

COSMETIC AND RECONSTRUCTIVE PROCEDURES

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INSTRUCTIONS FOR USE

This Coverage Determination Guideline provides assistance in interpreting UnitedHealthcare benefit plans. When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document [e.g., Certificate of Coverage (COC), Schedule of Benefits (SOB), and/or Summary Plan Description (SPD)] may differ greatly from the standard benefit plan upon which this Coverage Determination Guideline is based. In the event of a conflict, the member specific benefit plan document supersedes this Coverage Determination Guideline. All reviewers must first identify member eligibility, any federal or state regulatory requirements, and the member specific benefit plan coverage prior to use of this Coverage Determination Guideline. Other Policies and Coverage Determination Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary. This Coverage Determination Guideline is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

BENEFIT CONSIDERATIONS

Before using this guideline, please check the member specific benefit plan document and any federal or state mandates, if applicable.

Essential Health Benefits for Individual and Small Group

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits (“EHBs”). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs, the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit plan document to determine benefit coverage.

COVERAGE RATIONALE

Some states require benefit coverage for services that UnitedHealthcare considers Cosmetic Procedures, such as repair of external congenital anomalies in the absence of a Functional Impairment. Please refer to the member specific benefit plan document.

Indications for Coverage

Criteria for a Procedure to be Considered Reconstructive and Medically Necessary

- There is documentation that the physical abnormality and/or physiological abnormality is causing a Functional Impairment (as defined in the [Definitions](#) section below) that requires correction.
- The proposed treatment is of proven efficacy and is deemed likely to significantly improve or restore the patient's physiological function.
- Microtia repair (as defined in the [Definitions](#) section below) is reconstructive; although no Functional Impairment may be documented for Microtia, this has been deemed Reconstructive Surgery.

Coverage Limitations and Exclusions

Some states require benefit coverage for services that UnitedHealthcare considers Cosmetic Procedures, such as repair of external congenital anomalies in the absence of a Functional Impairment. Please refer to the member specific benefit plan document.

- Cosmetic Procedures are excluded from coverage. Procedures that correct an anatomical Congenital Anomaly without improving or restoring physiologic function are considered Cosmetic Procedures. The fact that a Covered Person may suffer psychological consequences or socially avoidant behavior as a result of an Injury, Sickness or Congenital Anomaly does not classify surgery (or other procedures done to relieve such consequences or behavior) as a Reconstructive Procedure.
- Any procedure that does not meet the reconstructive criteria above in the [Indications for Coverage](#) section is excluded from coverage.

DEFINITIONS

The following definitions may not apply to all plans. Refer to the member specific benefit plan document for applicable definitions.

Adjacent Tissue Transfer: A random pattern local flap which is used to fill in nearby or local defect. To be considered an adjacent tissue transfer an incision must be made by the surgeon which results in a secondary defect. Examples include; transposition flaps, advancement flaps and rotation flaps.

Congenital Anomaly: A physical developmental defect that is present at the time of birth, and that is identified within the first twelve months of birth.

Congenital Anomaly (California only): A physical developmental defect that is present at birth.

Cosmetic Procedures: Procedures or services that change or improve appearance without significantly improving physiological function.

Cosmetic Procedures (California only): Procedures or services that are performed to alter or reshape normal structures of the body in order to improve the Covered Person's appearance.

Cosmetic Surgery: Defined by the American Society of Plastic Surgeons, "is performed to reshape normal structures of the body in order to improve the patient's appearance and self-esteem."

Functional or Physical Impairment: A physical or functional or physiological impairment causes deviation from the normal function of a tissue or organ. This results in a significantly limited, impaired, or delayed capacity to move, coordinate actions, or perform physical activities and is exhibited by difficulties in one or more of the following areas: physical and motor tasks; independent movement; performing basic life functions.

Injury: Damage to the body, including all related conditions and symptoms.

Microtia: The most complex congenital ear deformity when the outer ear appears as either a sausage-shaped structure resembling little more than the earlobe. It may or may not be missing the external auditory or hearing canal. Hearing is impaired to varying degrees.

Reconstructive Procedures: Reconstructive Procedures when the primary purpose of the procedure is either of the following:

- Treatment of a medical condition.
- Improvement or restoration of physiologic function.

Reconstructive Procedures include surgery or other procedures which are related to an Injury, Sickness or Congenital Anomaly. The primary result of the procedure is not a changed or improved physical appearance.

Procedures that correct an anatomical Congenital Anomaly without improving or restoring physiologic function are considered Cosmetic Procedures. The fact that you may suffer psychological consequences or socially avoidant behavior as a result of an Injury, Sickness or Congenital Anomaly does not classify surgery (or other procedures done to relieve such consequences or behavior) as a Reconstructive Procedure.

Reconstructive Procedures (California only): Reconstructive Procedures to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease to do either of the following:

- To improve function.
- To create a normal appearance, to the extent possible.

Reconstructive Procedures include surgery or other procedures which are associated with an Injury, Sickness or Congenital Anomaly. The primary result of the procedure is not a changed or improved physical appearance for cosmetic purposes only, but rather to improve function and/or to create a normal appearance, to the extent possible.

Reconstructive Surgery: Defined by the American Society of Plastic Surgeons, "is performed on abnormal structures of the body, caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. It is generally performed to improve function, but may also be done to approximate a normal appearance."

Sickness: Physical illness, disease or Pregnancy. The term Sickness includes Mental Illness or substance-related and addictive disorders, regardless of the cause or origin of the Mental Illness or substance-related and addictive disorder.

APPLICABLE CODES

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Coverage Determination Guidelines may apply.

| CPT Code | Description |
|---|---|
| The following codes may be cosmetic; review is required to determine if considered cosmetic or reconstructive. | |
| 11920 | Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less |
| 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) |
| 11960 | Insertion of tissue expander(s) for other than breast, including subsequent expansion |
| 14000 | Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less |
| 14001 | Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm |
| 14020 | Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less |
| 14021 | Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm |
| 14040 | Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less |
| 14041 | Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm |

| CPT Code | Description |
|---|---|
| The following codes may be cosmetic; review is required to determine if considered cosmetic or reconstructive. | |
| 14060 | Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less |
| 14061 | Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm |
| 14301 | Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm |
| 14302 | Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure) |
| 15570 | Formation of direct or tubed pedicle, with or without transfer; trunk |
| 15730 | Midface flap (i.e., zygomaticofacial flap) with preservation of vascular pedicle(s) |
| 15731 | Forehead flap with preservation of vascular pedicle (e.g., axial pattern flap, paramedian forehead flap) |
| 15733 | Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (i.e., buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae) |
| 15734 | Muscle, myocutaneous, or fasciocutaneous flap; trunk |
| 15736 | Muscle, myocutaneous, or fasciocutaneous flap; upper extremity |
| 15738 | Muscle, myocutaneous, or fasciocutaneous flap; lower extremity |
| 15740 | Flap; island pedicle requiring identification and dissection of an anatomically named axial vessel |
| 15756 | Free muscle or myocutaneous flap with microvascular anastomosis |
| 17999 | Unlisted procedure, skin, mucous membrane and subcutaneous tissue |
| 19316 | Mastopexy |
| 19324 | Mammoplasty, augmentation; without prosthetic implant |
| 19325 | Mammoplasty, augmentation; with prosthetic implant |
| 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) |
| 21181 | Reconstruction by contouring of benign tumor of cranial bones (e.g., fibrous dysplasia), extracranial |
| 21182 | Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (e.g., fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm |
| 21183 | Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (e.g., fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm |

| CPT Code | Description |
|--|--|
| The following codes may be cosmetic; review is required to determine if considered cosmetic or reconstructive. | |
| 21184 | Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (e.g., fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm |
| 21208 | Osteoplasty, 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) |
| 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., micro-ophthalmia) |
| 21260 | Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach |
| 21261 | Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach |
| 21263 | Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement |
| 21267 | Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach |
| 21268 | Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach |
| 21275 | Secondary revision of orbitocraniofacial reconstruction |
| 21295 | Reduction of masseter muscle and bone (e.g., for treatment of benign masseteric hypertrophy); extraoral approach |
| 21296 | Reduction of masseter muscle and bone (e.g., for treatment of benign masseteric hypertrophy); intraoral approach |
| 21299 | Unlisted craniofacial and maxillofacial procedure |
| 28344 | Reconstruction, toe(s); polydactyly |
| 30540 | Repair choanal atresia; intranasal |
| 30545 | Repair choanal atresia; transpalatine |
| 30560 | Lysis intranasal synechia |
| 30620 | Septal or other intranasal dermatoplasty (does not include obtaining graft) |
| 36468 | Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk |
| 67912 | Correction of lagophthalmos, with implantation of upper eyelid lid load (e.g., gold weight) |
| The following codes are considered cosmetic; the codes do not improve a functional, physical or physiological impairment. | |
| 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 |
| 15775 | Punch graft for hair transplant; 1 to 15 punch grafts |
| 15776 | Punch graft for hair transplant; more than 15 punch grafts |

| CPT Code | Description |
|--|---|
| The following codes are considered cosmetic; the codes do not improve a functional, physical or physiological impairment. | |
| 15780 | Dermabrasion; total face (e.g., for acne scarring, fine wrinkling, rhytids, general keratosis) |
| 15781 | Dermabrasion; segmental, face |
| 15782 | Dermabrasion; regional, other than face |
| 15783 | Dermabrasion; superficial, any site (e.g., tattoo removal) |
| 15786 | Abrasion; single lesion (e.g., keratosis, scar) |
| 15787 | Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure) |
| 15788 | Chemical peel, facial; epidermal |
| 15789 | Chemical peel, facial; dermal |
| 15792 | Chemical peel, nonfacial; epidermal |
| 15793 | Chemical peel, nonfacial; dermal |
| 15819 | Cervicoplasty |
| 15824 | Rhytidectomy; forehead |
| 15825 | Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap) |
| 15826 | Rhytidectomy; glabellar frown lines |
| 15828 | Rhytidectomy; cheek, chin, and neck |
| 15829 | Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap |
| 17380 | Electrolysis epilation, each 30 minutes |
| 21270 | Malar augmentation, prosthetic material |
| 69090 | Ear piercing |
| 69300 | Otoplasty, protruding ear, with or without size reduction |

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Coding Clarification

Flaps (Skin and/or Deep Tissues) Procedures: 15570-15738

- Codes 15733–15738 are described by donor site of the muscle, myocutaneous, or fasciocutaneous flap.
- A repair of a donor site requiring a skin graft or local flaps is considered an additional separate procedure.
 - For microvascular flaps, see 15756–15758.
 - For flaps without inclusion of a vascular pedicle, see 15570–15576.
 - For adjacent tissue transfer flaps, see instruction for [14000–14302](#) below.
- The regions listed refer to the recipient area (not the donor site) when a flap is being attached in a transfer or to a final site.
- Codes 15570–15738 do not include extensive immobilization (e.g., large plaster casts and other immobilizing devices are considered additional separate procedures).

Other Flaps and Grafts Procedures: 15740-15777

- Neurovascular pedicle procedures are reported with 15750. This code includes not only skin but also a functional motor or sensory nerve(s). The flap serves to reinnervate a damaged portion of the body dependent on touch or movement (e.g., thumb). Repair of donor site requiring skin graft or local flaps should be reported as an additional procedure.
- Code 15740 describes a cutaneous flap, transposed into a nearby but not immediately adjacent defect, with a pedicle that incorporates an anatomically named axial vessel into its design. The flap is typically transferred through a tunnel underneath the skin and sutured into its new position. The donor site is closed directly.
- For random island flaps, V-Y subcutaneous flaps, advancement flaps, and other flaps from adjacent areas without clearly defined anatomically named axial vessels, see instruction for [14000–14302](#) below.

CPT Coding Tips

- For codes 15570, 15734, 15736, 15738 and 15740, please refer to the following CPT assistant monthly newsletter for additional coding guidelines for flap procedures:
 - MAR 10:4
 - MAR 13:13
 - MAR 04:11

- APRIL 10:3
- APR 14:10
- SEP 03:15
- SEP 04:12
- OCT 04:15
- OCT 13:15
- NOV 02:7
- DEC 12:6
- For codes 14000–14302, please refer to the following CPT assistant monthly newsletter for additional coding guidelines for adjacent tissue transfer or rearrangement:
 - JAN 06:47
 - JAN 12:8
 - MAR 10:4
 - APR 10:3
 - APR 14:10
 - MAY 12:13
 - JUL 00:10
 - JUL 08:5
 - JUL 99:3
 - AUG 96:8
 - AUG 12:13
 - SEP 96:11
 - NOV 12:13
 - DEC 12:6
 - DEC 06:15

| HCPCS Code | Description |
|------------|---|
| L8600 | Implantable breast prosthesis, silicone or equal |
| L8607 | Injectable bulking agent for vocal cord medialization, 0.1 ml, includes shipping and necessary supplies |
| Q2026 | Injection, Radiesse, 0.1ml |
| Q2028 | Injection, sculptra, 0.5 mg |

REFERENCES

American Medical Association (AMA). CPT® Assistant Online. 2014. Available at: <http://www.ama-assn.org/ama>. Accessed March 2, 2018.

American Society of Plastic Surgeons (ASPS) available at: <http://www.plasticsurgery.org/>. Accessed March 2, 2018.

GUIDELINE HISTORY/REVISION INFORMATION

| Date | Action/Description |
|------------|--|
| 06/01/2018 | <ul style="list-style-type: none"> ● Updated list of related policies; added reference link to policies titled: <ul style="list-style-type: none"> ○ <i>Breast Reduction Surgery</i> ○ <i>Breast Repair/Reconstruction Not Following Mastectomy</i> ● Updated definitions: <ul style="list-style-type: none"> ○ Added definition of “Adjacent Tissue Transfer” ○ Replaced references to “Functional/Physical Impairment” with “Functional or Physical Impairment” ● Updated list of applicable CPT codes that may be cosmetic (review is required to determine if considered cosmetic or reconstructive); added 14000, 14001, 14020, 14021, 14040, 14041, 14060, 14061, 14301, and 14302 ● Archived previous policy version CDG.007.10 |