

Cosmetic and Reconstructive Procedures

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[➔ Instructions for Use](#)

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Related Medicare Advantage Policy Guidelines
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Coverage Guidelines

Cosmetic surgery, reconstructive surgery, or breast reconstruction post mastectomy is covered when Medicare criteria are met.

Note: The guidelines in this Coverage Summary are for specific procedures only. For procedures not addressed in this Coverage Summary, refer to the [Medicare Coverage Database](#) to search for applicable coverage policies (National Coverage Determination, Local Coverage Determinations and Local Coverage Articles). (Accessed January 4, 2024)

General Coverage Guidelines

Reconstructive surgery is surgery performed on abnormal structures of the body, caused by congenital defects, developmental abnormalities, trauma, tumors, or disease. Reconstructive surgery is generally performed to improve function, but may also be done to approximate normal appearance. Refer to multiple LCDs for Cosmetic and Reconstructive Surgery at <https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>.

Cosmetic Surgery is surgery performed to reshape normal structures of the body to improve the patient's appearance and self-esteem. Refer to multiple LCDs for Cosmetic and Reconstructive Surgery at <https://www.cms.gov/medicare-coverage-database/new-search/search.aspx>.

Cosmetic surgery or expenses incurred in connection with such surgery is not covered. Cosmetic surgery is only covered when required for the prompt (i.e., as soon as medically feasible) repair of accidental injury or for the improvement of the functioning of a malformed body member. For example, this exclusion does not apply to surgery in connection with treatment of severe burns or repair of the face following a serious automobile accident, or to surgery for therapeutic purposes which coincidentally also serves some cosmetic purpose. Refer to the [Medicare Benefit Policy Manual, Chapter 16, §120 – Cosmetic Surgery](#). (Accessed January 4, 2024)

Breast Reconstruction Following Mastectomy

Reconstruction of the affected and the contralateral unaffected breast following a medically necessary mastectomy is considered a relatively safe and effective non-cosmetic procedure. Accordingly, program payment may be made for breast reconstruction surgery following removal of a breast for any medical reason. Refer to the [National Coverage Determination \(NCD\) for Breast Reconstruction Following Mastectomy \(140.2\)](#).

When a member elects breast reconstruction following a medically necessary mastectomy or lumpectomy, coverage in accordance with Medicare guidelines is to be provided as determined through consultation between the attending physician and the member. Refer to the [Women's Health and Cancer Rights Act \(WHCRA\)](#).

Local Coverage Determinations (LCDs)/Local Coverage Article (LCAs) exist and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, refer to the table for [Breast Implant and Tissue Expansion](#).

Covered services include, but are not limited to:

- External breast prosthesis and bras; refer to the Coverage Summary titled [Durable Medical Equipment \(DME\), Prosthetics, Orthotics \(Non-Foot Orthotics\), Nutritional Therapy, and Medical Supplies Grid](#).
- Breast Implant and Tissue Expansion (CPT code 19357 and HCPCS code L8600).
 - Medicare does not have an NCD for breast implant and tissue expansion. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, refer to the table for [Breast Implant and Tissue Expansion](#).
 - For states with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled [Breast Reconstruction](#) for coverage guideline.
Note: After checking the [Breast Implant and Tissue Expansion](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.
- Pneumatic compression devices are covered for the treatment of physical complications resulting from the mastectomy or lumpectomy, including lymphedema. Refer to the Coverage Summary titled [Durable Medical Equipment \(DME\), Prosthetics, Orthotics \(Non-Foot Orthotics\), Nutritional Therapy, and Medical Supplies Grid](#).
- Myocutaneous flaps (CPT codes 19361, 19364, 19367, 19368, 19369).
 - Medicare does not have an NCD for myocutaneous flaps. Local Coverage Determinations (LCDs)/Local Coverage Article (LCAs) exist and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, refer to the table for [Myocutaneous Flaps](#).
 - For states with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled [Breast Reconstruction](#) for coverage guidelines.
Note: After checking the [Myocutaneous Flaps](#) table and searching the [Medicare Coverage Database](#), if no state LCD/LCA is found, then use the policy referenced above for coverage guidelines.

Reconstructive services are not covered for members who have not had a medically necessary mastectomy or lumpectomy and who are requesting surgery only for the purpose of creating symmetrical breasts or other cosmetic purpose.

Program payment may not be made for breast reconstruction for cosmetic reasons. (Cosmetic surgery is excluded from coverage under §1862(a)(10) of the Act). Refer to the [NCD for Breast Reconstruction Following Mastectomy \(140.2\)](#).

Note: On July 24, 2019, the Food and Drug Administration (FDA) issued a safety communication related to the voluntary recall of certain Allergan BIOCELL textured breast implants and tissue expanders. For specific information, refer to the following FDA communication at: [Allergan Voluntarily Recalls BIOCELL® Textured Breast Implants and Tissue Expanders \(FDA\)](#).

For guidelines on services related to and required as a result of services which are not covered under Medicare. Refer to the [Medicare Benefit Policy Manual, Chapter 16 – General Exclusions from Coverage, §180 – Services Related to and Required as a Result of Services Which Are Not Covered Under Medicare](#).

(Accessed January 4, 2024)

Breast Reduction Surgery (Reductive Mammoplasty) (CPT Code 19318)

Medicare does not have a National Coverage Determination (NCD) for breast reduction (reductive mammoplasty). Local Coverage Determinations (LCDs)/Local Coverage Article (LCAs) exist **for all states/territories** and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Breast Reduction \(Reductive Mammoplasty\)](#).

Blepharoplasty

Refer to the Coverage Summary titled [Blepharoplasty and Related Procedures](#).

Ear Graft (CPT Code 21235)

Medicare does not have a National Coverage Determination (NCD) for ear graft. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Cosmetic and Reconstructive Procedures](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

(Accessed January 4, 2024)

Treatment of Actinic Keratosis

Destruction of actinic keratosis without restrictions based on lesion or patient characteristics is covered. Refer to the [NCD for Treatment of Actinic Keratosis \(250.4\)](#). (Accessed January 4, 2024)

Panniculectomy/Abdominal Lipectomy (CPT Codes 15830, 15847, 15832, 15833, 15834, 15835, 15836, 15837, 15838, and 15839)

Medicare does not have a National Coverage Determination (NCD) for panniculectomy/lipectomy. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Panniculectomy/Abdominal Lipectomy](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled [Panniculectomy and Body Contouring Procedures](#).

Note: After checking the [Panniculectomy/Abdominal Lipectomy](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

(Accessed January 4, 2024)

Suction-Assisted Lipectomy (CPT Codes 15876, 15877, 15878, and 15879)

Medicare does not have a National Coverage Determination (NCD) for suction assisted lipectomy. Local Coverage Determinations (LCDs)/Local Coverage Article (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Suction-Assisted Lipectomy](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled [Panniculectomy and Body Contouring Procedures](#).

Note: After checking the [Suction-Assisted Lipectomy](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

(Accessed January 4, 2024)

Mastopexy (CPT Code 19316)

Medicare does not have a National Coverage Determination (NCD) for mastopexy. Local Coverage Determinations (LCDs)/Local Coverage Article (LCAs) exist **for all states/territories** and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Mastopexy](#).

Gynecomastia Treatment (CPT Code 19300)

Medicare does not have a National Coverage Determination (NCD) for gynecomastia. Local Coverage Determinations (LCDs)/Local Coverage Article (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Gynecomastia Surgery](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled [Gynecomastia Surgery](#).

Note: After checking the [Gynecomastia Surgery](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

(Accessed January 4, 2024)

Myocutaneous Flaps for the Head, Neck, Trunk, and Extremities (CPT Codes 15731, 15733, 15734, 15736, 15738, 15740, and 15756)

Medicare does not have an NCD for myocutaneous flaps. Local Coverage Determinations (LCDs)/Local Coverage Article (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Cosmetic and Reconstructive Procedures](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

(Accessed January 4, 2024)

Toe Polydactyly Reconstruction (CPT Code 28344)

Medicare does not have an NCD for toe polydactyly reconstruction. Local Coverage Determinations (LCDs)/Local Coverage Article (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Cosmetic and Reconstructive Procedures](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

(Accessed January 4, 2024)

Pectus Deformity Repair (CPT Codes 21740, 21742, and 21743)

Medicare does not have a National Coverage Determination (NCD) for pectus deformity repair. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Pectus Deformity Repair](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

(Accessed January 4, 2024)

Septoplasty, Rhinoplasty, Vestibular Stenosis Repair, and Balloon Sinuplasty

Refer to the Coverage Summary titled [Ear, Nose, and Throat Procedures](#).

Gender Dysphoria Treatment (CPT Codes 14000, 14001, 14041, 15734, 15738, 15750, 15757, 15758, 15769, 15771, 15772, 15773, 15774, 15820, 15821, 15822, 15823, 15830, 15847, 15877, 15878, 15879, 17380, 17999, 19303, 19316, 19318, 19325, 19350, 21120, 21123, 21125, 21127, 21137, 21138, 21139, 21172, 21175, 21179, 21180, 21208, 21209, 21210, 30400, 30410, 30420, 30430, 30435, 30450, 31599, 31899, 53410, 53430, 54125, 54400, 54401, 54405, 54406, 54410, 54411, 54416, 54417, 54520, 54660, 54690, 55175, 55180, 55970, 55980, 56625, 56800, 56805, 57110, 57335, 58150, 58180, 58260, 58262, 58290, 58291, 58292, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58661, 58720, 58940, 58999, 64856, 64892, 64896, 67900, 92507, and 92508)

There is an [NCD for Gender Dysphoria and Gender Reassignment Surgery \(140.9\)](#) which states that CMS determined that no NCD is appropriate at this time for gender reassignment surgery for Medicare beneficiaries with gender dysphoria and

coverage determination will continue to be made by the local Medicare Administrative Contractors (MACs) on a case-by-case basis.

Local Coverage Determination (LCD)/Local Coverage Articles (LCAs) exist and compliance with this policy is required where applicable. For specific LCDs/LCAs, refer to the table for [Gender Dysphoria Treatment](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled [Gender Dysphoria Treatment \(for Commercial Only\)](#).

Note: After checking the [Gender Dysphoria Treatment](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.
(Accessed January 4, 2024)

For other related cosmetic procedures, refer to the applicable guideline(s) on this Coverage Summary; refer to the [Index](#) above for the list of these guidelines.

Note: Cross sex hormone therapy may be covered as part of gender dysphoria treatment; Part B vs Part D coverage rules also apply. For Part B vs Part D medication coverage guideline, refer to the Coverage Summary titled [Medications/Drugs \(Outpatient/Part B\)](#).

Light and Laser Therapy for Rosacea and Rhinophyma (CPT Codes 17106, 17107, and 17108)

Medicare does not have a National Coverage Determination (NCD) for light and laser therapy for rosacea and rhinophyma. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Light and Laser Therapy](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.
(Accessed January 4, 2024)

Insertion of Tissue Expander for Other Than Breast (CPT Code 11960)

Medicare does not have an NCD for insertion tissue expander for other than breast. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Cosmetic and Reconstructive Procedures](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.
(Accessed January 4, 2024)

Removal of Tissue Expander Without Insertion of Implant (CPT Code 11971)

Medicare does not have an NCD for insertion tissue expander without insertion of implant. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Breast Reconstruction](#).

Note: After searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.
(Accessed January 4, 2024)

Autogenous Graft (CPT Code 21230)

Medicare does not have an NCD for autogenous graft. Local Coverage Determination (LCD)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Autogenous Graft](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled [Cosmetic and Reconstructive Procedures](#).

Note: After checking the [Autogenous Graft](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.
(Accessed January 4, 2024)

Cranial Reconstruction (CPT Codes 21181, 21182, 21183, and 21184)

Medicare does not have an NCD for cranial reconstruction. Local Coverage Determination (LCD)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Cranial Reconstruction](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled [Cosmetic and Reconstructive Procedures](#).

Note: After checking the [Cranial Reconstruction](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.
(Accessed January 4, 2024)

Mandible/Maxilla Reconstruction (CPT Codes 21248 and 21249)

Medicare does not have an NCD for mandible reconstruction. Local Coverage Determination (LCD)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Mandible/Maxilla Reconstruction](#).

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Cosmetic and Reconstructive Procedures](#).

Note: After checking the [Mandible/Maxilla Reconstruction](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.
(Accessed January 4, 2024)

Orbital Reconstruction (CPT Codes 21255, 21256, 21260, 21261, 21263, 21267, 21268, 21275, and 21299)

Medicare does not have an NCD for orbital reconstruction. Local Coverage Determination (LCD)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Orbital Reconstruction](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled [Cosmetic and Reconstructive Procedures](#).

Note: After checking the [Orbital Reconstruction](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.
(Accessed January 4, 2024)

Liposuction for Lipedema (CPT Codes 15877, 15878, and 15879)

Medicare does not have an NCD for liposuction for lipedema. Local Coverage Determination (LCD)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Liposuction for Lipedema](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled [Liposuction for Lipedema](#).

Note: After checking the [Liposuction for Lipedema](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

(Accessed January 4, 2024)

Supporting Information

Breast Implant and Tissue Expansion (CPT codes 19340, 19342 and 19357) Myocutaneous Flaps (CPT codes 19361, 19364, 19367, 19368 and 19369)

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LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L38914 (A58573)	Cosmetic and Reconstructive Surgery	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
L35163 (A57221)	Plastic Surgery	Part A and B MAC	Noridian Healthcare Solutions, LLC	AS, CA, GU, HI, MP, NV
L37020 (A57222)	Plastic Surgery	Part A and B MAC	Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L35090 (A56687)	Cosmetic and Reconstructive Surgery	Part A and B MAC	Novitas Solutions, Inc.	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L33428 (A56658)	Cosmetic and Reconstructive Surgery	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV,
L39051 (A58774)	Cosmetic and Reconstructive Surgery	Part A and B MAC	Wisconsin Physicians Service Insurance Corp.	IA, IN, KS, MI, MO, NE

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Breast Reduction (Reductive Mammoplasty)

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LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L39506 (A59299)	Cosmetic and Reconstructive Surgery	Part A and B MAC	CGS Administrators, LLC	KY, OH
L38914 (A58573)	Cosmetic and Reconstructive Surgery	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
L35001 (A56837)	Reduction Mammoplasty	Part A and B MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L35163 (A57221)	Plastic Surgery	Part A and B MAC	Noridian Healthcare Solutions, LLC	CA, AS, GU, HI, MP, NV
L37020 (A57222)	Plastic Surgery	Part A and B MAC	Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L35090 (A56587)	Cosmetic and Reconstructive Surgery	Part A and B MAC	Novitas Solutions, Inc.	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX

Breast Reduction (Reductive Mammoplasty)

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LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L33428 (A56658)	Cosmetic and Reconstructive Surgery	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV
L39051 (A58774)	Cosmetic and Reconstructive Surgery	Part A and B MAC	Wisconsin Physicians Service Insurance Corporation	IA, IN, KS, MI, MO, NE

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LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L39506 (A59299)	Cosmetic and Reconstructive Surgery	Part A and B MAC	CGS Administrators, LLC	KY, OH
L38914 (A58573)	Cosmetic and Reconstructive Surgery	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
L35163 (A57221)	Plastic Surgery	Part A and B MAC	Noridian Healthcare Solutions, LLC	CA, AS, GU, HI, MP, NV
L37020 (A57222)	Plastic Surgery	Part A and B MAC	Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L35090 (A56587)	Cosmetic and Reconstructive Surgery	Part A and B MAC	Novitas Solutions, Inc.	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L33428 (A56658)	Cosmetic and Reconstructive Surgery	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV
L39051 (A58774)	Cosmetic and Reconstructive Surgery	Part A and B MAC	Wisconsin Physicians Service Insurance Corporation	IA, IN, KS, MI, MO, NE

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LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L35163 (A57221)	Plastic Surgery	Part A and B MAC	Noridian Healthcare Solutions, LLC	CA, AS, GU, HI, MP, NV
L37020 (A57222)	Plastic Surgery	Part A and B MAC	Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L39051 (A58774)	Cosmetic and Reconstructive Surgery	Part A and B MAC	Wisconsin Physicians Service Insurance Corporation	IA, IN, KS, MI, MO, NE

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LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L39506 (A59299)	Cosmetic and Reconstructive Surgery	Part A and B MAC	CGS Administrators, LLC	KY, OH

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LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L38914 (A58573)	Cosmetic and Reconstructive Surgery	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
L35001 (A56837)	Reduction Mammoplasty	Part A and B MAC	National Government Services, Inc.	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L35163 (A57221)	Plastic Surgery	Part A and B MAC	Noridian Healthcare Solutions, LLC	AS, CA, GU, HI, MP, NV
L37020 (A57222)	Plastic Surgery	Part A and B MAC	Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L35090 (A56587)	Cosmetic and Reconstructive Surgery	Part A and B MAC	Novitas Solutions, Inc.	AR, CO, DC, DE, TX, LA, MS, MD, NJ, NM, OK, PA
L33428 (A56658)	Cosmetic and Reconstructive Surgery	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VA, WV
L39051 (A58774)	Cosmetic and Reconstructive Surgery	Part A and B MAC	Wisconsin Physicians Service Insurance Corporation	IA, IN, KS, MI, MO, NE

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Gynecomastia Surgery

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LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L38914 (A58573)	Cosmetic and Reconstructive Surgery	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
L35163 (A57221)	Plastic Surgery	Part A and B MAC	Noridian Healthcare Solutions, LLC	CA, AS, GU, HI, MP, NV
L37020 (A57222)	Plastic Surgery	Part A and B MAC	Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L35090 (A56587)	Cosmetic and Reconstructive Surgery	Part A and B MAC	Novitas Solutions, Inc.	AR, CO, DE, DC, LA, MD, MS, NJ, NM, OK, PA, TX
L39051 (A58774)	Cosmetic and Reconstructive Surgery	Part A and B MAC	Wisconsin Physicians Service Insurance Corporation	IA, IN, KS, MI, MO, NE

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Tattooing to Correct Color Defects of the Skin

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LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L39051 (A58774)	Cosmetic and Reconstructive Surgery	Part A and B MAC	Wisconsin Physicians Service Insurance Corporation	IA, IN, KS, MI, MO, NE

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Gender Dysphoria Treatment

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LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
A53793	Billing and Coding: Gender Reassignment Services for Gender Dysphoria	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VI, WV

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Autogenous Graft

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LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L33428 (A56658)	Cosmetic and Reconstructive Surgery	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VI, WV

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Cranial Reconstruction

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LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L33428 (A56658)	Cosmetic and Reconstructive Surgery	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VI, WV

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Mandible/Maxilla Reconstruction

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LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L33428 (A56658)	Cosmetic and Reconstructive Surgery	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VI, WV

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Orbital Reconstruction

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LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L33428 (A56658)	Cosmetic and Reconstructive Surgery	Part A and B MAC	Palmetto GBA	AL, GA, NC, SC, TN, VI, WV

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Liposuction for Lipedema

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LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L39506 (A59299)	Cosmetic and Reconstructive Surgery	Part A and B MAC	CGS Administrators, LLC	KY, OH
L38914 (A58573)	Cosmetic and Reconstructive Surgery	Part A and B MAC	First Coast Service Options, Inc.	FL, PR, VI
L35163 (A57221)	Plastic Surgery	Part A and B MAC	Noridian Healthcare Solutions, LLC	AS, CA, GU, HI, MP, NV
L37020 (A57222)	Plastic Surgery	Part A and B MAC	Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY

Liposuction for Lipedema

Accessed January 4, 2024

LCD/LCA ID	LCD/LCA Title	Contractor Type	Contractor Name	Applicable States/Territories
L35090 (A56587)	Cosmetic and Reconstructive Surgery	Part A and B MAC	Novitas Solutions, Inc.	AR, CO, DC, DE, TX, LA, MS, MD, NJ, NM, OK, PA
L39051 (A58774)	Cosmetic and Reconstructive Surgery	Part A and B MAC	Wisconsin Physicians Service Insurance Corporation	IA, IN, KS, MI, MO, NE

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Policy History/Revision Information

Effective Date	Summary of Changes
04/01/2024	<p>Coverage Guidelines</p> <p><i>Breast Reconstruction Following Mastectomy</i></p> <ul style="list-style-type: none"> Updated list of applicable HCPCS codes for breast implant and tissue expansion; added L8600 <p><i>Myocutaneous Flaps for the Head, Neck, Trunk, and Extremities (CPT Codes 15731, 15733, 15734, 15736, 15738, 15740, and 15756)</i></p> <ul style="list-style-type: none"> Updated list of applicable CPT codes; added 15740 <p><i>Gender Dysphoria Treatment (CPT Codes 14000, 14001, 14041, 15734, 15738, 15750, 15757, 15758, 15769, 15771, 15772, 15773, 15774, 15820, 15821, 15822, 15823, 15830, 15847, 15877, 15878, 15879, 17380, 17999, 19303, 19316, 19318, 19325, 19350, 21120, 21123, 21125, 21127, 21137, 21138, 21139, 21172, 21175, 21179, 21180, 21208, 21209, 21210, 30400, 30410, 30420, 30430, 30435, 30450, 31599, 31899, 53410, 53430, 54125, 54400, 54401, 54405, 54406, 54410, 54411, 54416, 54417, 54520, 54660, 54690, 55175, 55180, 55970, 55980, 56625, 56800, 56805, 57110, 57335, 58150, 58180, 58260, 58262, 58290, 58291, 58292, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58661, 58720, 58940, 58999, 64856, 64892, 64896, 67900, 92507, and 92508)</i></p> <ul style="list-style-type: none"> Added list of applicable CPT codes to service heading <p><i>Light and Laser Therapy for Rosacea and Rhinophyma (CPT Codes 17106, 17107, and 17108)</i></p> <ul style="list-style-type: none"> Added list of applicable CPT codes to service heading <p><i>Removal of Tissue Expander Without Insertion of Implant (CPT Code 11971)</i> (new to policy)</p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have an NCD for insertion tissue expander without insertion of implant; Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Breast Reconstruction</i> After searching the Medicare Coverage Database, if no LCD/LCA is found, then use the policy referenced above for coverage guidelines <p><i>Autogenous Graft (CPT Code 21230)</i> (new to policy)</p> <ul style="list-style-type: none"> Added language to indicate: <ul style="list-style-type: none"> Medicare does not have an NCD for autogenous graft LCDs/LCAs exist and compliance with these policies is required where applicable; for specific LCDs/LCAs, refer to the table [in the policy] For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Cosmetic and Reconstructive Procedures</i> After checking the table [in the policy] and searching the Medicare Coverage Database, if no LCD/LCA is found, then use the policy referenced above for coverage guidelines

Effective Date	Summary of Changes
	<p><i>Cranial Reconstruction (CPT Codes 21181, 21182, 21183, and 21184)</i> (new to policy)</p> <ul style="list-style-type: none"> ● Added language to indicate: <ul style="list-style-type: none"> ○ Medicare does not have an NCD for cranial reconstruction ○ LCDs/LCAs exist and compliance with these policies is required where applicable; for specific LCDs/LCAs, refer to the table [in the policy] ○ For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Cosmetic and Reconstructive Procedures</i> ○ After checking the table [in the policy] and searching the Medicare Coverage Database, if no LCD/LCA is found, then use the policy referenced above for coverage guidelines <p><i>Mandible/Maxilla Reconstruction (CPT Codes 21248 and 21249)</i> (new to policy)</p> <ul style="list-style-type: none"> ● Added language to indicate: <ul style="list-style-type: none"> ○ Medicare does not have an NCD for mandible reconstruction ○ LCDs/LCAs exist and compliance with these policies is required where applicable; for specific LCDs/LCAs, refer to the table [in the policy] ○ For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Cosmetic and Reconstructive Procedures</i> ○ After checking the table [in the policy] and searching the Medicare Coverage Database, if no LCD/LCA is found, then use the policy referenced above for coverage guidelines <p><i>Orbital Reconstruction (CPT Codes 21255, 21256, 21260, 21261, 21263, 21267, 21268, 21275, and 21299)</i> (new to policy)</p> <ul style="list-style-type: none"> ● Added language to indicate: <ul style="list-style-type: none"> ○ Medicare does not have an NCD for orbital reconstruction ○ LCDs/LCAs exist and compliance with these policies is required where applicable; for specific LCDs/LCAs, refer to the table [in the policy] ○ For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Cosmetic and Reconstructive Procedures</i> ○ After checking the table [in the policy] and searching the Medicare Coverage Database, if no LCD/LCA is found, then use the policy referenced above for coverage guidelines <p><i>Liposuction for Lipedema (CPT Codes 15877, 15878, and 15879)</i> (new to policy)</p> <ul style="list-style-type: none"> ● Added language to indicate: <ul style="list-style-type: none"> ○ Medicare does not have an NCD for liposuction for lipedema ○ LCDs/LCAs exist and compliance with these policies is required where applicable; for specific LCDs/LCAs, refer to the table [in the policy] ○ For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled <i>Liposuction for Lipedema</i> ○ After checking the table [in the policy] and searching the Medicare Coverage Database, if no LCD/LCA is found, then use the policy referenced above for coverage guidelines <p>Supporting Information</p> <ul style="list-style-type: none"> ● Updated list of available LCDs/LCAs to reflect the most current information ● Archived previous policy version MCS022.09

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The benefit information in this Coverage Summary is based on existing national coverage policy; however, Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

UnitedHealthcare follows Medicare coverage guidelines found in statutes, regulations, NCDs, and LCDs to determine coverage. The clinical coverage criteria governing the items or services in this coverage summary have not been fully established in applicable Medicare guidelines because there is an absence of any applicable Medicare statutes, regulations, NCDs, or LCDs setting forth coverage criteria and/or the applicable NCDs or LCDs include flexibility that explicitly allows for coverage in circumstances beyond the specific indications that are listed in an NCD or LCD. As a result, UnitedHealthcare applies internal coverage criteria in the UnitedHealthcare commercial policies referenced in this coverage summary. The coverage criteria in these commercial policies was developed through an evaluation of the current relevant clinical evidence in acceptable clinical literature and/or widely used treatment guidelines. UnitedHealthcare evaluated the evidence to determine whether it was of sufficient quality to support a finding that the items or services discussed in the policy might, under certain circumstances, be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

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