

MedStar Health, Inc. POLICY AND PROCEDURE MANUAL

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SUBJECT: Cosmetic Versus Reconstructive Services
INDEX TITLE: Medical Management
ORIGINAL DATE: January 2013

This policy applies to the following lines of business: (Check those that apply.)

COMMERCIAL	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> Fully Insured	<input type="checkbox"/> Individual Product	<input type="checkbox"/> Marketplace (Exchange)	<input checked="" type="checkbox"/> All
GOVERNMENT PROGRAMS	<input type="checkbox"/> MA HMO	<input type="checkbox"/> MA PPO	<input type="checkbox"/> MA C-SNP	<input type="checkbox"/> MA D-SNP	<input checked="" type="checkbox"/> MA All	
	<input type="checkbox"/> Medicaid					
OTHER	<input checked="" type="checkbox"/> Self-funded/ASO					

I. POLICY

It is the policy of MedStar Health, Inc. to cover medical and surgical procedures when they are medically necessary (refer to CRM .015.MH-Medical Necessity policy) and covered under the member's specific benefit plan. Note: Not all benefit contracts include benefits for reconstructive services.

Reconstructive Services are covered when indicated in specific MedStar Health, Inc. policies.

Procedures performed solely to improve one's appearance and/or self-esteem are considered **not medically necessary and therefore not covered**.

II. DEFINITIONS

Cosmetic Procedures are performed to reshape normal structures of the body in order to improve the patient's appearance and/or self-esteem.

Reconstructive Procedures are performed on abnormal structures of the body, caused by congenital defects, developmental abnormalities, accidental injury, trauma, infection, tumors or disease for the purpose of improving/restoring body functions.

III. PURPOSE



UPMC HEALTH PLAN

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The purpose of this policy is to differentiate the circumstances when a procedure or service is considered medically necessary and reconstructive in nature vs. the circumstances when a procedure or service is considered cosmetic and therefore, not covered.

IV. SCOPE

This policy applies to various MedStar Health Departments as indicated by the Benefit and Reimbursement Committee. These include but are not limited to Medical Management, Benefit Configuration and Claims Departments.

V. PROCEDURE

A. Medical Description

Coverage of reconstructive procedures is decided based on the applicable definition of medical necessity of the member's type of insurance and the Medical Policy (MP), Payment (PAY), or Pharmacy (RX.PA) policy which governs the particular procedure or service.

All MP, PAY and RX.PA policies can be viewed on the Provider Portal.

MP and RX.PA policies require prior authorization.

PAY policies do not require prior authorization, but they govern claims processing and quality audit activities. Supportive documentation in the medical chart will be used for claim audit purposes to verify that the required elements in the Indications section in the applicable PAY policy listed on Attachment A have been met.

B. Indications

Medically appropriate reconstructive procedures are covered for either of the following:

1. When the procedure is intended to primarily improve, restore, or maintain bodily function as a result of an infection or disease;
Or
2. The procedure is intended to correct a congenital disease or anomaly that has resulted in a significant functional deformity.

C. Limitations/Exclusions/Exceptions:

1. When a medical problem results from covered or non-covered cosmetic procedures, medically necessary services required to treat the medical problem are covered.
2. Common anticipated side effects of cosmetic surgery (e.g., nausea and vomiting which result in a prolonged hospital stay) are considered part of the cosmetic surgery procedure and are not eligible for additional coverage.

D. Variations

Medical Assistance Product:

Providers participating in the Medical Assistance product are precluded from balance billing any Medical Assistance member for a procedure governed by this Pay Policy, unless the provider has specifically notified the Medical Assistance member prior to performing the procedure of the member's potential financial responsibility if payment for the procedure by UPMC for You were to be denied. The provider must obtain the member's written acknowledgment of this notification and consent to still proceed to receive the procedure in question.

E. Quality Audit

Quality Audit monitors policy compliance and/or billing accuracy at the request of the MedStar Health, Inc.'s Technology Assessment Committee or the Benefits Reimbursement Committee.

F. Records Retention

Records Retention for documents, regardless of medium, is provided within the MedStar Health Policy HS-LE0009 Records Retention, Management and Retirement, and as indicated in the Insurance Services Division Policy and Procedure CORP.028.MH Records Retention.

Unless otherwise mandated by Federal or State law, or unless required to be maintained for litigation purposes, any communications recorded pursuant to this Policy are maintained for a minimum of ten (10) years from the date of recording.

G. References

Medical Literature:

1. American Society of Plastic Surgeons (ASPS): Cosmetic Procedures. © 2014 ASPS. Accessed: 12/04/2014.
<http://www.plasticsurgery.org/cosmetic-procedures.html>



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2. American Society of Plastic Surgeons (ASPS): Reconstructive Procedures. © 2014 ASPS. Accessed: 12/04/2014.
<http://www.plasticsurgery.org/reconstructive-procedures.html>
3. American Society for Aesthetic Plastic Surgery (ASAPS). Cosmetic Procedures: Choose a Procedure. ©2009-2012, ASAPS. Accessed: 12/04/2014. <http://www.surgery.org/consumers/procedures>
4. The American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS). Facial Plastic Surgery: Procedures Types. ©2014 AAFPRS. Accessed: 12/04/2014.
<http://www.aafprs.org/patient/procedures/proctypes.html>

Regulatory/Government Sources:

1. Centers for Medicare and Medicaid Services (CMS). Local Coverage Determinations (LCD) No. L27527- Removal of Benign or Premalignant Skin Lesions. (Contractor: Novitas Solutions Corp.). Revision Effective Date: 09/01/2014. <http://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=27527&ContrId=323&ver=78&ContrVer=1&DocType=All&bc=AqIAAAAAAAAAAAAA%3d%3d&>
2. CMS Medicare Home Health Agency Manual: Section 232.11 Cosmetic Surgery, Transmittal 301, June 6 2002.
<http://www.cms.hhs.gov/transmittals/downloads/R301HHA.pdf>



Disclaimer:

MedStar Health, Inc. medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of MedStar Health, Inc. and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

MedStar Health, Inc. reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

These policies are the proprietary information of UPMC Health Plan. Any sale, copying, or dissemination of said policies is prohibited.



**Attachment A
 Cosmetic and Reconstructive Services**

The following list contains examples of procedures and services considered MedStar Health, Inc. to be cosmetic in nature and therefore **not** covered, except when indicated in the identified MP, PAY, or RX.PA Policy in Column III.

This list should not be considered inclusive. The following codes for treatments and procedures applicable to this policy are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

I Procedure	II Codes for Procedures in Column NOT covered	III Exception for Coverage
Abdominoplasty		SEE: MP.021 – Abdominoplasty/ Panniculectomy
Acne, treatment of acne cysts and Acne, comedone extraction/treatment	10040 Acne surgery (e.g., marsupialization, opening or removal of multiple milia, comedones, cysts, pustules) 17340 Cryotherapy (CO2 slush, liquid N2) for acne 17360 Chemical exfoliation for acne (e.g., acne paste, acid)	SEE: RX.PA.044 – Acne Medications
Actinic keratosis, destruction, unless suspicious of malignancy	Informational only No codes for configuration because of potential medical necessity	
Age spot treatments (SEE: Skin lesions, excision of		



Procedure	Codes for Procedures in Column NOT covered	Exception for Coverage
benign)		
Alopecia treatment (SEE: Hair Transplant)		
Arm, forearm, hand lift (SEE: Lipectomy)		
Birthmark/ blemish treatment (SEE: Skin lesions, excision of benign)		
Blepharoplasty lower lid	15820 Blephroplasty, lower eyelid lid 15821 Blephroplasty, lower eyelid lid with extensive herniated fat pad	SEE: PAY.074 Blepharoplasty
Body contouring after major weight loss for men (SEE: Lipectomy)		
Body lift (SEE: Lipectomy)		
Body piercing	No specific code for this	
Botox treatments		SEE: RX.PA.025 - OnabotulinumtoxinA (Botox®), AbobotulinumtoxinA (Dysport™), RimabotulinumtoxinB (Myobloc®), and IncobotulinumtoxinA (Xeomin®)
Breast asymmetry, correction		SEE: PAY.046 -



Procedure	Codes for Procedures in Column NOT covered	Exception for Coverage
of. <i>Except in the case of breast cancer</i>		Breast Reconstruction
Breast reconstruction. <i>Except in the case of breast cancer</i>		SEE: PAY.046 - Breast Reconstruction
Breast augmentation/lift/implants. <i>Except in the case of breast cancer</i>		SEE: PAY.046 Breast Reconstruction
Breast reduction		SEE: MP.022 Reduction Mammoplasty
Breast repositioning		SEE: PAY.046 Breast Reconstruction
Brow lift/ptosis repair		SEE: PAY.074 Blepharoplasty
Buttock lift (SEE: Lipectomy)		
Cheek implant (SEE: Malar (facial) implants)		
Chemical peel	15788 Chemical peel, facial; epidermal 15789 Chemical peel, facial; dermal 15792 Chemical peel, nonfacial; epidermal 15793 Chemical peel, nonfacial; dermal	
Chest wall deformity, congenital (pectus excavatum,	No specific code for this	



Procedure	Codes for Procedures in Column NOT covered	Exception for Coverage
pectus carinatum) when asymptomatic		
Chin implant or surgery for deformity, not cause by trauma or accidental injury (SEE: Genioplasty)		
Collagen replacement therapy: injections or implants, except when medically (e.g. Juvederm)	11950 Subcutaneous injection of filling material (e.g. collagen): 1cc or less 11951 1.5 to 5 cc 11952 5.1 to 10 cc 11954 10 cc or more	
Comedone acne extraction (SEE: Acne)		
Congenital abnormalities without functional impairment	No specific code for this	
Dental congenital abnormalities	No specific code for this	
Dermoid cyst (when not medically necessary)	30124 Excision of dermoid cyst, nose: simple, skin, subcutaneous	
Dermabrasion	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	



Procedure	Codes for Procedures in Column NOT covered	Exception for Coverage
	removal)	
Dermal filler and volume producing agents (i.e., Sculptra, Radiesse)	G0429 Derm filler injection for treatment facial lipodystrophy C9800 Derm injection for facial lipodystrophy Q2026 Injection, Radiesse Q2027 Injection, Sculptra 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	
Dermoscopy	No specific code for this	
Diastasis recti repair, in the absence of a true midline hernia	Shares codes with hernia repair which are payable	SEE: MP.021 – Abdominoplasty/ Panniculectomy
Ear piercing	69090 Ear piercing	
Ear protrusion correction (SEE: Otoplasty)		
Electrolysis epilation /hair removal (SEE: Hair Removal)		



Procedure	Codes for Procedures in Column NOT covered	Exception for Coverage
Excision of redundant (excess) skin and subcutaneous tissue of the hips, thighs, buttocks, arms and other anatomical areas when there is not a functional physical impairment (SEE: Lipectomy)		SEE: MP.021 - Abdominoplasty/Panniculectomy
Excision/surgical planing of skin of nose for rhinophyma (SEE: Rhinophyma)		
Facial & nasal implants	D5913 Nasal prosthesis D5919 Facial prosthesis D5925 Facial augmentation implant prosthesis D5926 Nasal prosthesis replacement D5929 Facial prosthesis replacement	
Eyelid surgery (Blepharoplasty, brow lifts, ptosis repair)		SEE: PAY.074 - Blepharoplasty
Face lift or related procedures to diminish the aging process (SEE: Rhytidectomy)		
Fat graft, unless an integral part of another covered procedure	20926 Tissue graft graft other (paratendon, fat, dermis)	
Forehead lift (SEE: Rhytidectomy)		
Frown Line reduction (Refer to Glabella)		
Genioplasty	21120 Genioplasty: augmentation	



Procedure	Codes for Procedures in Column NOT covered	Exception for Coverage
(SEE: Rhytidectomy and Lipectomy)	(autograft, allograft, augmentation)	
Glabella/Glabelloplasty (frown lines), excision/correction (SEE: Rhytidectomy)	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	
Gynecomastia reduction/treatment		SEE: MP.022 - Reduction Mammoplasty
Hair Removal (hirsutism)	17380 Electrolysis epilation, each 30 minutes	
Hair Transplant (Hairplasty) or repair of any congenital or acquired hair loss, including hair analysis	15775 Punch graft for hair transplant; 1 to 15 punch grafts 15776 Punch graft for hair transplant; more than 15 punch grafts	
Hemangioma treatment <i>Except when atypical or causing functional limitation</i>	17106 Destruction of cutaneous vascular proliferative lesions(e.g., laser technique); less than 10 sq cm	
Hip Lift (SEE: Lipectomy)		



Procedure	Codes for Procedures in Column NOT covered	Exception for Coverage
Hyperhidrosis surgery including endoscopic transthoracic sympathectomy (ETS), sympathectomy (radial artery, ulnar nerve, superficial palmar arch), video assisted thoracic sympathectomy (VATS)		SEE: PAY.036 - Iontophoresis
Injectable fillers (SEE: Dermal fillers)		
Insertion or injection of prosthetic material to replace absent adipose tissue. <i>Except for breast cancer</i>		SEE: PAY.046 - Breast Reconstruction
Keloid scar treatment (SEE: Scar Revision)		
Labial reduction / labiaplasty	No specific code for this	
Laser band-aid face lift	No specific code for this	
Laser facial resurfacing (SEE: Dermabrasion)	No specific code for this	
Laser hair removal (SEE: Hair Removal)		
LAVIV™ (azfibrocel-T) injections	No specific code for this	
Leg lift (SEE: Lipectomy)		
Lipectomy (including suction lipectomy)	15832 Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh 15833 Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	SEE: MP.021 - Abdominoplasty/ Panniculectomy



Procedure	Codes for Procedures in Column NOT covered	Exception for Coverage
	15834 Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip 15835 Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock 15836 Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm 15837 Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand 15838 Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad 15839 Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	
Liposuction unless an integral part of another covered procedure	15876 Suction assisted lipectomy; head and neck 15877 Suction assisted lipectomy; trunk 15878 Suction assisted lipectomy; upper extremity 15879 Suction assisted lipectomy; lower extremity	
Malar (facial) implants	No specific code for this	
Mastopexy (breast lift for pendulous breasts)		SEE: PAY.046 - Breast Reconstruction
Mentoplasty (SEE: Genioplasty)		



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Procedure	Codes for Procedures in Column NOT covered	Exception for Coverage
Moles /nevi, excision <i>Except when medically necessary</i>	No specific code for this	
Neck tuck or lift (SEE: Lipectomy and Rhytidectomy)		
Moon face correction (as a result of corticosteroid therapy)	No specific code for this	
Nasal septum cartilage graft	20912 Cartilage graft, nasal septum	
Obesity surgery		SEE: MP.040 - Surgical Procedures for Morbid Obesity
Orthodontic treatment, even when provided along with reconstructive surgery	No specific code for this	
Otoplasty	69300 Otoplasty, protruding ear, with or without size reduction	
Panniculectomy		SEE: MP.021 – Abdominoplasty/ Panniculectomy
Pectus excavatum repair when asymptomatic (SEE: Chest wall deformity)		
Permanent makeup (SEE: Tattoo)		
Port wine stain treatment (SEE: Hemangioma treatment)		
Psoriasis treatment		SEE: PAY.041 –



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Procedure	Codes for Procedures in Column NOT covered	Exception for Coverage
		Home UV Light Box Therapy
Radial keratotomy when defect can be corrected with lenses	65771 Radial Keratotomy	
Rhinoplasty	30400 Rhinoplasty; primary; lateral & alar cartilages and/or elevation of nasal tip 30410 Rhinoplasty; complete; external parts including bony pyramid; lateral & alar cartilages &/or elevation of nasal tip. 30450 Rhinoplasty, secondary, major revision	SEE: PAY.038 - Septoplasty/Rhinoplasty
Refractive keratoplasty/eye surgery (LASIK, PTK)	65760 Keratomileusis (LASIK) 65765 Keratophakia 65767 Epikeritoplasty	
Rhinophyma treatment/excision	30120 Excision or surgical planing of skin of nose for rhinophyma	
Removal of unwanted/excessive hair growth (SEE: Hair Removal)		
Rhytidectomy (face, chin, neck, browlift)	15824 Rhytidectomy; forehead 15825 Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap) 15826 Rhytidectomy; glabellar frown lines 15828 Rhytidectomy; cheek, chin,	



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Procedure	Codes for Procedures in Column NOT covered	Exception for Coverage
	and neck 15829 Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap	
Rosacea, treatment of (including erythema, telangiectasia) <i>Except when atypical or causing functional limitation</i>	Codes are the same as Hemangioma	
Salabrasion (tattoo removal) (SEE: Tattoo)		
Scar revision when there is not a functional physical impairment	15786 Abrasion; single lesion (e.g., keratosis, scar) 15787 Abrasion; each additional four lesions or less	
Sclerosing of Spider Veins (SEE: Spider vein removal/repair)		
Septoplasty		SEE: PAY.038 – Septoplasty/Rhinoplasty
Septorhinoplasty		SEE: PAY.038 - Septoplasty-Rhinoplasty
Sex transformation, sexual dysfunction/inadequacy procedures	55970 Intersex surgery; male to female 55980 Intersex surgery; female to male	
Skin discoloration (including	No specific code for this	



Procedure	Codes for Procedures in Column NOT covered	Exception for Coverage
dyschromia, and treatment)		
Skin lesions, excision of benign <i>Except when atypical or causing functional limitation</i>	Informational only No codes for configuration because of potential medical necessity	
Skin removal for excessive/redundant skin. <i>Except for breast cancer (SEE: Lipectomy)</i>		SEE: PAY.046 - Breast Reconstruction
Skin rejuvenation and resurfacing (SEE: Dermabrasion)	No specific code for this	
Spider vein removal/repair, including telangiectasia and stellate angioma	36468 Single or multiple injections of sclerosing solutions, spider veins (telangiectasia), limb or trunk	SEE: PAY.066 - Varicose Veins
Skin tag removal, except when medically necessary	Informational only No codes for configuration because of potential medical necessity	
Subcutaneous injection of filling material (e.g. Restylane, Collagen, Hyaluronic acid) (SEE: Dermal fillers)		SEE: RX.PA.073 - Hyaluronic Acid Products
Surgical repair of inverted nipple		SEE: PAY.046 - Breast Reconstruction
Tattoo (decorative or self	No specific code for this	SEE: PAY.046 -



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Procedure	Codes for Procedures in Column NOT covered	Exception for Coverage
induced) removal/treatment		Breast Reconstruction
Thigh lift (SEE: Lipectomy)		
Temporal Mandibular Joint (TMJ), non surgical treatment		SEE: PAY.016 - TMJ
Tissue expansion, when not medically necessary		SEE: PAY.046 - Breast Reconstruction
Torn earlobe repair	No specific code for this	
Transsexual procedures (SEE: Sex transformation)		
Tummy tuck (abdominoplasty-panniculectomy)		SEE: MP.021 - Abdominoplasty/Panniculectomy
Umbilectomy, omphalectomy, excision of umbilicus (separate procedure)	49250 Umbilectomy, omphalectomy, excision of umbilicus	
Varicose veins, removal of spider veins (telangiectasia)		SEE: PAY.066 - Varicose Veins
Vitiligo (loss of skin pigment), treatment (SEE: Tattoo)		
Voice lifting procedures (To restore voice to youthful quality, implants, injections of fat or collagen)		SEE: PAY.082 - Voice Prosthesis and Laryngeal Devices
XEOMIN® (incobotulinumtoxinA) injections when used to improve the appearance of		SEE: RX.PA.025 - OnabotulinumtoxinA (Botox®), AbobotulinumtoxinA



Procedure	Codes for Procedures in Column NOT covered	Exception for Coverage
glabellar lines		(Dysport™), RimabotulinumtoxinB (Myobloc®), and IncobotulinumtoxinA (Xeomin®)

