of Chemotherapy-Induced Alopecia

1. Centers for Medicare & Medicaid Services (CMS). Scalp Hypothermia During Chemotherapy to Prevent Hair Loss. National Coverage Determination (NCD) 110.6.
2. Hayes, Inc. Evidence Analysis Research Brief. Scalp Cooling Devices for Prevention of Chemotherapy-Induced Alopecia. Hayes, Inc. August 14, 2025.
3. Hayes, Inc. Health Technology Assessment. Scalp Cooling Devices for the Prevention of Chemotherapy-Induced Alopecia: A Review of Reviews. Hayes, Inc. October 23, 2018. Annual Review November 23, 2022.
4. Wikramanayake TC, Haberland NI, Akhundlu A, Laboy Nieves A, Miteva M. Prevention and Treatment of Chemotherapy-Induced Alopecia: What Is Available and What Is Coming? Curr Oncol. 2023 Mar 25;30(4):3609-3626. doi: 10.3390/curroncol30040275. PMID: 37185388; PMCID: PMC10137043.

5. Kang, D., Cho, J., Zhao, D., Kim, J., Kim, N., Kim, H., Kim, S., Kim, J. Y., Park, Y. H., Im, Y. H., Guallar, E., & Ahn, J. S. (2024). Scalp Cooling in Preventing Persistent Chemotherapy-Induced Alopecia: A Randomized Controlled Trial. *Journal of clinical oncology : official journal of the American Society of Clinical Oncology*, *42*(26), 3115–3122. https://doi.org/10.1200/JCO.23.02374
6. Lambert, K. A., Albright, B. B., Anastasio, M. K., Kaplan, S. J., & McNally, L. (2024). Scalp hypothermia to reduce chemotherapy-induced alopecia: A systematic review and meta-analysis. *Gynecologic oncology*, *188*, 71–80. https://doi.org/10.1016/j.ygyno.2024.06.012