



Clinical Policy Title: Cosmetic, plastic, and scar revision surgery

Clinical Policy Number: CCP.1184

Effective Date: October 1, 2015
Initial Review Date: August 19, 2015
Most Recent Review Date: September 3, 2018
Next Review Date: September 2019

Policy contains:

- Cosmetic surgery.
- Plastic (reconstructive) surgery.
- Scar revision.

Related policies:

CCP.1038	Blepharoplasty
CCP.1046	Neonatal circumcision in males
CCP.1048	Breast reduction surgery
CCP.1160	Reduction mammoplasty for male gynecomastia
CCP.1358	Gender dysphoria
CCP.1227	Abdominoplasty, panniculectomy and brachioplasty
CCP.1332	Pediatric rhinoplasty

ABOUT THIS POLICY: AmeriHealth Caritas has developed clinical policies to assist with making coverage determinations. AmeriHealth Caritas' clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of "medically necessary," and the specific facts of the particular situation are considered by AmeriHealth Caritas when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. AmeriHealth Caritas' clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. AmeriHealth Caritas' clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, AmeriHealth Caritas will update its clinical policies as necessary. AmeriHealth Caritas' clinical policies are not guarantees of payment.

The purpose of this policy is to supplement coverage guidance for surgical procedures with cosmetic aspects that may not be contained in a separate clinical policy.

Coverage policy

AmeriHealth Caritas considers plastic (also called reconstructive) surgery to be clinically proven and, therefore, medically necessary when **both** of the following criteria are met:

- The need for the surgical procedure is clinically proven.
- The goal of surgery is to correct functional impairment of a body area caused by a congenital defect, developmental abnormality, trauma, burns, infection, tumors, or disease.

See Local Coverage Determinations L35090, L33428, L34698, L35163.

AmeriHealth Caritas considers revision of scar tissue to be medically necessary if it is required to correct an objective functional impairment and the scar resulted from an accidental injury or a medically necessary surgical procedure.

Limitations:

Surgery performed to improve body appearance in the absence of a functional impairment is considered cosmetic and, therefore, not medically necessary.

Surgical revision of scar tissue caused by a cosmetic procedure or otherwise non-covered procedures is considered cosmetic and, therefore, not medically necessary.

All requests for coverage of plastic surgery of a non-Medicare member require prior review by a medical director on a case-by-case basis, except for those procedures addressed in another clinical policy or required by state or federal authorities. See Related policies on page 1 of this policy.

For Medicare members only:

AmeriHealth Caritas considers plastic surgery procedures to be clinically proven and, therefore, medically necessary for medical indications identified in the following applicable National Coverage Determinations, Local Coverage Determinations, and Local Coverage Articles listed later in this policy.

These claims are reviewed by medical staff and considered on a case-by-case basis. Medical records are requested by the contractor to determine medical necessity. See Documentation Requirements for each National Coverage Determination, Local Coverage Determination, and Local Coverage Article.

Alternative covered services:

- Prescription drug therapy may be appropriate for certain conditions.
- Behavioral health services.

Background

While both cosmetic surgery and plastic surgery deal with improving a patient’s body, the overarching philosophies guiding the training, research, and goals for patient outcomes are different (American Board of Cosmetic Surgery, 2015; American Society of Plastic Surgery, 2015). Cosmetic surgical procedures, techniques, and principles are entirely focused on reshaping normal structures of the body to improve aesthetic appeal, symmetry, and proportion in a person’s appearance. Because the treated areas function properly, cosmetic surgery is elective. Cosmetic surgery is practiced by doctors from a variety of medical fields, including plastic surgeons (American Board of Cosmetic Surgery, 2015; American Society of Plastic Surgery, 2015).

Plastic surgery is a surgical specialty dedicated to correcting functional impairment of the face and body caused by congenital defects, developmental abnormalities, trauma, burns, infection, tumors, and disease (American Board of Cosmetic Surgery, 2015; American Society of Plastic Surgery, 2015). A functional impairment is a direct and measurable reduction in physical performance of an organ or body part. It is generally performed to improve function, but may also be done to approximate a normal appearance. While many plastic surgeons choose to complete additional training and perform cosmetic surgery, the basis of their surgical training remains reconstructive surgery (American Board of Cosmetic Surgery, 2015; American Society of Plastic Surgery, 2015).

Scar tissue may form as skin heals after an injury or surgery. The amount of scarring is determined by factors such as the size, depth, and location of the wound; the age of the person; heredity; and skin characteristics, including color (pigmentation). Scar revision may be performed to correct, remove, or improve scar tissue (American Society of Plastic Surgery, 2015).

The field of plastic surgery continuously strives for innovation to provide the highest quality of care. Evidence-based medicine integrates the best research evidence with clinical expertise and patient values, but, until recently, its adoption was slow within the specialty of plastic surgery (Burns, 2011; Chung, 2009). As a result, both established and novel practices are often adopted without sufficient data supporting their safety or efficacy (Agha, 2013; Ayeni, 2012; Chung, 2009). The American Society of Plastic Surgery actively promotes the use of evidence-based medicine to encourage publication of higher-quality evidence from well-designed, randomized controlled trials, cohort studies, case-control studies, systematic reviews, and, if possible, meta-analyses of plastic surgery technologies and treatments (Burns, 2011; Chung, 2009). Going forward, this will ensure improvement in the best available evidence on which decisions permitting use of plastic surgical procedures can be based.

Searches

AmeriHealth Caritas searched PubMed and the databases of:

- UK National Health Services Centre for Reviews and Dissemination.
- Agency for Healthcare Research and Quality's National Guideline Clearinghouse and other evidence-based practice centers.
- The Centers for Medicare & Medicaid Services.

We conducted searches on July 12, 2018. Search terms were: "plastic surgery" and "reconstructive surgical procedures."

We included descriptive articles, guidelines, and regulatory documents relevant to this policy.

Updates

In 2018, we added one peer-reviewed reference to the policy. Changed Policy ID from 16.03.08 to CCP.1184.

References

Professional society guidelines/other:

American Society of Plastic Surgeons Home page. American Society of Plastic Surgeons website. <http://www.plasticsurgery.org/>. Accessed July 12, 2018.

Committee on Adolescent Healthcare. Committee Opinion No. 686: Breast and Labial Surgery in Adolescents. *Obstet Gynecol.* 2017; 129(1): e17-e19. Doi: 10.1097/AOG.0000000000001862.

Cosmetic Surgery vs. Plastic Surgery. American Board Cosmetic Surgery website. <http://www.americanboardcosmeticsurgery.org/patient-resources/cosmetic-surgery-vs-plastic-surgery/> . Accessed July 12, 2018.

Evidence-based clinical practice guideline: reduction mammoplasty. American Society of Plastic Surgeons website. <https://www.plasticsurgery.org/Documents/medical-professionals/health-policy/evidence-practice/breast-reconstruction-expanders-with-implants-guidelines.pdf>. July 12, 2018.

Peer-reviewed references:

Agha RA, Camm CF, Edison E, Orgill DP. The methodological quality of randomized controlled trials in plastic surgery needs improvement: a systematic review. *J Plast Reconstr Aesthet Surg.* Apr 2013; 66(4): 447-452. Doi: 10.1016/j.bjps.2012.11.005.

Ayeni O, Dickson L, Ignacy TA, Thoma A. A systematic review of power and sample size reporting in randomized controlled trials within plastic surgery. *Plast Reconstr Surg.* Jul 2012; 130(1): 78e-86e. Doi: 10.1097/PRS.0b013e318254b1d1.

Barone M, Cogliandro A, Salzillo R, Tambone V, Persichetti P. The role of appearance: definition of appearance-pain (app-pain) and systematic review of patient-reported outcome measures used in literature. *Aesthetic Plast Surg.* 2018. Doi: 10.1007/s00266-018-1158-2.

Burns PB, Rohrich RJ, Chung KC. The levels of evidence and their role in evidence-based medicine. *Plast Reconstr Surg.* 2011; 128(1): 305-310. Doi: 10.1097/PRS.0b013e318219c171.

Chung KC, Swanson JA, Schmitz D, Sullivan D, Rohrich RJ. Introducing evidence-based medicine to plastic and reconstructive surgery. *Plastic and reconstructive surgery.* Apr 2009; 123(4): 1385-1389. Doi: 10.1097/PRS.0b013e31819f25ff.

Kowalski E, Chung KC. The outcomes movement and evidence-based medicine in plastic surgery. *Clin Plast Surg.* Apr 2013; 40(2): 241-247. Doi: 10.1016/j.cps.2012.10.001.

National Coverage Determinations:

140.4 Plastic Surgery to Correct "Moon Face"

National Benefit Category Analyses: Reconstructive Treatments for Facial Lipodystrophy Syndrome

A53793 Gender Reassignment Services for Gender Dysphoria

A54602 Removal of Benign Skin Lesions

Local Coverage Determinations:

L34194 Blepharoplasty, Eyelid Surgery, and Brow Lift

L36286 Blepharoplasty, Eyelid Surgery, and Brow Lift

L34528 Blepharoplasty, Blepharoptosis and Brow Lift

L34411 Blepharoplasty, Eyelid Surgery, and Brow Lift

L35090 Cosmetic and Reconstructive Surgery

L33428 Cosmetic and Reconstructive Surgery

L34698 Cosmetic and Reconstructive Surgery

L35163 Plastic Surgery. CMS website

L33939 Reduction Mammoplasty

L35004 Surgery: Blepharoplasty

L34028 Upper Eyelid and Brow Surgical Procedures

InterQual

InterQual 2017, CP Procedures, Hand, Plastic and Reconstructive Surgery

Breast implant removal; Breast reconstruction; Facial nerve repair; Ganglion cyst excision; Keloid revision;

Local flap; Nerve graft, hand or digit; Nerve repair, wrist or hand or digit; Palmar fasciectomy;

Panniculectomy, abdominal; Reduction mammoplasty, female; Reduction mammoplasty, male; Scar

contracture release; Scar revision; Skin graft; Skin substitute graft; Tendon sheath incision or excision, hand, flexor; Tendon transfer, hand or forearm.

Commonly submitted codes

Below are the most commonly submitted codes for the service(s)/item(s) subject to this policy. This is not an exhaustive list of codes. Providers are expected to consult the appropriate coding manuals and bill accordingly.

CPT Code	Description	Comment
11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions	
11300 - 11313	Shaving of epidermal or dermal lesions	
11400 -11446	Excision of benign lesions	
11920 - 11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation	
12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips, and/or mucous membranes; 2.5 cm or less	
12051	Layer closure of wounds of face, ears, eyelids, nose, lips, and/or mucous membranes; 2.5 cm or less	
15220 - 15221	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs	
15780 - 15782	Dermabrasion; total face (e.g., for acne scarring, fine wrinkling, rhytids, general keratosis); segmental, face; or regional, other than face	
15788 - 15793	Chemical peel	
15820 - 15823	Blepharoplasty	
15830	Excision, excessive skin and subcutaneous tissue (including lipectomy); abdomen infraumbilical panniculectomy	
15840 - 15845	Graft for facial nerve paralysis	
15877	Suction assisted lipectomy; trunk [covered for medically necessary breast reconstruction and hyperhidrosis only]	
17106 - 17108	Destruction of cutaneous vascular proliferative lesions	
19318 - 19350, 19357 - 19396	Repair and/or reconstruction of breast	
20926	Tissue grafts, other	
21740 - 21743	Reconstructive repair of pectus excavatum or carinatum	
30120	Excision or surgical planing of skin of nose for rhinophyma	
30150	Rhinectomy; partial	
30160	Rhinectomy; total	
30420, 30435, 30450, 30460, 30462	Rhinoplasty	
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	
40500	Vermilionectomy	
40510	Excision of lip; transverse wedge excision with primary closure	
40520	Excision of lip; V-excision with primary direct linear closure	
40525	Excision of lip; V-excision with primary direct linear closure	
40527	Excision of lip; full thickness, reconstruction with cross lip flap (Abbe-Estlander)	
40530	Resection of lip, more than one-fourth, without reconstruction	
51715	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck	

CPT Code	Description	Comment
54660	Insertion of testicular prosthesis (separate procedure)	

ICD 10 Code	Description	Comment
B20	Human immunodeficiency virus [HIV] disease [covered for facial lipodystrophy syndrome due to antiretroviral therapy in HIV-infected persons]	
C00.0 - D49.9	Neoplasms	
E88.1	Lipodystrophy, not elsewhere classified	
L57.0	Actinic keratosis	
L71.1	Rhinophyma	
L74.510 - L74.519	Primary focal hyperhidrosis	
L91.0	Hypertrophic scar [Keloid scar]	
N36.8	Other specified disorders of urethra	
N39.3 - N39.9	Urinary incontinence	
N60.11 - N60.19	Diffuse cystic mastopathy	
Q16.0 - Q16.9	Congenital malformations of ear causing impairment of hearing	
Q36.0 - Q36.9	Cleft lip	
Q82.5	Congenital non-neoplastic nevus	
S01.501+ - S01.512+	Unspecified open wound of lip and oral cavity	
S01.531+ - S01.552+	Puncture wound of lip and oral cavity without foreign body	
S01.90x+ - S01.95x+	Open wound of unspecified part of head	
S02.2xx+ - S02.2xx+	Fracture of nasal bones	
S09.8xx+ - S09.93x+	Other specified injuries of head	
T33.011+ - T34.99x+	Superficial frostbite and frostbite with tissue necrosis	
Z21	Asymptomatic human immunodeficiency virus [HIV] infection status [HIV] infection status	
Z85.3	Personal history of malignant neoplasm of breast	
Z90.10 - Z90.13	Acquired absence of breast	

HCPCS Level II Code	Description	Comment
C9800	Dermal injection procedure(s) for facial lipodystrophy syndrome (LDS) and provision of Radiesse or Sculptra dermal filler, including all items and supplies	
D5914	Auricular prosthesis	
D5916	Ocular prosthesis	
D7995	Synthetic graft - mandible or facial bones, by report	
G0429	Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome (LDS) (e.g., as a result of highly active antiretroviral therapy)	
L8040 - L8049	Nasal, midfacial, orbital, upper facial, hemi-facial, auricular, partial facial, nasal septal, and maxillofacial prostheses	
L8600	Implantable breast prosthesis, silicone or equal	
L8603	Injectable bulking agent, collagen implant, urinary tract, 2.5 ml syringe, includes shipping and necessary supplies	
L8610	Ocular implant	
Q2026	Injection, Radiesse, 0.1 ml	
Q2028	Injection, sculptra, 0.5 mg	
Q3031	Collagen skin test	

HCPCS Level II Code	Description	Comment
S2075	Laparoscopy, surgical; repair incisional or ventral hernia	
S2077	Laparoscopy, surgical; implantation of mesh or other prosthesis for incisional or ventral hernia repair (List separately in addition to code for incisional or ventral hernia repair)	
V2623 - V2629	Prosthetic eye	