

**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

### **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):

- Acne surgery cpt code 10040
- 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:

10040	Acne surgery
11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions
11201	Removal of skin tags; each additional 10 lesions
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
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 fewer
15788	Chemical peel, facial; epidermal
15789	Chemical peel, facial; derma
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  
Excision, excessive skin and subcutaneous tissue (including lipectomy); forearm  
or hand

15837  
Excision, excessive skin and subcutaneous tissue (including lipectomy);

15838 submental fat pad  
Excision, excessive skin and subcutaneous tissue (including lipectomy); other  
area

15839

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 (e.g., laser technique);  
less than 10 sq cm

17107 Destruction of cutaneous vascular proliferative lesions (e.g., laser technique);  
10.0 to 50.0 sq cm

17108 Destruction of cutaneous vascular proliferative lesions (e.g., laser technique);  
over 50.0 sq cm

17340 Cryotherapy (CO2 slush, liquid N2) for acne

17360 Chemical exfoliation for acne (e.g., 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  
Augmentation, mandibular body or angle; with bone graft, onlay or  
interpositional (includes obtaining autograft)

21127

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 (e.g., 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 (e.g., 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](http://www.dfs.ny.gov/insurance/r_finala/2007/rf183txt.pdf)
- Specialty matched clinical peer review.
- Nast A, Dreno B, Bettoli V et al. European Evidence-based (S3) Guidelines for the Treatment of Acne. *Journal of the European Academy of Dermatology and Venereology*. V 2012, 26 (Suppl. 1), 1–29.
- Work Group: Zaenglein AL, Pathy AL, Schlosser BJ et al. Guidelines of care for the management of acne vulgaris. *J Am Acad Dermatol*. 2015.12.037.
- Eichenfield, LF, Krakowski AC, Piggott C, et al. Evidence-Based Recommendations for the Diagnosis and Treatment of Pediatric Acne. *Pediatrics*. Vol. 131, Issue Supplement 3. 1 May 2013

### 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
April 3, 2020	Approved by the Clinical Affairs Committee. The reference to Medicare Advantage was removed. Acne surgery and references for it were added

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#### 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.