


PROVIDENCE HEALTH ASSURANCE MEDICAL POLICY	Cosmetic and Reconstructive Procedures (Medicare Only)	
Effective Date: 9/1/2020  <div style="text-align: right;">9/1/2020</div>	Section: SUR	Policy No: 441
	Medical Policy Committee Approved Date: 5/19; 12/19, 8/1/2020	
Medical Officer	Date	

See Policy CPT/HCPCS CODE section below for any prior authorization requirements

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

Medicare Only

MEDICARE POLICY CRITERIA	
<p>The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.</p>	
Service	Medicare Guidelines
<i>Dermal Injections for the Treatment of Facial Lipodystrophy Syndrome</i>	National Coverage Determination (NCD) for Dermal Injections for the Treatment of Facial Lipodystrophy Syndrome (LDS) (250.5) ¹
<i>Plastic Surgery to Correct "Moon Face"</i>	National Coverage Determination (NCD) for Plastic Surgery to Correct "Moon Face" (140.4) ²
<i>Actinic Keratosis</i>	National Coverage Determination (NCD) for Treatment of Actinic Keratosis (250.4) ³
<i>Plastic Surgery</i> <ul style="list-style-type: none"> • <i>Dermabrasion</i> • <i>Rhytidectomy</i> • <i>Cosmetic nasal surgery</i> • <i>Reconstructive nasal surgery</i> 	<ul style="list-style-type: none"> • Local Coverage Determination (LCD): Plastic Surgery (L37020)⁴ • Local Coverage Article (LCA): Billing and Coding: Plastic Surgery (A57222)⁵ <p><i>Note: all other services included in this LCD are addressed in other PHP medical policies. Please see Medical Policy Cross References for other applicable policies.</i></p>

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<ul style="list-style-type: none"> <i>Mastectomy for gynecomastia</i> 	
<i>Benign Skin Lesion Removal (Excludes Actinic Keratosis, and Mohs)</i>	<ul style="list-style-type: none"> Local Coverage Determination (LCD): Benign Skin Lesion Removal (Excludes ACTINIC Keratosis, and Mohs) (L33979)⁶ Local Coverage Article (LCA): Billing and Coding: Benign Skin Lesion Removal (Excludes Actinic Keratosis, and Mohs) (A57162)⁷

Per the Medicare Policy Manual, commercial medical policies may be applied to Medicare coverage determinations in the absence of an appropriate NCD, LCD, LCA, or CMS Coverage Manual. Therefore, the commercial medical policy, **Cosmetic and Reconstructive Surgery (All Lines of Business Except Medicare)**, applies to services not mentioned in this policy.

BILLING GUIDELINES

For all procedures noted within this policy:

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing Medicare.

For dermal injections for treatment of facial lipodystrophy syndrome (LDS):⁸

The following ICD-10-CM diagnosis codes must be included on the claim:

- B20 Human Immunodeficiency Virus (HIV) disease; **and**
- E88.1 Lipodystrophy, not elsewhere classified

For Benign Skin Lesion Removal

Benign Skin Lesion Removal is only considered reconstructive and medically necessary when billed with the diagnosis codes included in the Medicare Local Coverage Article (LCA) for Benign Skin Lesion Removal. Please see the Benign Skin Lesion Removal LCA ([A57162](#)) for the complete list of diagnosis codes.

For Dermabrasion (CPT codes 15780, 15781, 15782, and 15783)

Dermabrasion codes (CPT codes 15780-15783) are only considered reconstructive and medically necessary when billed with the diagnosis codes included in the Medicare Local Coverage Article (LCA) for Plastic Surgery. Please see Group 1 ICD-10 Codes in the Plastic Surgery LCA ([A57222](#)) for the complete list of diagnosis codes.

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CPT/HCPCS CODES

Codes for cosmetic and reconstructive surgeries and procedures may include but are not limited to any of the CPT/HCPCS codes listed below. Additional codes may apply.

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Prior Authorization Required	
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm
11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (list separately in addition to code for primary procedure)
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)
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
19300	Mastectomy for gynecomastia
G0429	Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome
Q2026	Injection, radiesse, 0.1 ml
Q2028	Injection, sculptra, 0.5 mg
No Prior Authorization Required	
11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions

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11201	Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof (list separately in addition to code for primary procedure)
11300	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less
11301	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm
11302	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm
11303	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm
11305	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less
11306	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm
11307	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm
11308	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm
11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less
11311	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm
11312	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm
11313	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm
11400	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less
11401	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm
11402	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm
11403	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm
11404	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm
11406	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm
11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less
11421	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm

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11422	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm
11423	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm
11424	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm
11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm
11440	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less
11441	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm
11442	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm
11443	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm
11444	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm
11446	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm
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)
17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions
17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions
Not Covered	
15775	Punch graft for hair transplant; 1 to 15 punch grafts
15776	Punch graft for hair transplant; more than 15 punch grafts
15788	Chemical peel, facial; epidermal
15789	Chemical peel, facial; dermal

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15792	Chemical peel, nonfacial; epidermal
15793	Chemical peel, nonfacial; dermal
15828	Rhytidectomy; cheek, chin, and neck
15829	Rhytidectomy; superficial musculoaponeurotic system (smas) flap

Unlisted Codes

All unlisted codes will be reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is billed related to services addressed in this policy then **prior-authorization is required.**

17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue
40799	Unlisted procedure, lips
67999	Unlisted procedure, eyelids
69399	Unlisted procedure, external ear
96999	Unlisted special dermatological service or procedure

INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case.

MEDICAL POLICY CROSS REFERENCES

- Autologous Fat Transfer, SUR117
- Breast Implant Removal, SUR163
- Breast Reconstruction, SUR162

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- Breast Surgery: Reduction Mammoplasty (Medicare Only), SUR427
- Eye: Blepharoplasty, Blepharoptosis Repair, and Brow Lift (Medicare Only), SUR435
- Gender Affirming Interventions, MED355
- Rhinoplasty, SUR444 (Medicare only)
- Surgical Treatments for Lymphedema, SUR433
- Surgical Treatment for Skin Redundancy, SUR145

REFERENCES

1. Centers for Medicare & Medicaid Services (CMS). Medicare. National Coverage Determination (NCD) for Dermal Injections for the Treatment of Facial Lipodystrophy Syndrome (LDS) (250.5). Effective: 03/23/2010 <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=338>. Accessed 04/15/2019.
2. Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD) for Plastic Surgery to Correct "Moon Face" (140.4). Effective: 05/01/1989. <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=14>. Accessed 04/15/2019.
3. Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD) for Treatment of Actinic Keratosis (250.4). Effective: 11/26/2019. <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=129>. Accessed 04/15/2019.
4. Centers for Medicare & Medicaid Services (CMS) Local Coverage Determination (LCD): Plastic Surgery (L37020). Effective: 10/10/2017. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=37020>. Accessed 03/21/2019.
5. Local Coverage Article (LCA): Billing and Coding: Plastic Surgery (A57222). Effective date October 1 2019. <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=57222&ver=5&LCDId=37020>. Accessed May 26 2020.
6. Centers for Medicare & Medicaid Services (CMS) Local Coverage Determination (LCD): Benign Skin Lesion Removal (Excludes ACTINIC Keratosis, and Mohs) (L33979). Effective: 10/01/2019. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33979>.
7. Local Coverage Article: Billing and Coding: Benign Skin Lesion Removal (Excludes Actinic Keratosis, and Mohs) (A57162). Effective Date, October 1 2019. <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=57162&ver=3&LCDId=33979>. Accessed May 26 2020.
8. Centers for Medicare & Medicaid Services (CMS). Medicare Claims Processing Manual. Publication # 100-4. Chapter 32 – Billing Requirements for Special Services. §260 - Dermal Injections for Treatment of Facial Lipodystrophy Syndrome (LDS). (Rev. 2105, Issued: 11-24-10, Effective: 03-23-10, Implementation: 07-06-10). <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c32.pdf>. Accessed 04/18/2019.