

02-12000-01

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## Subject: Reconstructive Surgery/Cosmetic Surgery

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<a href="#">Position Statement</a>	<a href="#">Billing/Coding</a>	<a href="#">Reimbursement</a>	<a href="#">Program Exceptions</a>	<a href="#">Definitions</a>	<a href="#">Related Guidelines</a>
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### DESCRIPTION:

Reconstructive surgery and related services are procedures that are performed on structures of the body to improve or restore bodily function or to correct a deformity resulting from disease, trauma, congenital or developmental anomalies, or previous medical treatments. Reconstructive services also include those procedures, which treat significant medical symptoms such as pain, bleeding, or chronic infections.

Cosmetic surgery and related services are procedures that are performed to reshape structures of the body in order to alter or improve an individual's appearance, self-perception, or alter the manifestations of the aging process. Cosmetic surgical procedures do not restore bodily functions or correct deformities resulting from trauma, congenital or developmental anomalies or previous medical treatments.

Cosmetic surgery does not become reconstructive surgery because of psychological or psychiatric reasons.

### POSITION STATEMENT:

**NOTE:** Coverage for reconstructive surgery and cosmetic surgery is subject to the member's benefit terms, limitations and maximums. Some plans may exclude coverage for reconstructive surgery and cosmetic surgery. Refer to specific contract language regarding reconstructive surgery and cosmetic surgery.

Reconstructive surgery and related services performed on structures of the body to improve or restore bodily function or to correct a deformity resulting from disease, trauma, and congenital or developmental anomalies **meets the definition of medical necessity.**

Surgery for reconstructive procedures requires medical review. The following information is required documentation for medical review: physician history and physical, physician operative report, pathology

report, and attending physician visit notes that include documentation of medical indication. Photos are not required with the initial review. Photos should be maintained as part of the medical record. Florida Blue may request photos as part of the review process.

Surgery and related services are **considered cosmetic in nature and is generally a contract exclusion** for the following indications:

- Revision of a condition, for which the primary procedure was considered cosmetic;
- Cosmetic surgery solely for the purpose of improving appearance (e.g., treatment for skin wrinkles);
- Complications of a cosmetic procedure solely for the purpose of improving appearance, without restoring bodily function or correcting physical impairment.

### Examples of Reconstructive Procedures (Not all inclusive):

<p><b>Breast bilateral reconstruction</b> of the affected breast and the unaffected breast may be covered when performed following a medically necessary mastectomy. Refer to <a href="#">Prophylactic Mastectomy 02-12000-15</a> and <a href="#">"OTHER" section of this guideline, coverage for surgical procedures and devices incident to mastectomy.</a></p>
<p><b>Blepharoplasty</b> eye lid and brow surgical procedures. Refer to <a href="#">Blepharoplasty/Brow Surgical Procedures 02-65000-11</a></p>
<p><b>Brachioplasty (arm lift) meets the definition of medical necessity</b> when done in the presence of a functional impairment cause directly by the excess skin (e.g., redundant or excessive skin is interfering with activities of daily living or causing persistent dermatitis, cellulitis, skin ulcerations, physical deformity or disfigurement) and the functional impairment is refractory to 3 months of continuous medical therapy (e.g., topical or systemic treatments for infection) and the procedure is expected to restore or improve the functional impairment.</p> <p><b>Brachioplasty (arm lift) do not meet the definition of medical necessity</b> when done for aesthetic improvement to excessive or laxity skin of the upper arm).</p>
<p><b>Breast asymmetry</b> surgical reconstruction of breast deformity (e.g., Poland's syndrome) <a href="#">Refer to "OTHER" section of this guideline, coverage for surgical procedures and devices incident to mastectomy.</a></p>
<p><b>Reduction mammoplasty (19318)</b> Refer to <a href="#">Reduction Mammoplasty 02-12000-11</a></p>
<p><b>Breast augmentation</b> refer to <a href="#">Reduction Mammoplasty 02-12000-11</a></p> <p>Post surgical reconstruction of deformity (e.g., Poland's syndrome-insertion of subcutaneous tissue expanders)</p> <p><a href="#">Refer to "OTHER" section of this guideline, coverage for surgical procedures and devices incident to mastectomy.</a></p>
<p><b>Breast fat grafting for breast reconstruction</b></p> <p>Fat grafting for breast reconstruction (e.g., liposuction, lipoinjection, lipofilling, lipomodeling) is <b>considered integral</b> to the primary procedure (e.g., breast reconstruction (19357, 19361, 19364,</p>

19366, 19367, 19368, 19369, S2066, S2067, S2068)); reduction mammoplasty (19318); mastopexy (19316)) and is not separately reimbursable. Note: codes may not be all inclusive.

Fat grafting for breast reconstruction (e.g., liposuction, lipoinjection, lipofilling, lipomodeling) as a stand-alone procedure requires Medical Director review.

The use of enriched fat grafting with expanded adipose-derived stem cells to the breast is considered **experimental or investigational**. The evidence is insufficient to determine the effects of enriched fat grafting with expanded adipose-derived stem cells to the breast on health outcomes.

**Breast implant: insertion and removal:** post mastectomy reconstruction. Removal due to complications from an implant (e.g., rupture, leakage, infection). Refer to [Prophylactic Mastectomy 02-12000-15](#) (e.g., Poland's syndrome-insertion of subcutaneous tissue expanders).  
[Refer to "OTHER" section of this guideline, coverage for surgical procedures and devices incident to mastectomy.](#)

**Breast implant repositioning:** post surgical mastectomy reconstruction. Refer to [Prophylactic Mastectomy 02-12000-15](#) (e.g., Poland's syndrome-insertion of subcutaneous tissue expanders).

**Chin implant** for deformities of the maxilla or mandible resulting from trauma or disease.

**Congenital anomalies** a physical developmental defect that is present at birth, which do not result in functional impairment but which are so severely disfiguring as to merit consideration for corrective surgery are reviewed for individual consideration (e.g., cranio-facial anomalies associated with Crouzon's syndrome and Treacher-Collins syndrome, etc.).

**Congenital deformities in children** are reviewed for individual consideration and may include (e.g., cleft lip and palate, deforming hemangiomas, pectus excavatum, syndactyly, macrodactylia (macroductyly).

**Dermabrasion.** Refer to Dermabrasion; Chemical Peel; Salabrasion 02-12000-08

**Dermal and epidermal chemical peels.** Refer to Dermabrasion; Chemical Peel; Salabrasion 02-12000-08

**Disfigurement of the face** resulting from deformity, trauma, or disease. Procedures performed to correct disfigurement of the face.

**Ear lobe repair** (e.g., tear) of an acute traumatic injury **meets the definition of medical necessity**.  
Ear lobe repair to close a stretched pierce hole is considered cosmetic and does not meet the definition of medical necessity.

**Lifts (buttock, thigh) meets the definition of medical necessity** when there is a functional impairment caused directly by the excess skin (e.g., redundant or excessive skin is interfering with activities of daily living or causing persistent dermatitis, cellulitis, skin ulcerations, physical deformity or disfigurement) and the functional impairment persists is refractory to 3 months of continuous medical

therapy (e.g., topical or systemic treatments for infection) and the procedure is expected to restore or improve the functional impairment.

**Lifts (buttock, thigh) do not meet the definition of medical necessity** when done for aesthetic improvement to excessive or laxity skin of the buttocks and thigh.

**Lipectomy for lymphedema** Refer to [Surgical Treatments for Lymphedema & Lipedema 02-12000-18](#)

**Liposuction (tumescient or water-assisted) and/or lipectomy** Refer to [Surgical Treatments for Lymphedema & Lipedema 02-12000-18](#)

**Mastectomy for Gynecomastia** Refer to [Mastectomy for Gynecomastia 02-12000-14](#)

**Mastopexy** to correct a pendulous breast following a mastectomy or reconstruction for breast cancer to achieve symmetry (e.g., Poland's syndrome).

**Otoplasty/Pinnaplasty** for absence of the ear (anotia) or deformed ears resulting from trauma or disease (e.g., microtia). Otoplasty/pinnaplasty **meets the definition of medical necessity** when performed to improve hearing in the ear canal.

Otoplasty/pinnaplasty to correct large or protruding ears when the surgery will not improve hearing is considered cosmetic and does not meet the definition of medical necessity.

**Panniculectomy** Refer to [Panniculectomy and Abdominoplasty 02-12000-16](#)

**Perineoplasty** (perineorrhaphy) to treat vulvodynia (chronic pain and discomfort of the vulva) and vulvar vestibulitis (burning pain during sexual intercourse).

**Photoderm/Fotofacial (skin correction, facial rejuvenation)-Intense Pulsed Light** laser surgery for treatment of severe cases of rosacea (e.g., redness, inflammation, skin eruptions).

**Post mastectomy** for breast reconstruction.

**Prophylactic Mastectomy** Refer to [Prophylactic Mastectomy 02-12000-15](#)

**Repositioning of breast** post mastectomy reconstruction of the remaining breast, including reconstruction of the nipple and areolar complex. Reconstruction of the contralateral (non-diseased) breast may be necessary to achieve symmetry between the two breasts.

**Rhinoplasty** for external nasal deformity due to trauma or disease, air obstruction from deformities due to disease, congenital abnormality.

**Rhytidectomy** for correction of functional impairment from facial nerve palsy.

**Scar surgery/treatment** (e.g., dermabrasion, intralesional steroid injection) when the scar(s) interferes with normal bodily function or causes pain. Refer to Dermabrasion; Chemical Peel; Salabrasion 02-12000-08

Treatment of keloid(s) (also known as hypertrophic scars) meets the definition of medical necessity resulting from trauma or surgery and interferes with normal bodily function or causes pain. Medical

management include (e.g., corticosteroids injections, surgical removal, pressure (dressing, garment), laser, silicone, gels, cryotherapy, radiation, ligature).
Treatment of keloid(s) do not meet the definition of medical necessity when performed in the absence of a functional impairment or for aesthetic (improving appearance) or cosmetic reasons.
<b>Scar revisions</b> resulting from trauma or surgery and meets the definition of reconstructive surgery, are covered.
<b>Septoplasty</b> documentation is required for medical review. Refer to <a href="#">Septoplasty - Certificate of Medical Necessity</a> . The following documentation is required for medical review: physician history and physical, physician operative report, pathology report, and attending physician visit notes that include documentation of medical indication.
<b>Skin lesions</b> (e.g., skin tags) removal <b>do not meet the definition of medical necessity</b> when done for aesthetic (improving appearance) or cosmetic reasons.
<b>Strabismus treatment</b> in individuals 18 years of age or older are reviewed by individual consideration
<b>Subcutaneous injection of filling material (e.g., collagen) (11950, 11951, 11952, 11954)</b> is typically a purified material derived from bovine hide dispersed in a saline solution and injected with a local anesthetic into the tissues. Collagen injections may be covered when performed to repair facial congenital anomalies <b>and/or</b> facial trauma that result in functional impairment.  Reimbursement for collagen injections is based on medical review of photographs and documentation describing the medical indications for the procedure.
<b>Tattoos</b> Tattooing of the areola as part of a nipple reconstruction following a covered mastectomy.  Tattooing for radiation therapy planning.
<b>Vascular birth marks salmon patch [nevus simplex], strawberry hemangioma, port-wine stain [nevus flammeus]</b> on the face, neck, or other body areas when functional impairment is documented.

### Nerve repair with allograft

Commercially prepared allograft **meets the definition of medical necessity** for use during peripheral nerve repair when the criteria in one of the following categories I, II, or III are met:

- I. Primary nerve tumor of the nerve or nerve resection is required for oncologic treatment (such as adequate margin control) and **ALL** of the following are met:
  - Primary repair or direct re-approximation of the nerve is not possible or safe
  - Nerve transfer is not an option (such as anterior interosseous nerve transfer).

**OR**
- II. Acute injury requiring immediate surgical repair and **ALL** the following are met:
  - Primary repair or direct re-approximation of the nerve is not possible or safe

- Nerve transfer is not an option (such as anterior interosseous nerve transfer).

**OR**

- III. There is a history of a known reasonable mechanism of injury to the nerve (such as penetrating trauma or complication/sequela of surgery) and the nerve injury occurred within the last year (Medical necessity for nerve injuries greater than one year require review by a medical director and should be handled on an individual basis and discussed with the provider to determine medical appropriateness) for the following:

Sensory nerves:

Loss of function determined by one of the following:

- Abnormal 2-point discrimination or Semmes Weinstein
- Monofilament testing or other physical examination findings
- Abnormal nerve conduction study (NCIS)
- Patient self-report symptoms

**OR**

Motor nerves:

Loss of function determined by one of the following:

- Abnormal electromyography (EMG)
- Abnormal nerve conduction study test (NCS)
- Physical examination findings.

**OR**

Motor or sensory nerves:

Nerve lesion such as neuroma, documented by magnetic resonance imaging (MRI) and **ALL** of the following conditions are met:

- Primary repair or direct re-approximation of the nerve is not possible or safe
- Nerve transfer is not an option (such as anterior interosseous nerve transfer).

Nerve repair with allograft for all other indications is considered **experimental or investigational**. The evidence is insufficient to determine the effects of nerve repair with allograft on health outcomes.

### **Allograft in breast reconstruction**

Commercially prepared allograft **meets the definition of medical necessity** for the neurotization of free tissue transfer/free flaps when a flap is used that has the potential to recreate nipple areolar complex sensation and the intercostal nerves are too distant to achieve primary anastomosis.

## Examples of Cosmetic Procedures (Not all inclusive):

<b>Abdominoplasty.</b> Refer to Panniculectomy and Abdominoplasty 02-12000-16
<b>Breast augmentation</b> of small but otherwise normal and symmetrical breasts or to create symmetry between normal breasts.
<b>Breast implant repositioning</b> to reposition a displaced implant when the original procedure was performed for cosmetic enhancements.
<b>Breast reconstruction (implant insertion and removal)</b> for cosmetic enhancements.
<b>Chin implant</b> not the result of disease, trauma or deformity.
<b>Chin injection</b> for improvement in appearance (e.g., submental fat (double chin)).
<b>CoolSculpting</b> (e.g., cryolipolysis, fat freezing)
<b>Dermabrasion</b> Refer to Dermabrasion; Chemical Peel; Salabrasion 02-12000-08
<b>Dermal and epidermal chemical peels</b> Refer to Dermabrasion; Chemical Peel; Salabrasion 02-12000-08
<b>Dermal fillers (soft tissue fillers) or filler injections (e.g., injectable dermal fillers, injectable implants)</b> to smooth wrinkles or scars or make a body part fuller (e.g., face, nasolabial folds, cheeks, lips, hand).
<b>Diastasis recti</b> Refer to Panniculectomy and Abdominoplasty 02-12000-16
<b>Disfigurement of the face</b> for cosmetic enhancements.
<b>Ear or body piercing</b>
<b>Genitalia</b> to improve and /or enhance the appearance or sexual performance of: Female genitalia (e.g., vaginal rejuvenation, vaginoplasty, vulvar reconstruction) Male genitalia (e.g., penile reconstruction)
<b>Hair loss</b> to correct hair loss (e.g., Minoxidil, Rogaine, hair implants, hair transplants).
<b>Hair transplants</b> for male and female pattern baldness or to correct hair loss (e.g., alopecia).
<b>Injection of sclerosing solutions for spider veins (telangiectasia)</b> Refer to <a href="#">Treatments for Varicose Veins 02-33000-31</a>
<b>Inverted nipple</b> to correct nipple inversion for breast enhancement.
<b>Laser resurfacing</b> for wrinkling or aging skin.
<b>Lifts: Buttock</b> (e.g., Brazilian butt lift (gluteal fat grafting) <b>or thigh</b> for cosmetic enhancements.
<b>Lipectomy (Suction Assisted Lipectomy (SAL) or liposuction</b> removal of excessive fat to reshape a specific part of the body (e.g., face, neck, arms, abdomen, hips, thighs, breast) for cosmetic reasons.
<b>Mastopexy</b> correction of sagging breast in the absence of a mastectomy for cosmetic enhancements Breast asymmetry for normal breasts.
<b>Moon face</b> to correct moon face.
<b>Otoplasty</b> for large or protruding ears for cosmetic enhancements.
<b>Panniculectomy/Abdominoplasty</b> Refer to <a href="#">Panniculectomy and Abdominoplasty 02-12000-16</a>
<b>Photoderm/Fotofacial (skin correction, facial rejuvenation)-Intense Pulsed Light</b> for facial spider veins, unsightly leg veins, birthmarks, age spots, sun spots, freckles, tattoos, unwanted hair, varicose veins, rosacea telangiectasia, and vascular lesions or skin conditions (broken capillaries), and hyperpigmentation.
<b>Prophylactic Mastectomy</b> no high risk or moderately increased risk of breast cancer or lobular carcinoma in situ (LCIS). Refer to <a href="#">Prophylactic Mastectomy 02-12000-15</a> and <a href="#">Mastectomy for Gynecomastia 02-12000-14</a>

<b>Removal of breast tissue in the male for gynecomastia.</b> Refer to Mastectomy for Gynecomastia 02-12000-14
<b>Removal of hair</b> including excessive hair caused by a physical or medical disorder (e.g., electrolysis for hirsutism, laser hair removal).
<b>Removal of excess fat</b> to improve appearance (e.g., liposuction, injection lipolysis, lipotropic injection).
<b>Removal of excess skin</b> to improve appearance after surgical procedure (e.g., liposuction or lipectomy, bariatric surgery) or weight loss when there is no functional impairment from the excess skin.
<b>Removal of scar(s)</b> for removal of acne scar(s) for cosmetic enhancements.
<b>Repositioning of breast</b> for cosmetic enhancements.
<b>Rhinoplasty</b> for external nasal deformity not due to trauma or disease; for cosmetic enhancements.
<b>Rhytidectomy</b> of the face for aging skin, face lifts to remove wrinkles or frown lines.
<b>Salabrasion</b> Refer to Dermabrasion; Chemical Peel; Salabrasion 02-12000-08
<b>Skin wrinkling</b> cosmetic surgery and procedures or supplies to correct skin wrinkling.
<b>Tattoos</b> Removal of and treatment of decorative tattoos (e.g., eyebrow, eyelid, body (arms, legs, torso, neck, upper/lower body)).
<b>Vascular birth marks salmon patch [nevus simplex], strawberry hemangioma, port-wine stain [nevus flammeus]</b> no functional impairment is documented.

### Non-Covered Procedures:

<b>The following codes are considered cosmetic services and are non-covered.</b>	
15828	<a href="#">Rhytidectomy</a> ; cheek, chin, and neck
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap
17380	Electrolysis epilation, each ½ hour
69090	Ear piercing
69300	Otoplasty, protruding ear, with or without size reduction
Q2026	Injection Radiesse, 0.1 ml

The following code may be cosmetic; medical review is required to determine if considered cosmetic or reconstructive.

J0591	Injection, deoxycholic acid, 1 mg
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### BILLING/CODING INFORMATION:

#### Reconstructive Surgery

The following information is required documentation for medical review: physician history and physical, physician operative report, pathology report, and attending physician visit notes that include documentation of medical indication.

#### LOINC Codes

DOCUMENTATION TABLE	LOINC CODES	LOINC TIME FRAME MODIFIER CODE	LOINC TIME FRAME MODIFIER CODES NARRATIVE
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Physician history and physical	28626-0	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Physician operative report	28573-4	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Pathology report	27898-6	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Attending physician visit note	18733-6	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.

**NOTE:** Photos are not required with the initial review. Photos should be maintained as part of the medical record. Florida Blue may request photos as part of the review process.

The following procedure codes may be used to report reconstructive surgery. The following procedures require medical review.

### CPT Coding

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, or part thereof (List separately in addition to code for primary procedure)
11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm
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
11970	Replacement of tissue expander with permanent implant
15775	Punch graft for hair transplant; 1 to 15 punch grafts
15776	Punch graft for hair transplant; more than 15 punch grafts
15824	Rhytidectomy; forehead
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)
15826	Rhytidectomy; glabellar frown lines
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy

15832	Excision, excessive skin and subcutaneous tissue (including lipectomy); thigh
15833	Excision, excessive skin and subcutaneous tissue (including lipectomy); leg
15834	Excision, excessive skin and subcutaneous tissue (including lipectomy); hip
15835	Excision, excessive skin and subcutaneous tissue (including lipectomy); buttock
15836	Excision, excessive skin and subcutaneous tissue (including lipectomy); arm
15837	Excision, excessive skin and subcutaneous tissue (including lipectomy); forearm or hand
15838	Excision, excessive skin and subcutaneous tissue (including lipectomy); submental fat pad
15839	Excision, excessive skin and subcutaneous tissue (including lipectomy); other area
15840	Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)
15841	Graft for facial nerve paralysis; free muscle graft (including obtaining graft)
15842	Graft for facial nerve paralysis; free muscle flap by microsurgical technique
15845	Graft for facial nerve paralysis; regional muscle transfer
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (e.g., abdominoplasty) (includes umbilical transposition and fascial placcation) (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 (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
19316	<a href="#">Mastopexy</a>
19325	Mammoplasty, augmentation; with prosthetic implant
19328	Removal of intact breast implant
19330	Removal of ruptured breast implant material including implant contents (e.g., saline, silicone gel)
19340	Insertion of breast implant on same day from mastectomy (ie, immediate)
19342	Insertion or replacement of breast implant on separate day from mastectomy
19350	Nipple/areola reconstruction
19355	Correction of inverted nipples
19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)
19361	Breast reconstruction with latissimus dorsi flap
19364	Breast reconstruction with free flap (e.g., fTRAM, DIEP, SIEA, GAP flap)
19367	Breast reconstruction with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap

19368	Breast reconstruction with single-pedicled transverse rectus abdominis (TRAM) flap requiring separate microvascular anastomosis (supercharging)
19369	Breast reconstruction with bipedicled transverse rectus abdominis myocutaneous (TRAM) flap
19370	Revision of peri-implant capsule, breast, including <a href="#">capsulotomy</a> , breast capsulorrhaphy, and/or partial capsulectomy
19371	Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents
19380	Revision of reconstructed breast (e.g., significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)
19396	Preparation of mouldage for custom breast implant
21125	Augmentation, mandibular body or angle; prosthetic material
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)
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
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)
21208	<a href="#">Osteoplasty</a> , facial bones; augmentation (autograft, allograft, or prosthetic implant)
21209	Osteoplasty, facial bones; reduction
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)
21248	Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); partial
21249	Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); complete

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., microphthalmia)
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	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement
21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach
21270	Malar augmentation, prosthetic material
21280	Medial canthopexy (separate procedure)
21282	Lateral canthopexy
30120	Excision or surgical planning of skin or nose for <a href="#">rhinophyma</a>
30400	Rhinoplasty, primary; lateral or 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; major revision (nasal tip work and osteotomies)
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthen; tip only
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthen; tip, septum, osteotomies
30465	Repair of nasal vestibular stenosis (e.g., spreader grafting, lateral nasal wall reconstruction)
30520	Septoplasty or submucous resection, with or without cartilage scoring contouring or replacement with graft
30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)
40840	Vestibuloplasty; anterior
40842	Vestibuloplasty; posterior, unilateral
40843	Vestibuloplasty; posterior bilateral
40844	Vestibuloplasty; entire arch
40845	Vestibuloplasty; complex (including ridge extension, muscle repositioning)
54660	Insertion of testicular prosthesis (separate procedure)
56810	Perineoplasty, repair of perineum nonobstetrical (separate procedure)
64912	Nerve repair; with nerve allograft, each nerve, first strand (cable)

64913	Nerve repair; with nerve allograft, each additional strand (List separately in addition to code for primary procedure)
67909	Reduction of overcorrection of ptosis
67911	Correction of lid retraction
67914	Repair of ectropion; suture
67915	Repair of ectropion; thermo-cauterization
67916	Repair of ectropion; excision tarsal wedge
67917	Repair of ectropion; extensive (e.g., tarsal strip operation)
67921	Repair of entropion; suture
67922	Repair of entropion; thermo-cauterization
67923	Repair of entropion; excision tarsal wedge
67971	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, I stage or first stage
67973	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, lower, 1 stage or first stage
67974	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, upper, 1 stage or first stage
67975	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; second stage

**HCPCS Coding**

L8600	Implantable breast prosthesis, silicone or equal
S2066	Breast reconstruction with gluteal artery perforator (GAP) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral
S2067	Breast reconstruction of a single breast with “stacked” deep inferior epigastric perforator (DIEP) flap(s) and/or gluteal artery perforator (GAP) flap(s), including harvesting of the flap(s), microvascular transfer, closure of donor site(s) and shaping the flap into a breast
S2068	Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SIEA) flap, including harvesting of the flap, microvascular transfer, closure of donor site and shaping the flap into a breast, unilateral

**Cosmetic Surgery**

The following information is required documentation for medical review: physician history and physical, physician operative report, pathology report, and attending physician visit notes that include documentation of medical indication.

**LOINC Codes**

DOCUMENTATION TABLE	LOINC CODES	LOINC TIME FRAME MODIFIER CODE	LOINC TIME FRAME MODIFIER CODES NARRATIVE
Physician history and physical	28626-0	18805-2	Include all data of the selected type that represents observations made

			six months or fewer before starting date of service for the claim.
Physician operative report	28573-4	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Pathology report	27898-6	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Attending physician visit note	18733-6	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.

The following procedure codes may be used to report cosmetic surgery and may be considered cosmetic services.

The following procedures require medical review.

### CPT Coding

15819	Cervicoplasty
15832	Excision, excessive skin and subcutaneous tissue (including lipectomy); thigh
15833	Excision, excessive skin and subcutaneous tissue (including lipectomy); leg
15834	Excision, excessive skin and subcutaneous tissue (including lipectomy); hip
15835	Excision, excessive skin and subcutaneous tissue (including lipectomy); buttock
15836	Excision, excessive skin and subcutaneous tissue (including lipectomy); arm
15837	Excision, excessive skin and subcutaneous tissue (including lipectomy); forearm or hand
15838	Excision, excessive skin and subcutaneous tissue (including lipectomy); submental fat pad
15839	Excision, excessive skin and subcutaneous tissue (including lipectomy); other area
21137	Reduction forehead; contouring only
56805	Clitoroplasty for intersex state
57335	Vaginoplasty for intersex state
67715	Canthotomy (separate procedure)
67950	Canthoplasty (reconstruction of canthus)

### REIMBURSEMENT INFORMATION:

Refer to section entitled [POSITION STATEMENT](#).

### PROGRAM EXCEPTIONS:

**Federal Employee Program (FEP):** Follow FEP guidelines.

**State Account Organization (SAO):** Follow SAO guidelines.

### **Medicare Advantage Products:**

No Local Coverage Determination (LCD) were found at the time of the last guideline reviewed date.

The following National Coverage Determination (NCD) was reviewed on the last guideline reviewed date: Plastic Surgery to Correct Moon Face (140.4) located at [cms.gov](https://www.cms.gov).

If this Medical Coverage Guideline contains a step therapy requirement, in compliance with Florida law 627.42393, members or providers may request a step therapy protocol exemption to this requirement if based on medical necessity. The process for requesting a protocol exemption can be found at [Coverage Protocol Exemption Request](#)

### **DEFINITIONS:**

**Blepharochalasis:** drooping, sagging eyelids.

**Blepharoplasty:** surgical removal of excess skin of the eyelids.

**Capsulotomy:** incision of a capsule (i.e., eye or joint).

**Congenital disorder:** known to result in significant impairment of health or intellect.

**Crouzon's syndrome:** an inherited disorder that is controlled by an autosomal dominant gene, and is characterized by malformation of the skull due to premature ossification and closure of sutures and by widely spaced eyes, abnormal protrusion of the eyeballs, a beaked nose, underdeveloped of the maxilla with protrusion of the mandible.

**Dermabrasion:** planing of the skin, done by mechanical means (i.e., rotary power sander, sandpaper, wire brushes).

**Genioplasty:** surgical correction of the chin and lip.

**Hemangioma:** a usually benign tumor made up of blood vessels that typically occurs as a purplish or reddish slightly elevated area of skin.

**Hirsutism:** excessive growth of hair of normal or abnormal distribution.

**Keloid (also known as hypertrophic scar):** a type of raised scar.

**Macrodactylia (macroductyly):** abnormal largeness of the fingers and toes.

**Mammoplasty:** surgical reconstruction of the breast to augment or reduce its size.

**Mastopexy:** surgical repair of pendulous breasts.

**Mentoplasty:** surgical correction of chin deformities.

**Micrognathism:** receding chin and jaw.

**Microtia:** absence of the external part of the ear.

**Moon face:** the full rounded facies characteristic of hyperadrenocorticism.

**Osteotomy, osteoplasty:** plastic surgery of bones.

**Otoplasty:** surgical correction of ear deformities.

**Pectus excavatum (funnel chest):** a depression of the anterior wall of the chest produced by a sinking in of the sternum.

**Poland's syndrome:** a developmental disorder that is present at birth (congenital) and occurs in males and females. The classic features include the following: absence of sternal head of the pectoralis major, hypoplasia and/or aplasia of breast or nipple, deficiency of subcutaneous fat and axillary hair, abnormalities of rib cage, upper extremity anomalies (short -upper arm, forearm, or fingers [brachysymphalangism]), hypoplasia or aplasia or serratus, external oblique, pectoralis minor, latissimus dorsi, infraspinatus, and supraspinatus muscles, total absence of anterolateral ribs and herniation of lung, and symphalangism with anydactyly and hypoplasia or aplasia of the middle phalanges. Physical abnormalities may be confined to one side of the body (unilateral).

**Rhinophyma:** disease in which the nose is large, red, swollen with abnormal skin (rosacea).

**Rhinoplasty, septorhinoplasty, septoplasty:** surgical repair of the nose and/or septum.

**Rhytidectomy:** surgical removal of wrinkles (face-lift).

**Syndactyly:** a hereditary disorder marked by the joining or webbing of two or more fingers or toes.

**Treacher Collins Syndrome (mandibulofacial dysostosis, Franceschetti-Klein Syndrome):** a rare genetic syndrome that involves facial disfigurement and hearing loss.

**Vascular birthmarks (salmon patch [nevus simplex], strawberry hemangioma, port-wine stain [nevus flammeus]):** a discoloration of the skin that is caused by malformations of blood vessels. They are present at birth or appear shortly after birth.

## RELATED GUIDELINES:

[Blepharoplasty/Brow Surgical Procedures, 02-65000-11](#)

[Dermabrasion; Chemical Peel; Salabrasion, 02-10000-08](#)

[Mastectomy for Gynecomastia, 02-12000-14](#)

[Orthognathic Surgery, 02-12000-15](#)

[Panniculectomy and Abdominoplasty, 02-12000-16](#)

[Prophylactic Mastectomy, 02-12000-15](#)

[Prosthetics, 09-L0000-05](#)

[Reduction Mammoplasty, 02-12000-11](#)

[Surgery for Clinically Severe Obesity \(Bariatric Surgery; Gastric Bypass Surgery\), 02-40000-10](#)

[Treatments for Varicose Veins/Venous Insufficiency, 02-33000-31](#)

[Surgical Treatments for Lymphedema, 02-12000-18](#)

## OTHER:

### Federal Law-SEC 713 Required Coverage for Reconstructive Surgery following Mastectomies

A group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan, that provides medical and surgical benefits with respect to a mastectomy shall



provide, in a case of a participant or beneficiary who is receiving benefits in connection with a mastectomy and who elects breast reconstruction in connection with such mastectomy, coverage for:

- (1) All stages of reconstruction of the breast on which the mastectomy has been performed;
- (2) Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- (3) Prostheses and physical complications all stages of mastectomy, including lymphedemas; in a manner determined in consultation with the attending physician and the patient.

**Florida Statute-Chapter 627 – 627.6417 Coverage for surgical procedures and devices incident to mastectomy.**

Any health insurance policy that provides coverage for mastectomies must also provide coverage for prosthetic devices and breast reconstructive surgery incident to the mastectomy. Breast reconstructive surgery must be in a manner chosen by the treating physician, consistent with prevailing medical standards, and in consultation with the patient. The term "mastectomy" means the removal of all or part of the breast for medically necessary reasons as determined by a licensed physician and the term "breast reconstructive surgery" means surgery to reestablish symmetry between the two breasts.

**REFERENCES:**

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5. Blue Cross Blue Shield Association Medical Policy Reconstructive/Cosmetic Services 10.01.09, 10/09/03; Archived December 2011.
6. Breast Cancer.org. Fat Grafting, 03/7/2019.
7. Eberlin KR, Ducic I. Surgical Algorithm for Neuroma Management: A Changing Treatment Paradigm. *Plast Reconstr Surg Glob Open* 2018 16; 6 (10):e 1952.
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9. Florida Statute-Chapter 383 (383.14) Maternity and Infancy Hygiene-383.14 Screening for metabolic disorders, other hereditary and congenital disorders, and environmental risk factors, 2008.
10. Florida Statute-Chapter 627 (627.6417) Coverage for surgical procedures and devices incident to mastectomy, 2008.
11. FDA Medical Devices: Soft Tissue Fillers (Dermal Fillers), 06/26/15.
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13. Nava MB, Blondeel P, Botti G et al. International Expert Panel Consensus on fat grafting of the breast. *Plastic and Reconstructive Surgery* 2019; 7(10): e2426.

14. Safa B, Jain S, Desai MJ et al. Peripheral nerve repair throughout the body with processed nerve allografts: Results from a large multicenter study. *Microsurgery* 2020; 40(5): 527-537 (Abstract).
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16. Song C, Wu HG, Chang H et al. Adjuvant single-fraction radiotherapy is safe and effective for intractable keloids. *Journal of Radiation Research.* 2014 Sep; 55(5):912-916. Xu J, Yang E, Yu NZ et al. Radiation Therapy in Keloids Treatment: History, Strategy, Effectiveness, and Complication. *Chin Med J* 2017 Jul 20; 130(14): 1715-1721.

## COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 12/7/23.

## GUIDELINE UPDATE INFORMATION:

12/31/00	Medical Coverage Guideline developed.
02/15/02	Reformatted Procedure and diagnosis coding updated.
08/15/02	Revision to cosmetic procedure codes.
08/19/03	Deleted 15824, 15829, and 17380 from the reconstructive surgery section under the Billing/Coding section of the guideline. Code 15821, 15829, and 17380 is as “always considered cosmetic services.”
03/15/04	Annual review. Revised description section to clarify reconstructive services. Revised when services are not covered section; added to correct wrinkles, female, and correct hair loss.
10/15/04	Annual review. Revised and reformatted guideline.
01/01/06	Annual HCPCS coding update: revised descriptor for 67901 and 67902. Added S2068.
06/15/06	Deleted the requirement of photographs for documentation.
07/15/06	Added note regarding maintaining photos as part of the medical record.
08/15/06	Revised CPT coding; delete 15810, 15811 and 21280 (deleted codes), add 21260 (possible reconstructive), 56805 and 57335 (possible cosmetic) revise descriptors for: 11951, 11952, 11954, 19367, 19368, 19369, 21141, 21182, 21183, 21184, 21230, 43846, 43848, and 67909 and list specific code in code range for: 15831 – 15839, 17106 – 17108, 21240 – 21243, 21244 – 21256, 21261 – 21263, 21267 – 21268, 40840 – 40845, 43850 – 43855 and 43860 – 43865. Added, “breast” to lipectomy/liposuction under WHEN SERVICES ARE NOT COVERED, examples of cosmetic procedures. Updated references and related Internet links.
11/15/06	Deleted 17340, 17360, 21083 and 21087. Added 67715 and 67950 to the BILLING/CODING INFORMATION section as procedure codes that may be used to report cosmetic surgery.
01/01/07	Annual HCPCS coding update: deleted code 15831 and 19140. Added 15830, 15847, and 19300. Revised 19361 code descriptor.
07/01/07	HCPCS update. Added codes S2066 and S2067. Revised code S2068 code descriptor. Moved code S2068 to billing/coding information reconstructive surgery section. Deleted ICD-9 diagnoses codes that support medical necessity section (none applicable).

08/15/07	Reviewed; coverage statements maintained, guideline reformatted, references updated.
01/01/08	Annual HCPCS coding update: Added L8600. Revised code S2068 descriptor. Updated guideline, added Florida Statute 627.6417.
01/01/09	Annual HCPCS coding update: revised code descriptor for code 11922.
04/15/09	Deleted codes 56805 and 57335 from Medicare Advantage program exception statement. Updated references.
09/15/09	Annual review. Maintain position statements. Deleted 15780 – 15793. Updated references and related Internet links. Added "surgery" to title.
03/15/10	Added codes 67971, 67973, 67974, and 67975.
07/01/10	3rd quarter HCPCS coding update: added Q2026, Q2027, and S0196. Added Medicare Advantage products program exception for dermal injections for the treatment of facial lipodystrophy syndrome (FLS). Updated references.
09/15/10	Code update; added codes 67914, 67915, 67916, 69717, 67921, 67922, and 67923.
10/01/10	4th quarter HCPCS update; deleted codes S0196.
02/15/11	Added code 10040.
03/15/11	Added 15840, 15841, 15842 and 15845.
07/01/11	Revision; formatting changes.
10/15/11	Annual review. Maintain position statements. Updated references.
12/15/11	Revision; CPT code 10040 removed and added to the Acne Treatments guideline.
05/15/12	Code update; deleted 43842, 43843, 43846, 43847, 43848, 43850, 43855, 43860, 43865 and 43999.
07/15/12	Removed CPT codes 36468 and 36469; added both codes to the Treatments for Varicose Veins/Venous Insufficiency guideline.
02/15/13	Added Federal law for reconstructive surgery following mastectomies. Updated references.
07/01/13	Added cross-reference for Panniculectomy and Abdominoplasty, 02-12000-16.
08/15/13	Revision; deleted codes: 19300; refer to Mastectomy for Gynecomastia, 19318; refer to Reduction mammoplasty, 21120, 21121, 21122, 21123, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21181, 21182, 21183, 21184, 21188, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21210 and 21215 added to Orthognathic Surgery, 21240, 21242 and 21243; refer to Temporomandibular Joint (TMJ) Dysfunction; Diagnosis Treatment, 15822, 15823, 67900, 67901, 67902, 67903, 67904, 67906 and 67908; refer to Blepharoplasty/Brow Surgical Procedures. Updated program exceptions section and references.
11/15/13	Revision; Added statement for: brachioplasty (arm lift), ear lobe repair, lifts (buttock, thigh), otoplasty, perineoplasty, scar surgery, septoplasty, skin lesions, abdominoplasty, diastasis recti, and genitalia. Revised statement for: congenital anomalies, scar revisions, breast augmentation, dermal and epidermal, removal of excess skin, and rhytidectomy. Deleted code 17999 and 19499 and updated references.
01/01/14	Annual HCPCS coding update; deleted Q2027.
04/15/14	Deleted 15820 and 15821.

02/15/15	Updated reconstructive procedures section; added documentation for septoplasty. Revised billing/coding information.
04/15/17	Added dermal fillers (soft tissue fillers) or filler injections (e.g., injectable dermal fillers, injectable implants) to smooth wrinkles or scars or make a body part fuller (e.g., face, nasolabial folds, cheeks, lips, hand). Added code 21280.
05/15/19	Revised statement for scar surgery; added "treatment". Added statement for treatment of keloid(s). Revised statement for skin lesions. Updated references.
07/15/20	Review/update. Added reference for reduction mammoplasty MCG.
09/15/20	Review/update; added J0591, double chin injection and removal of excess fat. Added medical necessity criteria and indications for allograft for peripheral nerve repair. Added code 64912 and 64913.
12/15/20	Review/update; added statement for fat grafting for breast reconstruction. Updated references.
01/01/21	Annual HCPCS code update. Revised code descriptor (19328, 19330, 19340, 19342, 19357, 19361, 19364, 19367, 19368, 19369, 19370, 19371, 19380). Deleted (19324, 19366).
04/15/21	Revision; expanded medical necessity criteria for allograft for peripheral nerve repair. Added medical necessity criteria for allograft in breast reconstruction.
04/30/21	Deleted CMN statement and decision tree.
06/15/21	Revision; added medical necessity criteria for liposuction (tumescent or water-assisted) and/or lipectomy and lymphedema.
01/01/22	Revision; deleted medical necessity criteria for liposuction (tumescent or water-assisted) and/or lipectomy and lipectomy for lymphedema (added to Surgical Treatments for Lymphedema & Lipedema medical coverage guideline).
05/23/23	Update to Program Exceptions section.
12/15/23	