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## SHP Cosmetic and Reconstructive Surgery

AUTH: SHP Surgical 03 v4 (AC)

**MCG Health**  
Ambulatory Care  
26th Edition

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### Coverage

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See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

### Application to Products

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Policy is applicable to all products with criteria.

### Authorization Requirements

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Pre-certification by the Plan is required.

### Description of Item or Service

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Reconstructive surgery is the use of surgery to repair or restore form of the body when congenital defects, developmental abnormalities, trauma, surgery, accidental injury, infection, tumors or disease cause loss of function or approximate normal appearance.

Congenital anomalies are birth defects, congenital disorders or congenital malformations.

Cosmetic surgery improvement or enhance appearance or self-esteem that does not improve function.

### Exceptions and Limitations

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- Cosmetic surgery, defined as any procedure that is directed at improving the patient's appearance and does not meaningfully promote the proper functioning of the body or prevent or treat illness or disease is considered not medically necessary.
- If a non-covered cosmetic surgery is performed in the same operative period as a covered surgical procedure, benefits will be provided for the covered surgical procedure only.
- There is insufficient scientific evidence to support the medical necessity of the following services as they are cosmetic and are not shown to improve health outcomes upon technology review:
  - Aesthetic operations on umbilicus
  - Any procedure for photo-aged skin, wrinkles
  - Buttock lift or augmentation
  - Cervicoplasty
  - Chemical exfoliation for acne and all other indications
  - Chemical Peels for **1 or more** of the following indications:
    - Acne scarring
    - Active Acne Vulgaris
    - Photoaged skin
    - Uneven epidermal pigmentation
    - Wrinkles
  - Correction of diastasis recti abdominis
  - Cosmetic/plastic surgery for the improvement of a member's appearance or self-esteem whether or not for psychological or emotional reasons
  - Cryotherapy (CO2 slush, liquid N2) for acne
  - Dermabrasion for post-acne scarring
  - Dermabrasion for tattoos applied by medical professional in the course of therapeutic intervention
  - Ear Lobe Repair: Non-acute or delayed suture or revision of healed wounds (more than 72 hours post tear/injury)
  - Electrolysis or laser hair removal
  - Fat, or tissue grafting except for Breast Reconstruction, See Policy Surgical 10
  - Female Circumcision regardless of the documentation of symptoms
  - Implants including malar and chin

- In the event of a request for repeat surgical intervention when the initial surgery was deemed unsuccessful and additional surgery is not likely to correct the functional defect, but simply to restore the anatomy close to its previous form, the procedure is not a covered benefit
  - Inverted nipple or correction of inverted nipple
  - Lymphangiomas, Hemangiomas, Port Wine stains, Spider Angiomata as well as other lesions that have no evidence of rapid growth, functional impairment or likelihood of future threats to organ function
  - Mesotherapy (injection of various substances into the tissue beneath the skin to sculpt body contours by lysing subcutaneous fat)
  - Neck tucks
  - Removal of frown lines
  - Removal of supernumerary nipples (polymastia)
  - Restoration of an anatomical defect that does not significantly affect functioning
  - Salabrasion-for tattoo removal-cosmetic
  - Suction assisted lipectomy
  - Surgical corrections to the ear are considered cosmetic and not medically necessary when intended to change a physical appearance that would be considered within normal human anatomic variation. (Examples include, but are not limited to, repair of an ear lobe with cleft, accessory tragus, otoplasty, or protruding ears)
  - Surgical depigmentation of nevus of Ito or Ota whether by laser treatment or other means
  - The excision of suprapubic fat pad and use for tissue grafting for a procedure directed at improving the member's appearance and not restoring proper function of the body
  - Umbilicus repair
  - Vaginal rejuvenation procedures (designer vaginoplasty, revirgination, G-spot amplification, reduction of labia minora)
- There is insufficient scientific evidence to support the medical necessity of reconstructive surgery for uses other than those listed in the clinical indications for procedure section.

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## Clinical Indications for Procedure

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- Reconstructive surgery is considered medically necessary for **1 or more** of the following
    - Congenital defects for **1 or more** of the following
      - Plastic repair to correct a congenital defect or lesion which causes anatomical functional impairment (Facial deformities (ie. Lymphangiomas, Hemangiomas) that may cause impairment from ongoing growth may be considered on an individual basis by the Medical Director)
      - Reconstructive surgery to correct congenital problems resulting in functional impairment regardless of how long the member has been enrolled
    - Plastic repair of non-healing pilonidal cyst(s)
    - Dermabrasion and surgery planned to correct defects resulting from traumatic injury, surgery or disease
    - Medium and deep chemical peels with **ALL** of the following
      - Actinic keratoses and other pre-malignant skin lesions
      - Individual has 15 or more lesions, such that it becomes impractical to treat each lesion individually using conventional methods, cryotherapy, curettage, and excision
      - Individual has failed to adequately respond to treatment with topical 5-FU or imiquimod, or these are contraindicated.
    - Disease which causes an anatomical/functional impairment, if the disease occurred on or after the effective date of the members coverage
    - Traumatic injury which causes an anatomical/functional impairment, if the injury occurred on or after the effective date of the members coverage
    - Acute injury to the ear lobe(s) which require suturing, as a result of ear adornments being accidentally pulled out with **1 or more** of the following
      - The individual seeks prompt or immediate care within 72 hours of the tear/injury
      - There is a delay in access to care due to understandable reason (e.g. injury occurs on a weekend or holiday etc.)
    - Excessive skin/redundant tissue removal with **ALL** of the following
      - Documentation to include **1 or more** of the following
        - Photographic evidence (with the excess or redundant skin lifted) of conditions refractory to medical therapy (e.g. analgesics, antibiotics, antifungals) for at least 6 months
        - Functional impairment
      - Individual must meet criteria for **1 or more** of the following
        - Post bariatric surgery with **ALL** of the following
          - At least 18 months post-operative
          - Documented stable weight for at least 3 months with **1 or more** of the following
            - Reached a body mass index (BMI) less than or equal to 30 kg/m<sup>2</sup>
            - Has documented at least a 100 pound weight loss
            - Has achieved a weight loss which is 40% or greater of the excess body weight that was present prior to the bariatric surgery
        - Individuals with a body mass index (BMI) greater than 30 and has not had bariatric surgery with **ALL** of the following
          - Compliance with a 6 month program of medically supervised weight loss within 24 months of the request with **ALL** of the following
            - Frequency of program visits is at least monthly
            - Evidence of programmatic support of diet and activities associated with normalization
        - Individual meets **1 or more** of the following
          - Has documented at least a 100 pound weight loss
          - Has achieved a weight loss which is 40% or greater of the excess body weight that was present prior to the non-surgical intervention
- Cosmetic or reconstructive surgeries are **NOT COVERED** for **ANY** of the following:
  - Aesthetic operations on umbilicus
  - Any procedure for photo-aged skin, wrinkles
  - Buttock lift or augmentation
  - Cervicoplasty
  - Chemical exfoliation for acne and all other indications
  - Chemical Peels for **1 or more** of the following indications
    - Acne scarring

- Active Acne Vulgaris
- Photoaged skin
- Uneven epidermal pigmentation
- Wrinkles
- Correction of diastasis recti abdominis
- Cosmetic/plastic surgery for the improvement of a member's appearance or self-esteem whether or not for psychological or emotional reasons
- Cryotherapy (CO2 slush, liquid N2) for acne
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- Ear Lobe Repair: Non-acute or delayed suture or revision of healed wounds (more than 72 hours post tear/injury)
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- Fat, or tissue grafting except for Breast Reconstruction, See Policy Surgical 10
- Female Circumcision regardless of the documentation of symptoms
- Implants including malar and chin
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- Neck tucks
- Removal of frown lines
- Removal of supernumerary nipples (polymastia)
- Restoration of an anatomical defect that does not significantly affect functioning
- Salabrasion-for tattoo removal-cosmetic
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- Umbilicus repair
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## Document History

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- Revised Dates:
  - 2022: February
  - 2021: January, November
  - 2016: March
  - 2015: February
  - 2014: January, March
  - 2013: February, March, June
  - 2012: February, June
  - 2011: November
  - 2009: February
  - 2008: February, September
  - 2005: December
  - 2003: October
  - 2001: June
  - 2000: December
  - 1998: December
  - 1994: February
- Reviewed Dates:
  - 2023: January
  - 2020: January
  - 2018: April
  - 2011: February
  - 2010: February
  - 2009: September
  - 2007: December
  - 2006: October
  - 2004: October, December
  - 2003: September
  - 2002: May, September
  - 1999: November
  - 1996: June
- Effective Date: May 1991

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## Coding Information

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- CPT/HCPCS codes covered if policy criteria is met:
  - CPT 12011 - Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucousmembranes; 2.5 cm or less
  - CPT 15780 - Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)

- CPT 15781 - Dermabrasion; segmental, face
  - CPT 15782 - Dermabrasion; regional, other than face
  - CPT 15783 - Dermabrasion; superficial, any site (eg, tattoo removal)
  - CPT 15788 - Chemical peel, facial; epidermal
  - CPT 15789 - Chemical peel, facial; dermal
  - CPT 15792 - Chemical peel, nonfacial; epidermal
  - CPT 15793 - Chemical peel, nonfacial; dermal
  - CPT 15832 - Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh
  - CPT 15833 - Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg
  - CPT 15834 - Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip
  - CPT 15835 - Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock
  - CPT 15836 - Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm
  - CPT 15837 - Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand
  - CPT 15838 - Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad
  - CPT 15839 - Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area
- CPT/HCPCS codes considered not medically necessary per this Policy:
    - CPT 11950 - Subcutaneous injection of filling material (eg, collagen); 1 cc or less
    - CPT 11951 - Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc
    - CPT 11952 - Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc
    - CPT 11954 - Subcutaneous injection of filling material (eg, collagen); over 10.0 cc
    - CPT 15769 - Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)
    - CPT 15771 - Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate
    - CPT 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 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
    - CPT 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)
    - CPT 15819 - Cervicoplasty
    - CPT 15824 - Rhytidectomy; forehead
    - CPT 15825 - Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)
    - CPT 15826 - Rhytidectomy; glabellar frown lines
    - CPT 15828 - Rhytidectomy; cheek, chin, and neck
    - CPT 15829 - Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap
    - CPT 15876 - Suction assisted lipectomy; head and neck
    - CPT 15877 - Suction assisted lipectomy; trunk
    - CPT 15878 - Suction assisted lipectomy; upper extremity
    - CPT 15879 - Suction assisted lipectomy; lower extremity
    - CPT 17340 - Cryotherapy (CO2 slush, liquid N2) for acne
    - CPT 17360 - Chemical exfoliation for acne (eg, acne paste, acid)
    - CPT 17380 - Electrolysis epilation, each 30 minutes
    - CPT 69300 - Otoplasty, protruding ear, with or without size reduction

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## References

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References used include but are not limited to the following:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; Uptodate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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ACTINIC KERATOSIS. (2022). Retrieved Dec 8, 2022, from American Academy of Dermatology Association: <https://www.aad.org/member/clinical-quality/guidelines/actinic-keratosis>

LCD Cosmetic and Reconstructive Surgery (L33428) Revision 21 (L33428R021). (2022). Retrieved Dec 7, 2022, from MCG 26th Edition: <https://careweb.careguidelines.com/ed26/index.html>

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Specific Birth Defects and Other Health Conditions. (2020, Oct 23). Retrieved Dec 8, 2022, from Centers for Disease Control and Prevention (CDC): <https://www.cdc.gov/ncbddd/birthdefects/diaphragmaticernia.html>

Surgical reconstruction of the lower extremity. (2021, Jul 30). Retrieved Dec 8, 2022, from UpToDate: [https://www.uptodate.com/contents/surgical-reconstruction-of-the-lower-extremity?search=Reconstructive%20Surgery&source=search\\_result&selectedTitle=29~150&usage\\_type=default&display\\_rank=29](https://www.uptodate.com/contents/surgical-reconstruction-of-the-lower-extremity?search=Reconstructive%20Surgery&source=search_result&selectedTitle=29~150&usage_type=default&display_rank=29)

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## Codes

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CPT® : 11950, 11951, 11952, 11954, 12011, 15769, 15771, 15772, 15773, 15774, 15780, 15781, 15782, 15783, 15788, 15789, 15792, 15793, 15819, 15824, 15825, 15826, 15828, 15829, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15876, 15877, 15878, 15879, 17340, 17360, 17380, 69300

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