

Policy Name: Cosmetic Services

Policy Number: CMO 500

Effective Date of current policy: 9/1/2018

Description and Scope

This policy applies to procedures that primarily affect the appearance of the member. Specific policies that should be consulted include:

- MCG Mastectomy for Gynecomastia, MCG Reduction, Mammoplasty
- MCG Abdominoplasty, MCG Panniculectomy, MCG Rhinoplasty
- MCG Sclerotherapy, Leg Veins
- MCG Blepharoplasty, Canthoplasty, and Related Procedures, Affinity Medical Policy on Gender Dysphoria

This policy does not apply to Medicare Advantage members.

Position Statement

Treatments that primarily affect the appearance are considered medically necessary only in the following circumstances:

1. The reason for the treatment is to correct a significant congenital defect or anomaly that is beyond normal human variation. An example of this is laser therapy for a significant port wine stain on the face, or
2. The reason for the treatment is reconstructive; that is, correcting an abnormal appearance due to injury, disease, or treatment. An example of this is breast reconstruction following mastectomy, or
3. The treatment is part of a medically necessary procedure. An example of this is tattooing to allow for radiation therapy, or
4. Genitalia or breast surgery for members with gender dysphoria. Please see Policy: Gender Reassignment Surgery for details and for medical necessity criteria.

Cosmetic treatments are usually not considered eligible for coverage. This includes, but is not limited to, treatments, drugs, products, hospital/facility charges, anesthesia, pathology/lab fees, radiology fees and professional fees by the surgeon, assistant surgeon, consultants and attending physicians.

Background

Therapy to change appearance is commonplace. Unwanted hair is treated with creams, medications, electrolysis, and lasers. Baldness is treated with creams and oral medications. Wrinkles, acne scars, uneven pigmentation, thin lips, and aging skin are treated with creams, dermal fillers, lasers, and botulinum toxin. An unprepossessing jawline is treated with genioplasty. Spider veins (telangiectasia) are treated with lasers or a sclerosing solution. Some people have liposuction, treatment of inverted nipples, or removal of accessory nipples. These treatments are considered cosmetic and not medically necessary, except as noted above.



Certain treatments may be medically necessary or cosmetic depending upon the circumstances. Chemical peels are medically necessary when used to treat pre-malignant lesions that have not responded to standard topical and oral therapies.

Some examples of cosmetic and not medically necessary treatments include (but are not limited to):

- Chemical peels, including for treatment of acne, acne scars, or pigmentation, cpt codes 15788- 15793 and 17360.
- Dermabrasion for treatment of acne, acne scars, or pigmentation, cpt codes 15780 –15783.
- Ear piercing and repair of a pierced earlobe or pierced body part.
- Breast augmentation (when not used to treat gender dysphoria)
- Treatment of diastasis recti

Definitions

Cosmetic Services are services whose primary function is to change an appearance which is within normal human anatomic variation. Accessory nipples, acne scars, and irregular pigmentation are examples of normal human anatomic variation. Common anticipated side effects of cosmetic surgery (for example, nausea and vomiting that results in a hospital stay) are considered part of the cosmetic surgery procedure. Surgery needed to improve the function of an abnormal body part is not considered cosmetic.

Reconstructive surgery is surgery intended to restore appearance that is abnormal because of congenital anomalies (for example, cleft lip), trauma, disease, or its treatment. Surgery to correct an unpleasing outcome from cosmetic surgery is not considered reconstructive.

Coding

Inclusion of a code in the following list does not imply that the procedure is medically necessary or that the code represents a covered benefit. Codes used to identify services associated with this policy may include (but may not be limited to) the following:

- 11200 Removal of skin tags, multiple fibrocuteaneous tags, any area; up to and including 15 lesions
- 11201 Removal of skin tags; each additional 10 lesions
- 11950 Subcutaneous injection of filling material (eg, collagen); 1 cc or less
- 11951 Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc
- 11952 Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc
- 11954 Subcutaneous injection of filling material (eg, 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
- 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, (eg, tattoo removal)
- 15786 Abrasion; single lesion (eg, keratosis, scar)
- 15787 Abrasion; each additional four lesions or less

- 15788 Chemical peel, facial; epidermal
- 15789 Chemical peel, facial; dermal
- 15790 Chemical peel; total face
- 15791 Chemical peel; face, hand or elsewhere
- 15792 Chemical peel, nonfacial; epidermal
- 15793 Chemical peel, nonfacial; dermal
- 15810 Salabrasion; 20 sq cm or less
- 15811 Salabrasion; over 20 sq cm
- 15819 Cervicoplasty
- 15820 Blepharoplasty, lower eyelid;
- 15821 Blepharoplasty, lower eyelid; with extensive herniated fat pad
- 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
- 15832 Excision, excessive skin and subcutaneous tissue (including lipectomy); thigh
- 15833 Excision, excessive skin and subcutaneous tissue (including lipectomy); leg
- 15834 Excision, excessive skin and subcutaneous tissue (including lipectomy); hip
- 15835 Excision, excessive skin and subcutaneous tissue (including lipectomy); buttock
- 15836 Excision, excessive skin and subcutaneous tissue (including lipectomy); arm
- 15837 Excision, excessive skin and subcutaneous tissue (including lipectomy); forearm or hand
- 15838 Excision, excessive skin and subcutaneous tissue (including lipectomy); submental fat pad
- 15839 Excision, excessive skin and subcutaneous tissue (including lipectomy); other area
- 15876 Suction assisted lipectomy; head and neck
- 15877 Suction assisted lipectomy; trunk
- 15878 Suction assisted lipectomy; upper extremity
- 15879 Suction assisted lipectomy; lower extremity
- 17106 Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm
- 17107 Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0 to 50.0 sq cm
- 17108 Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm
- 17340 Cryotherapy (CO2 slush, liquid N2) for acne
- 17360 Chemical exfoliation for acne (eg, acne paste, acid)
- 17380 Electrolysis epilation, each ½ hour
- 19120 Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19300), open, male or female, 1 or more lesions
- 19316 Mastopexy
- 19355 Correction of inverted nipples
- 21120 Genioplasty; augmentation (autograft, allograft, prosthetic material)
- 21121 Genioplasty; sliding osteotomy, single piece
- 21122 Genioplasty; sliding osteotomies, 2 or more osteotomies (e.g., wedge excision or bone wedge reversal for asymmetrical chin)
- 21123 Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
- 21125 Augmentation, mandibular body or angle; prosthetic material

- 21127 Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)
- 30400 Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
- 30410 Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
- 30420 Rhinoplasty, primary; including major septal repair
- 30430 Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
- 30435 Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)
- 30450 Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)
- 36468 Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk
- 36469 Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); face
- 36470 Injection of sclerosing solution; single vein
- 36471 Injection of sclerosing solution; multiple veins, same leg
- 69090 Ear piercing
- 69300 Otoplasty, protruding ear, with or without size reduction
- S0800 Laser in situ keratomileusis
- S0810 Photorefractive keratectomy
- S0812 Phototherapeutic keratectomy
- 65760 Keratomileusis
- 65765 Keratophakia
- 65767 Epikeratoplasty
- 65771 Radial keratotomy
- 67901 Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)
- 67902 Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)
- 67903 Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach
- 67904 Repair of blepharoptosis; (tarso) levator resection or advancement, external approach
- 67906 Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)
- 67908 Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella- Servat type)

References

- New York State Insurance Department. Regulation 183 (11 NYCRR 56) Health Insurance Claims and Procedure. 2007. http://www.dfs.ny.gov/insurance/r_finala/2007/rf183txt.pdf
- Specialty matched clinical peer review.

Medical Policy Committee History and Revisions

Date	Action
July 24, 2018	Initial approval by Medical Policy and Benefits Committee
June 25, 2019	Approved with no change

Disclaimer

Affinity Health Plan has developed medical policies that serve as one of the sets of guidelines for coverage decisions. Benefit plans vary in coverage and some plans may not provide coverage for certain services discussed in the medical policies. Coverage decisions are subject to all terms and conditions of the applicable benefit plan, including specific exclusions and limitations, and to applicable state and/or federal law. Medical policy does not constitute plan authorization, nor is it an explanation of benefits. The policies are not medical advice. Affinity Health Plan reserves the right to change medical policies.