



## Cosmetic Surgery Procedures

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### Definition

Cosmetic surgery procedures are those intended solely to refine or reshape structures or surfaces that are not functionally impaired. They are performed to improve appearance or self-esteem, or for other psychological, psychiatric or emotional reasons.

Cosmetic surgery is differentiated from reconstructive surgery, which is generally designed to improve function, but will usually include an improvement in appearance of the body area involved.

Cosmetic surgery procedures are usually not considered eligible for coverage. This includes, but is not limited to, treatments, drugs, products, hospital/facility charges, anesthesia, pathology/lab fees, radiology fees and professional fees by the surgeon, assistant surgeon, consultants and attending physicians.

If there is a discrepancy between this policy and a member's plan of benefits, then the provision of the benefits will govern and rule. For Medicare and Medicaid members, if there are Medicare and Medicaid coverage requirements that differ, then those requirements will be followed.

### Related Guidelines

[Blepharoplasty](#)

[Breast Implants and Reconstruction](#)

[Breast Reduction Mammoplasty](#)

[Chemical Peels](#)

[Dermabrasion](#)

[Gender Reassignment Surgery](#)

[Gynecomastia Surgery](#)

[Phototherapy, Photochemotherapy and Photodynamic Therapy for Dermatologic Conditions](#)

[Pulsed Dye Laser Therapy for Cutaneous Vascular Lesions](#)

[Surgical Correction of Chest Wall Deformities](#)

[Varicose Vein Treatment](#)

## Guideline

EmblemHealth regards the surgical procedures listed in the [Applicable Procedures Table](#) as cosmetic (unless substantiating documentation is received that would otherwise indicate that the purpose of the procedure is to restore or improve bodily function or is otherwise medically necessary).

The following covered exceptions are deemed medically necessary:

1. Breast reconstruction for Poland Syndrome
2. Testicular implant (prosthesis) for the replacement of congenitally absent testes, or testes lost due to disease, injury or surgery

## Limitations/Exclusions

1. The Plan does not cover cosmetic procedures under the following circumstances:
  - When performed solely for psychological reasons.
  - In the absence of documentation that substantiates the procedure is performed to restore or improve bodily function or is medically necessary.  
(For Poland Syndrome, see [Surgical Correction of Chest Wall Deformities](#))
2. Ancillary services related to cosmetic procedures are not considered medically necessary and are therefore not covered.

## Revision History

12/9/2016: Added medical necessity language for testicular implants.

11/11/2016: Added that surgery for Poland Syndrome is regarded as a medically necessary reconstructive surgery.

## Applicable Procedure Codes

Note: The below list is for commonly performed surgical procedures and is intended as representative; not all-inclusive.

10040	Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)
11200	Removal of skin tags, multiple fibrocuteaneous tags, any area; up to and including 15 lesions
11201	Removal of skin tags, multiple fibrocuteaneous tags, any area; each additional 10 lesions, or part thereof (List separately in addition to code for primary procedure)
11300-11313	Shaving of epidermal or dermal lesion, single lesion, trunk, arms, legs, scalp, neck, hands, feet, genitalia, face, ears, eyelids, nose, lips, mucous membrane
11920-11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation
11950-11954	Subcutaneous injection of filling material (eg, collagen)
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion
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 (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)
15781	Dermabrasion; segmental, face
15782	Dermabrasion; regional, other than face
15783	Dermabrasion; superficial, any site (eg, tattoo removal)
15786	Abrasion; single lesion (eg, keratosis, scar)
15787	Abrasion; each additional 4 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
15819	Cervicoplasty
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
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
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
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 (eg, 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
15879	Suction assisted lipectomy; lower extremity
17106	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm
17107	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm
17108	Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm
17110-17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettment), of benign lesions other than skin tags or cutaneous vascular proliferative lesions
17340	Cryotherapy (CO2 slush, liquid N2) for acne
17360	Chemical exfoliation for acne (eg, acne paste, acid) (Note: ICD-9 code 706. 1 [other acne] is considered medically necessary for this CPT code) <b>ICD-10 codes for use on or after date of service 10/01/2015: L70.0, L70.1, L70.3, L70.4, L70.5, L70.8, L70.9 and L73.0</b>
17380	Electrolysis epilation, each 30 minutes
19300	Mastectomy for gynecomastia

19316	Mastopexy
19318	Reduction mammoplasty
19324	Mammoplasty, augmentation; without prosthetic implant
19325	Mammoplasty, augmentation; with prosthetic implant
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction (covered for post-mastectomy reconstruction)
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction (covered for post-mastectomy reconstruction)
19355	Correction of inverted nipples
21086	Impression and custom preparation; auricular prosthesis
21087	Impression and custom preparation; nasal prosthesis
21088	Impression and custom preparation; facial prosthesis
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
21137	Reduction forehead; contouring only
21280	Medial canthopexy (separate procedure)
21282	Lateral canthopexy
30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
30420	Rhinoplasty, primary; including major septal repair
30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)
30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies
36468	Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk
36470	Injection of sclerosing solution; single vein
36471	Injection of sclerosing solution; multiple veins, same leg
40500	Vermilionectomy (lip shave), with mucosal advancement
55970	Intersex surgery; male to female
55980	Intersex surgery; female to male
65710	Keratoplasty (corneal transplant); anterior lamellar.
65730	Keratoplasty (corneal transplant); penetrating (except in aphakia or pseudophakia) Revised
65750	Keratoplasty (corneal transplant); penetrating (in aphakia)
65755	Keratoplasty (corneal transplant); penetrating (in pseudophakia)
65756	Keratoplasty (corneal transplant); endothelial.
65757	Backbench preparation of corneal endothelial allograft prior to transplantation (List separately in addition to code for primary procedure).
65760	Keratomileusis

65765	Keratophakia
65767	Epikeratoplasty
65770	Keratoprosthesis
65771	Radial keratotomy
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)
67902	Repair of blepharoptosis; frontalis muscle technique with autologous 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 (eg, Fasanella-Servat type)
67909	Reduction of overcorrection of ptosis
67914	Repair of ectropion; suture
67915	Repair of ectropion; thermocauterization
67916	Repair of ectropion; excision tarsal wedge
67917	Repair of ectropion; extensive (eg, tarsal strip operations)
67921	Repair of entropion; suture
67922	Repair of entropion; thermocauterization
67923	Repair of entropion; excision tarsal wedge
67924	Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation) <sup>4</sup>
69090	Ear piercing
69300	Otoplasty, protruding ear, with or without size reduction
96902	Microscopic examination of hairs plucked or clipped by the examiner (excluding hair collected by the patient) to determine telogen and anagen counts, or structural hair shaft abnormality
96912	Photochemotherapy; psoralens and ultraviolet A (PUVA)
96913	Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least four to eight hours of care under direct supervision of the physician (includes application of medication and dressings)
S0596	Phakic intraocular lens for correction of refractive error
S0800	Laser in situ keratomileusis (LASIK)
S0810	Photorefractive keratectomy (PRK)
S0812	Phototherapeutic keratectomy (PTK)

## References

New York State Insurance Department. Regulation 183 (11 NYCRR 56) Health Insurance Claims and Procedure. 2007. [http://www.dfs.ny.gov/insurance/r\\_finala/2007/rf183txt.pdf](http://www.dfs.ny.gov/insurance/r_finala/2007/rf183txt.pdf). Accessed June 6, 2016.

Specialty matched clinical peer review.