

# Cosmetic and Reconstructive Procedures (for Ohio Only)

Guideline Number: CS027OH.U – P  
Effective Date: February 1, 2023

[➔ Instructions for Use](#)

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| • <a href="#">Rhinoplasty and Other Nasal Surgeries (for Ohio Only)</a>  |
| • <a href="#">Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins (for Ohio Only)</a> |

## Application

This Coverage Determination Guideline only applies to the state of Ohio.

## 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.

### Indications for Coverage

For plans that include benefits for Cosmetic Procedures, the following are eligible for coverage as reconstructive and medically necessary when all of the following criteria are met:

- There is documentation that the physical abnormality and/or physiological abnormality is causing a [Functional Impairment](#) that requires correction; and
- The proposed treatment is of proven efficacy and is deemed likely to significantly improve or restore the patient’s physiological function

## ***Microtia***

[Microtia](#) repair is reconstructive; although no Functional Impairment may be documented for Microtia, this has been deemed Reconstructive Surgery.

## ***Flap Repair***

Flap repair is considered reconstructive and medically necessary in certain circumstances. For medical necessity clinical coverage criteria, refer to the InterQual® CP: Procedures, Local Flap.

Click [here](#) to view the InterQual® criteria.

## ***Documentation Requirements***

### **Muscle Flap Procedure**

Provide medical notes documenting the following:

- History of medical conditions requiring treatment or surgical intervention which includes all of the following:
  - A well-defined physical/physiologic abnormality resulting in a medical condition that requires treatment
  - Recurrent or persistent functional deficit caused by the abnormality
- Clinical studies/tests addressing the physical/physiologic abnormality confirming its presence and degree to which it causes impairment
- Color photos, where applicable, of the physical and/or physiological abnormality
- Physician plan of care with proposed procedures including expected outcome

### **All Other Cosmetic Procedures**

Provide medical notes documenting the following:

- History of medical conditions requiring treatment or surgical invention which includes all of the following:
  - To prove medical necessity, a well-defined physical/physiologic abnormality resulting in a medical condition that requires treatment
  - Recurrent or persistent functional impairment caused by the abnormality
- Clinical studies/tests addressing the physical/physiologic abnormality confirming its presence and degree to which it causes impairment
- High-quality color photograph(s)
  - Note: All photographs must be labeled with the:
    - Date taken
    - Applicable case number obtained at time of notification, or the member's name and ID number on the photograph(s)
  - Submission of diagnostic photograph(s) is required via the external portal at [www.uhcprovider.com/paan](http://www.uhcprovider.com/paan); faxes will not be accepted
- Physician plan of care with proposed procedures and whether this request is part of a staged procedure; indicate how the procedure will improve and/or restore function

## **Coverage Limitations and Exclusions**

UnitedHealthcare excludes Cosmetic Procedures from coverage including but not limited to the following:

- 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.
- Procedures that do not meet the reconstructive criteria in the [Indications for Coverage](#) section
- Pharmacological regimens, nutritional procedures or treatments
- Scar or tattoo removal or revision procedures (such as salabrasion, chemosurgery and other such skin abrasion procedures)
- Skin abrasion procedures performed as a treatment for acne
- Liposuction or removal of fat deposits considered undesirable, including fat accumulation under the male breast and nipple
- Treatment for skin wrinkles or any treatment to improve the appearance of the skin

- Treatment for spider veins
- Hair removal or replacement by any means

## Definitions

Check the definitions within the member benefit plan document that supersede the definitions below.

**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.

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

**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 Functional or Physical 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 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 policy 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 federal, state, or contractual requirements 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 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   |
| 11921  | Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm   |
| 11922  | Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (List separately in addition to code for primary procedure) |
| 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  |
| 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   |
| 15572  | Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs  |
| 15574  | Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet  |
| 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   |
| 15769  | Grafting of autologous soft tissue, other, harvested by direct excision (e.g., fat, dermis, fascia)   |
| 15771  | Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate  |
| 15772  | Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)                 |

| CPT Code   | Description   |
|--|---|
| The following codes may be cosmetic; review is required to determine if considered cosmetic or reconstructive. |   |
| 17999  | Unlisted procedure, skin, mucous membrane and subcutaneous tissue   |
| 19316  | Mastopexy   |
| 19325  | Breast augmentation with 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 |
| 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   |

| CPT Code  | Description  |
|---|--|
| The following codes may be cosmetic; review is required to determine if considered cosmetic or reconstructive.            |  |
| 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  |
| 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  |
| 15773   | Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate  |
| 15774   | Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure) |
| 15775   | Punch graft for hair transplant; 1 to 15 punch grafts  |
| 15776   | Punch graft for hair transplant; more than 15 punch grafts   |
| 15780   | Dermabrasion; total face (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  |

| CPT Code  | Description   |
|---|---|
| The following codes are considered cosmetic; the codes do not improve a functional, physical or physiological impairment. |   |
| 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, 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, 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   |
|--|---|
| The following code is considered cosmetic; the code does not improve a functional, physical or physiological impairment. |   |
| J0591  | Injection, deoxycholic acid, 1 mg   |
| The following codes may be cosmetic; review is required to determine if considered cosmetic or reconstructive.           |   |
| 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, 0.1 ml   |
| Q2028  | Injection, Sculptra, 0.5 mg   |

## References

- American Medical Association (AMA). CPT® Assistant Online. Available at: <http://www.ama-assn.org>. Accessed May 13, 2021.
- American Society of Plastic Surgeons (ASPS). Available at: <http://www.plasticsurgery.org/>. Accessed May 13, 2021.
- UnitedHealthcare Insurance Company Generic Certificate of Coverage 2018.

## Guideline History/Revision Information

| Date       | Summary of Changes   |
|------------|--|
| 02/01/2023 | <ul style="list-style-type: none"><li>Created state-specific policy version</li></ul>  |
| 12/01/2021 | <b>Coverage Rationale</b> <ul style="list-style-type: none"><li>Replaced reference to “InterQual® 2021, Apr. 2021 Release” with “InterQual® 2021, Oct. 2021 Release”</li></ul>   |
| 08/01/2021 | <b>Applicable Codes</b> <ul style="list-style-type: none"><li>Replaced language indicating “CPT codes 15769, 15771, and 15772 are considered cosmetic; the codes do not improve a functional, physical, or physiological impairment” with “CPT codes 15769, 15771, and 15772 may be cosmetic; review is required to determine if considered cosmetic or reconstructive”</li></ul> <b>Supporting Information</b> <ul style="list-style-type: none"><li>Archived previous policy version CS027.T</li></ul> |

## Instructions for Use

This Coverage Determination Guideline provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this guideline, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right 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 InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Coverage Determination 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.