

# Cosmetic and Reconstructive Surgery



INDEPENDENT CARE HEALTH PLAN

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## Medicare Advantage Medical Coverage Policy

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#### Disclaimer

The Coverage Summaries are reviewed by the iCare Medicare Utilization Management Committee. Policies in this document may be modified by a member's coverage document. Clinical policy is not intended to preempt the judgment of the reviewing medical director or dictate to health care providers how to practice medicine. Health care providers are expected to exercise their medical judgment in rendering appropriate care. Identification of selected brand names of devices, tests and procedures in a medical coverage policy is for reference only and is not an endorsement of any one device, test, or procedure over another. Clinical technology is constantly evolving, and we reserve the right to review and update this policy periodically. References to CPT<sup>®</sup> codes or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee of claims payment. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, electronic, mechanical, photocopying or otherwise, without permission from iCare.

## Related Medicare Advantage Medical/Pharmacy Coverage Policies

Breast Reconstruction

Gender Affirmation Surgery

Opzelura (ruxolitinib)

Oracea (doxycycline)

Reduction Mammoplasty

Topical Onychomycotic Agents

Topical Rosacea Products

## Related Documents

Please refer to [CMS website](#) for the most current applicable National Coverage Determination (NCD)/Local Coverage Determination (LCD)/Local Coverage Article (LCA)/CMS Online Manual System/Transmittals.

Type	Title	ID Number	Jurisdiction Medicare Administrative Contractors (MACs)	Applicable States/Territories
NCD	Dermal injections for the treatment of facial lipodystrophy syndrome (LDS)	<a href="#">250.5</a>		
NCD	Treatment of Actinic Keratosis	<a href="#">250.4</a>		
Internet-Only Manuals (IOMs)	Chapter 16 General Exclusions from Coverage; Section 120 Cosmetic Surgery	<a href="#">Medicare Benefit Policy Manual</a>		
LCD LCA	Cosmetic and Reconstructive Surgery	<a href="#">L39051</a> <a href="#">A58774</a>	J5, J8 - Wisconsin Physicians Service Insurance Corporation	IA, KS, MO, NE IN, MI
LCD LCA	Removal of Benign Skin Lesions	<a href="#">L35498</a> <a href="#">A57482</a>	J5 - Wisconsin Physicians Service Insurance Corporation	IA, KS, MO, NE IN, MI
LCA	Billing and Coding: Removal of Benign Skin Lesions	<a href="#">A54602</a>	J6, JK - National Government Services, Inc. (Part A/B MAC)	IL, MN, WI CT, NY, ME, MA, NH, RI, VT
LCD LCA	Removal of Benign Skin Lesions	<a href="#">L34200</a> <a href="#">A57044</a>	J15 - CGS Administrators, LLC (Part A/B MAC)	KY, OH
LCD LCA	Cosmetic and Reconstructive Surgery	<a href="#">L39506</a> <a href="#">A59299</a>	J15 - CGS Administrators, LLC (Part A/B MAC)	KY, OH
LCD LCA	Benign Skin Lesion Removal (Excludes Actinic Keratosis, and Mohs)	<a href="#">L34233</a> <a href="#">A57161</a>	JE - Noridian Healthcare Solutions, LLC	CA, HI, NV, American Samoa, Guam, Northern Mariana Islands
LCD LCA	Plastic Surgery	<a href="#">L35163</a> <a href="#">A57221</a>	JE - Noridian Healthcare Solutions, LLC	CA, HI, NV, American Samoa, Guam, Northern Mariana Islands
LCD LCA	Benign Skin Lesion Removal (Excludes Actinic Keratosis, and Mohs)	<a href="#">L33979</a> <a href="#">A57162</a>	JF - Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
LCD LCA	Plastic Surgery	<a href="#">L37020</a> <a href="#">A57222</a>	JF - Noridian Healthcare Solutions, LLC	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY

LCD LCA	Cosmetic and Reconstructive Surgery	<a href="#">L35090</a> <a href="#">A56587</a>	JH, JL - Novitas Solutions, Inc. (Part A/B MAC)	AR, CO, NM, OK, TX, LA, MS DE, D.C., MD, NJ, PA
LCD LCA	Cosmetic and Reconstructive Surgery	<a href="#">L33428</a> <a href="#">A56658</a>	JJ, JM - Palmetto GBA (Part A/B MAC)	AL, GA, TN NC, SC, VA, WV
LCD LCA	Cosmetic and Reconstructive Surgery	<a href="#">L38914</a> <a href="#">A58573</a>	JN - First Coast Service Options, Inc. (Part A/B MAC)	FL, PR, U.S. VI

## Description

**Cosmetic surgery** is performed to reshape normal structures of the body in order to improve or change appearance or self-esteem.

**Reconstructive surgery** is performed on abnormal structures of the body, caused by congenital (occurring at birth) defects, developmental abnormalities, infection, injury/trauma, tumors, or disease. It is generally performed to improve or restore bodily function when an objective functional impairment present.

**Scar revision** is performed to correct, remove or improve the tissue that forms as skin heals after an injury or surgery. The amount of scarring may be determined by the size, depth and location of the wound.

## Coverage Determination

*iCare follows the CMS requirement that only allows coverage and payment for services that are reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member except as specifically allowed by Medicare.*

*In interpreting or supplementing the criteria above and in order to determine medical necessity consistently, iCare may consider the following criteria:*

### **Reconstructive Surgery**

**Reconstructive surgery** will be considered medically reasonable and necessary for bodily injury, congenital disease or anomaly, infection, trauma, tumor or other disease of the involved part to correct a [functional impairment](#)\* or to approximate normal appearance.

\*Functional impairment is defined as a direct and measurable reduction in physical performance of an organ or body part.

**The following procedures will be considered medically necessary and reasonable in order to treat a medical illness or injury or to improve functioning of a malformed body member and/or when requirements specified below are met.**

Cosmetic/Reconstructive Procedure	Indication(s)/Criteria
<b>Actinic Keratoses Treatment</b>	Destruction or removal of lesions by various methods (eg, chemical peels, cryosurgery, curettage, dermabrasion, excision, laser, photodynamic therapy)
<b>Benign Skin Lesion Treatment or Removal</b>	Destruction or removal of lesions by various methods (eg, cautery, cryosurgery, excision, injection, laser)
<b>Botulinum Toxin (Botox) Injections</b>	Coverage and indications may be found in the Botox (Botulinum Toxin) Pharmacy Coverage Policy
<b>Breast Procedures</b> <ul style="list-style-type: none"> <li>• <b>Areola Repigmentation</b> (tattoo)</li> <li>• <b>Augmentation Mammoplasty</b> (enlargement)</li> <li>• <b>Mastopexy</b></li> <li>• <b>Reduction Mammoplasty</b></li> </ul>	Coverage and indications may be found in the following Medical Coverage Policies: <ul style="list-style-type: none"> <li>• Breast Reconstruction</li> <li>• Reduction Mammoplasty</li> </ul>
<b>Chemical Peel</b>	Application of chemical agents to remove the epidermal and/or dermal layers of skin
<b>Collagen Implants</b>	Injection of a natural protein which adds bulk to a body part or increases tissue surface area
<b>Dermabrasion</b>	Use of a powered instrument with a rotating wheel or brush tip that abrades and smooths outer skin layers
<b>Facial Implants</b>	Surgical placement of shaped implants to build up a receding chin, add prominence to cheekbones or reshape the jawline
<b>Fat Grafts/Autologous Fat Grafts</b>	Harvesting and processing of fat to be used to augment soft tissue
<b>Forehead Reduction/Reshaping</b>	Surgery performed to reduce the size of or reshape the contour of the forehead
<b>Gender Affirmation Procedures</b> (eg, clitoroplasty, phalloplasty, vaginoplasty)	Coverage and indications may be found in the Gender Affirmation Medical Coverage Policy
<b>Genioplasty/Mentoplasty</b>	Surgical reduction of a prominent chin or implant placement to enhance a receding chin
<b>Gynecomastia Surgery</b>	Male Breast Reduction
<b>Hair Removal</b>	<p><u>Laser</u> hair removal <b>MAY</b> be considered medically reasonable and necessary <b>ONLY</b> in the presence of a recurrent pilonidal cyst previously treated with surgery</p> <p>For gender affirming surgery hair removal coverage and indications please see the Gender Affirming Surgery Medical Coverage Policy</p>
<b>Hair Transplant</b>	Punch grafting procedure that fills in balding areas with an individual's own hair and <b>MAY</b> be considered reconstructive when used for eyebrows or symmetric hairline replacement following a burn injury, trauma or tumor removal <sup>23, 24</sup>

Cosmetic/Reconstructive Procedure	Indication(s)/Criteria
<b>Injectable Dermal Fillers</b> (Tissue Volume Replacement)	May be considered medically reasonable and necessary when <b>ALL</b> of the following requirements are met <sup>31</sup> : <ul style="list-style-type: none"> <li>• Dermal filler is approved by the US Food &amp; Drug Administration (FDA) for the treatment of lipodystrophy; <b>AND</b></li> <li>• Use is only for HIV-infected individuals with lipodystrophy caused by antiretroviral HIV treatment; <b>AND</b></li> <li>• When the lipodystrophy (caused by antiretroviral HIV treatment is a significant contributor to the individual's depression</li> </ul>
<b>Keloid Removal</b> (Excess overgrowth of scar tissue)	<b>MAY</b> be considered medically reasonable and necessary <b>ONLY</b> in the presence of a <a href="#">functional impairment</a> *
<b>Labiaplasty, Labia Reduction, Labia Rejuvenation</b>	Labiaplasty <b>MAY</b> be considered medically reasonable and necessary <b>ONLY</b> when <b>ANY</b> of the following requirements are met: <ul style="list-style-type: none"> <li>• Chronic irritation not relieved or controlled by at least 3 months of dermatological therapy (eg, topical antibiotic, antifungal, corticosteroid cream) or other prescribed treatment if medically appropriate and not contraindicated <b>AND</b> supporting documentation details the presence of a <a href="#">functional impairment</a>*; <b>OR</b></li> <li>• Correction of congenital atypicality or abnormality in genital appearance (eg, ambiguous genitalia congenital adrenal hyperplasia); <b>OR</b></li> <li>• Injury; <b>OR</b></li> <li>• Trauma</li> </ul> <p>See also <a href="#">Coverage Limitations</a></p>
<b>Malar Augmentation, Mandible Augmentation</b>	Enhancement of the midface or jawline contour by inserting a permanent silicone implant or injecting a temporary dermal filler (eg, Juvederm, Radiesse, Restylane) into the cheek or jaw area
<b>Orthognathic Surgery</b>	Surgery performed on abnormalities of the mandible (lower jaw), the maxilla (upper jaw) or both

Cosmetic/Reconstructive Procedure	Indication(s)/Criteria
<b>Otoplasty</b> (Ear Reconstruction)	<p><b>MAY</b> be considered medically reasonable and necessary for correction of deformities/defects due to:</p> <ul style="list-style-type: none"> <li>• Congenital malformation (eg, aural atresia, aural stenosis, microtia); <b>OR</b></li> <li>• Disease (eg, infection, auricular perichondritis, tumor); <b>OR</b></li> <li>• Trauma</li> </ul>
<b>Panniculectomy</b>	Surgical procedure designed to remove a panniculus or pannus, (excess apron of redundant skin and fat) from the abdomen
<b>Port Wine Stain, Hemangioma, Cutaneous Vascular Lesion Removal</b>	Procedures include, but may not be limited to, embolization, freezing or tattooing of the area, laser removal, sclerotherapy or surgical excision. Removal <b>MAY</b> be considered medically reasonable and necessary if the port wine stain, hemangioma or vascular lesion is on the head or neck and a <a href="#">functional impairment</a> * is present or the lesion is ulcerated
<b>Rhinoplasty/Septoplasty</b>	Rhinoplasty reshape the noses while septoplasty corrects a deviated nasal septum
<b>Rosacea, Phymatous</b> (Rhinophyma)	Excision or surgical planing of rhinophyma <b>MAY</b> be considered medically reasonable and necessary when <b>ALL</b> of the following requirements are met: <ul style="list-style-type: none"> <li>• Presence of an objective <a href="#">functional impairment</a>* (eg, obstructed nasal airway); <b>AND</b></li> <li>• Bleeding or infection requiring repeated cauterizing or antibiotics</li> </ul> <p>See also <a href="#">Coverage Limitations</a></p>
<b>Scar Reduction, Release, Revision</b>  Reduction technique examples include fractional ablative laser fenestration, fractional laser ablation (using carbon dioxide or erbium YAG lasers)  Release technique examples include hydrodissection, ultrasound-guided hydrodissection	<p><b>MAY</b> be considered medically reasonable and necessary if <b>ANY</b> of the following requirements are met:</p> <ul style="list-style-type: none"> <li>• Revision is required to correct an objective <a href="#">functional impairment</a>* (eg, restricted movement, severe contracture);</li> <li>• Scar resulted from an accidental injury or a medically necessary surgical procedure;</li> </ul>

Cosmetic/Reconstructive Procedure	Indication(s)/Criteria
Revision technique examples include scar excision (eg, elliptical, lazy S), scar irregularization (eg, Z-plasty, W-plasty, geometric broken line), skin flaps or skin grafts	<ul style="list-style-type: none"> <li>Scar is hypertrophic</li> </ul>
<b>Skin Removal, Abdomen</b> (including fat removal)	Surgical removal of excess skin and subcutaneous tissue (usually associated with extreme weight loss or panniculectomy with underlying skin condition such as intertrigo)
<b>Vaginoplasty</b>	<p>Surgical construction or reconstruction of the vagina <b>MAY</b> be considered medically reasonable and necessary when either of the following requirements are met:</p> <ul style="list-style-type: none"> <li>Presence of a <a href="#">functional impairment*</a>; <b>OR</b></li> </ul> <p>Correction of congenital atypicality or abnormality in genital appearance (eg, ambiguous genitalia, congenital discrepancy between external genitalia and chromosomal sex)</p>

*The use of the criteria in this Medicare Advantage Medical Coverage Policy provides clinical benefits highly likely to outweigh any clinical harms. Services that do not meet the criteria above are not medically necessary and thus do not provide a clinical benefit. Medically unnecessary services carry risks of adverse outcomes and may interfere with the pursuit of other treatments which have demonstrated efficacy.*

## Coverage Limitations

[US Government Publishing Office. Electronic code of federal regulations: part 411 – 42 CFR § 411.15 - Particular services excluded from coverage](#)

Cosmetic surgery or expenses incurred in connection with such surgery is not a covered Medicare benefit. Cosmetic surgery includes any surgical procedure directed at improving appearance, except when required for the prompt (ie, as soon as medically feasible) repair of accidental injury or for the improvement of the functioning of a malformed body member. These treatments and services fall within the Medicare program's statutory exclusion that prohibits payment for items and services that have not been demonstrated to be reasonable and necessary for the diagnosis and treatment of illness or injury (§1862(a)(1) of the Act).

Note: This exclusion does not apply to surgery for therapeutic purposes which coincidentally also serves some cosmetic purpose.<sup>30</sup>

The following procedures will not be considered medically reasonable and necessary for **ANY** indications:

<b>Procedure</b>	<b>Purported Use (Not covered for <u>ANY</u> indication) Cosmetic</b>
<b>Abdominoplasty</b> (Tummy Tuck)	Surgery performed to remove excess abdominal skin and tighten the underlying muscles
<b>Acne and Acne Scar Treatment</b>	Treatments that attempt to reduce the amount of oil production, fight infection, reduce inflammation and lesson or eliminate scarring
<b>Brachioplasty</b> (Upper Arm Lift)	Surgical reduction or elimination of excess skin from the upper arms
<b>Hair Growth/Hair Loss Reversal</b>	Application of topical medication to promote hair growth  Application of low-level light therapy (iGrow) to reverse hair loss
<b>Hair Removal</b>	Use of depilatory, electrolysis, epilating, intense pulsed light, laser, threading, waxing to temporarily or permanently rid the body of unwanted hair  For gender affirming surgery hair removal coverage and indications please see the Gender Affirming Surgery Medical Coverage Policy
<b>Injection Lipolysis/Lipo-dissolve/Mesotherapy</b>	Series of injections to dissolve small unwanted localized areas of fat using alpha lipid acid, chemical agents, deoxycholic acid (Kybella), enzymes, multivitamins, phosphatidyl choline, plant extracts or medications (eg, antibiotics, hormones, nonsteroidal anti-inflammatory drugs)
<b>Labiaplasty/Labia Rejuvenation</b>	Surgery to reduce the size of the labia minora for appearance or to enhance sexual performance
<b>Lip Augmentation</b>	Injection of fat, collagen or filler to enlarge and/or enhance the lips
<b>Liposuction/Suction-assisted Lipectomy/Ultrasonic Assisted Liposuction</b>	Use of suction to remove fat from various body sites to contour and enhance appearance
<b>Onychomycosis Treatment</b> (Nail Fungus)	Nonpharmacological treatments, such as the delivery of laser or ultraviolet light or abrasive tools (eg, dremel, drill), to the fingernail or toenail  For indications regarding medication for onychomycosis, please refer to Topical Onychomycotic Agents Pharmacy Coverage Policy.



Procedure	Purported Use (Not covered for <u>ANY</u> indication) Cosmetic
<b>Piercing</b>	Puncturing of the skin in order to attach a piece of jewelry
<b>Platysmaplasty</b> (Neck Lift)	Tightening of platysma muscle and removal of excess fat and skin from the neck
<b>Rhytidectomy, Meloplasty</b>	Surgical removal and tightening of sagging skin, sometimes including repositioning of facial fat and tightening of muscles
<b>Rosacea Treatment</b>	Nonpharmacological treatments (laser, dermabrasion and chemical peels) to eliminate erythema, telangiectasias and other cosmetic effects of rosacea  For information regarding medication for rosacea, please refer to Oracea (doxycycline) and Topical Rosacea Products Pharmacy Coverage Policies
<b>Skin Removal, Back, Hips</b> (including fat removal)	Excision and/or liposuction removal of excess skin and subcutaneous tissue to improve the contour and appearance of the back and/or hips
<b>Skin Tightening, Nonsurgical</b>	Use of targeted heat energy that purports to stimulate collagen and elastin production in order to improve skin tone (eg, Exilis, Morpheus8, Profound, Renuvion, Thermage, Ultherapy)
<b>Submental Lipectomy</b> (Neck Lift)	Surgical elimination of a double chin by removal of fat and correction of skin and muscle laxity
<b>Tattoo Removal</b>	Removal of tattoo ink by dermabrasion, laser, salabrasion or surgical excision
<b>Thighplasty</b> (Thigh/Buttock Lift)	Surgery performed to improve the contour of the thigh/buttocks area
<b>Vitiligo Treatments</b>	Re-establishment of skin pigmentation by surgery, ultraviolet light or laser therapy (see summary of evidence below)  For information regarding medication for vitiligo, please refer to Opzelura (ruxolitinib) Pharmacy Coverage Policy

### Summary of Evidence

#### ***Vitiligo Treatment***

Vitiligo is a condition characterized by areas of skin with a loss of pigment (color). It is considered an autoimmune condition with both genetic and environmental factors and does not affect general health or physical functioning. According to the American Vitiligo Research Foundation (AVRF), the goal in treating vitiligo is to attempt to restore skin pigment and improve appearance. A clinical guideline found excimer

laser skin therapy evidence insufficient, conflicting, or poor and demonstrates an incomplete assessment of net benefit vs harm for vitiligo.<sup>59</sup> Although there is a small body of literature, it is lacking in peer-reviewed, human clinical data and is of insufficient quantity to evaluate the safety and effectiveness of home UVB therapy to treat vitiligo.<sup>47</sup> There is no cure for vitiligo, and despite treatment, most patients experience alternating periods of pigment loss and stability, with some experiencing spontaneous repigmentation.<sup>77</sup>

The following procedures will not be considered medically reasonable and necessary for **ANY** indications:

Procedure	Purported Use (Not covered for <b>ANY</b> indication) Insufficient Evidence
<b>Adipose-Derived Regenerative Cell (ADRC) Therapy</b>	Liposuction harvest of stem cells from an individual's own subcutaneous fat tissue followed by processing, concentrating and injection back into the individual, purportedly to improve healing, promote blood vessel growth and prevent cell death. Habeo Cell Therapy is a specific form of ADRC therapy being explored to treat the hands of individuals with scleroderma.
<b>Vaginal Rejuvenation using energy-based devices (eg, laser, radiofrequency)</b>	Procedures designed to treat genitourinary syndrome of menopause (vulvovaginal atrophy, atrophic vaginitis), a collection of symptoms caused by age-related changes to the urogenital tissue such as painful urination, pain during sexual intercourse, vaginal dryness or vaginal laxity. Proposed treatments may include laser therapy (MonaLisa Touch) or radiofrequency devices (Viveve). The safety and effectiveness of energy-based devices for treatment of these conditions has not been established. <sup>3, 80</sup>

A review of the current medical literature shows that the evidence is insufficient to determine that this service is standard medical treatment. There remains an absence of randomized, blinded clinical studies examining benefit and long-term clinical outcomes establishing the value of this service in clinical management.

### **Summary of Evidence**

#### ***Adipose-Derived Regenerative Cell (ADRC) Therapy***

Systemic sclerosis (scleroderma) may cause loss of tissue beneath the skin and sores on the fingers, resulting in decreased hand function. Because there is no cure, symptom management and improving available treatment options is a goal. Research into methods to increase circulation to the fingers and replacing subcutaneous fat include methods for harvesting, processing and injecting tissue taken from one part of the body into the individual's hands, usually fingers. A randomized clinical trial found that although efficacy trends were observed in some patients, ADRC therapy failed to meet the primary end point, a change in Cochin Hand Function Scale (CHFS) score.<sup>58</sup> A systematic meta-analysis concluded that further

studies with larger sample sizes and long-term follow-up are needed to address limitations such as the lack of control groups, reporting bias, and limited sample sizes.<sup>8</sup>

### ***Vaginal Rejuvenation***

The US FDA issued a safety communication warning against use of energy-based devices to perform vaginal rejuvenation or vaginal cosmetic procedures, due to the possibility of serious adverse event, noting that the safety and effectiveness of such devices to treat symptoms related to menopause, urinary incontinence, or sexual function, has not been established. Although some devices were approved as surgical instruments, the FDA has not cleared or approved for marketing any energy-based devices to treat symptoms related to menopause, urinary incontinence, or sexual function. The treatment of these symptoms or conditions by applying energy-based therapies to the vagina may lead to serious adverse events, including vaginal burns, scarring, pain during sexual intercourse, and recurring/chronic pain.<sup>80</sup> Substantial uncertainty exists due to a low-quality body of literature, a lack of a standardized treatment protocol, a lack of comparative studies and limited long-term results.<sup>51</sup> A professional organization committee opinion noted that the size, shape, and color of the external genitalia vary considerably from woman to woman and that there is a lack of high-quality data that support the effectiveness of genital cosmetic surgical procedures.<sup>3</sup>

## **Coding Information**

Any codes listed on this policy are for informational purposes only. Do not rely on the accuracy and inclusion of specific codes. Inclusion of a code does not guarantee coverage and/or reimbursement for a service or procedure.

<b>CPT® Code(s)</b>	<b>Description</b>	<b>Comments</b>
10040	Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)	
11055	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion	
11056	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions	
11057	Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than 4 lesions	
11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions	
11201	Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof (List separately in addition to code for primary procedure)	
11300	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.5 cm or less	
11301	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 0.6 to 1.0 cm	

11302	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter 1.1 to 2.0 cm	
11303	Shaving of epidermal or dermal lesion, single lesion, trunk, arms or legs; lesion diameter over 2.0 cm	
11305	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less	
11306	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.6 to 1.0 cm	
11307	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 1.1 to 2.0 cm	
11308	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter over 2.0 cm	
11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.5 cm or less	
11311	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 0.6 to 1.0 cm	
11312	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter 1.1 to 2.0 cm	
11313	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane; lesion diameter over 2.0 cm	
11400	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.5 cm or less	
11401	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 0.6 to 1.0 cm	
11402	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 1.1 to 2.0 cm	
11403	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 2.1 to 3.0 cm	
11404	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm	
11406	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm	

11420	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.5 cm or less	
11421	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 0.6 to 1.0 cm	
11422	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 1.1 to 2.0 cm	
11423	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 2.1 to 3.0 cm	
11424	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm	
11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm	
11440	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.5 cm or less	
11441	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 0.6 to 1.0 cm	
11442	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 1.1 to 2.0 cm	
11443	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 2.1 to 3.0 cm	
11444	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm	
11446	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm	
11762	Reconstruction of nail bed with graft	
11900	Injection, intralesional; up to and including 7 lesions	
11901	Injection, intralesional; more than 7 lesions	
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less	

11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm	
11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	
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	
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion	
11970	Replacement of tissue expander with permanent implant	
11971	Removal of tissue expander without insertion of implant	
13100	Repair, complex, trunk; 1.1 cm to 2.5 cm	
13101	Repair, complex, trunk; 2.6 cm to 7.5 cm	
13102	Repair, complex, trunk; each additional 5 cm or less (List separately in addition to code for primary procedure)	
13120	Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm	
13121	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm	
13122	Repair, complex, scalp, arms, and/or legs; each additional 5 cm or less (List separately in addition to code for primary procedure)	
13131	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm	
13132	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm	
13133	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; each additional 5 cm or less (List separately in addition to code for primary procedure)	
13151	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm	
13152	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm	
13153	Repair, complex, eyelids, nose, ears and/or lips; each additional 5 cm or less (List separately in addition to code for primary procedure)	

14000	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less	
14001	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm	
14020	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less	
14021	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm	
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less	
14041	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm	
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less	
14061	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm	
14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm	
14302	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)	
14350	Filletted finger or toe flap, including preparation of recipient site	
15050	Pinch graft, single or multiple, to cover small ulcer, tip of digit, or other minimal open area (except on face), up to defect size 2 cm diameter	
15100	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	
15101	Split-thickness autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	
15110	Epidermal autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children	
15111	Epidermal autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	
15115	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children	

15116	Epidermal autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	
15120	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 100 sq cm or less, or 1% of body area of infants and children (except 15050)	
15121	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)	
15200	Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less	
15201	Full thickness graft, free, including direct closure of donor site, trunk; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	
15220	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less	
15221	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	
15240	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less	
15241	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	
15260	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less	
15261	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; each additional 20 sq cm, or part thereof (List separately in addition to code for primary procedure)	
15570	Formation of direct or tubed pedicle, with or without transfer; trunk	
15572	Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs	



15574	Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet	
15576	Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral	
15600	Delay of flap or sectioning of flap (division and inset); at trunk	
15610	Delay of flap or sectioning of flap (division and inset); at scalp, arms, or legs	
15620	Delay of flap or sectioning of flap (division and inset); at forehead, cheeks, chin, neck, axillae, genitalia, hands, or feet	
15630	Delay of flap or sectioning of flap (division and inset); at eyelids, nose, ears, or lips	
15650	Transfer, intermediate, of any pedicle flap (eg, abdomen to wrist, Walking tube), any location	
15730	Midface flap (ie, zygomaticofacial flap) with preservation of vascular pedicle(s)	
15733	Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (ie, buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)	
15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk	
15736	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity	
15738	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity	
15740	Flap; island pedicle requiring identification and dissection of an anatomically named axial vessel	
15750	Flap; neurovascular pedicle	
15756	Free muscle or myocutaneous flap with microvascular anastomosis	
15757	Free skin flap with microvascular anastomosis	
15758	Free fascial flap with microvascular anastomosis	
15760	Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area	
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)	
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	
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)	

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	
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)	
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 (eg, 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 4 lesions or less (List separately in addition to code for primary procedure)	
15788	Chemical peel, facial; epidermal	
15789	Chemical peel, facial; dermal	
15792	Chemical peel, nonfacial; epidermal	
15793	Chemical peel, nonfacial; dermal	
15819	Cervicoplasty	
15820	Blepharoplasty, lower eyelid;	
15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad	
15822	Blepharoplasty, upper eyelid;	
15823	Blepharoplasty, upper eyelid; with excessive skin weighting down lid	
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	
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	
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	
15840	Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)	
15841	Graft for facial nerve paralysis; free muscle graft (including obtaining graft)	
15842	Graft for facial nerve paralysis; free muscle flap by microsurgical technique	
15845	Graft for facial nerve paralysis; regional muscle transfer	
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary 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	
17000	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion	
17003	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (List separately in addition to code for first lesion)	
17004	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses), 15 or more lesions	
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	

17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions	
17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions	
17340	Cryotherapy (CO2 slush, liquid N2) for acne	
17360	Chemical exfoliation for acne (eg, acne paste, acid)	
17380	Electrolysis epilation, each 30 minutes	
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue	
19300	Mastectomy for gynecomastia	
19316	Mastopexy	
19318	Breast reduction	
19325	Breast augmentation with implant	
19328	Removal of intact breast implant	
19330	Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)	
19340	Insertion of breast implant on same day of mastectomy (ie, immediate)	
19342	Insertion or replacement of breast implant on separate day from mastectomy	
19350	Nipple/areola reconstruction	
19355	Correction of inverted nipples	
19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)	
19361	Breast reconstruction; with latissimus dorsi flap	
19364	Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)	
19367	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap	
19368	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging)	
19369	Breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous (TRAM) flap	
19370	Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy	
19371	Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents	

19380	Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)	
19396	Preparation of moulage for custom breast implant	
20802	Replantation, arm (includes surgical neck of humerus through elbow joint), complete amputation	
20805	Replantation, forearm (includes radius and ulna to radial carpal joint), complete amputation	
20808	Replantation, hand (includes hand through metacarpophalangeal joints), complete amputation	
20816	Replantation, digit, excluding thumb (includes metacarpophalangeal joint to insertion of flexor sublimis tendon), complete amputation	
20822	Replantation, digit, excluding thumb (includes distal tip to sublimis tendon insertion), complete amputation	
20824	Replantation, thumb (includes carpometacarpal joint to MP joint), complete amputation	
20827	Replantation, thumb (includes distal tip to MP joint), complete amputation	
20838	Replantation, foot, complete amputation	
20900	Bone graft, any donor area; minor or small (eg, dowel or button)	
20902	Bone graft, any donor area; major or large	
20910	Cartilage graft; costochondral	
20912	Cartilage graft; nasal septum	
20920	Fascia lata graft; by stripper	
20922	Fascia lata graft; by incision and area exposure, complex or sheet	
20924	Tendon graft, from a distance (eg, palmaris, toe extensor, plantaris)	
20955	Bone graft with microvascular anastomosis; fibula	
20956	Bone graft with microvascular anastomosis; iliac crest	
20957	Bone graft with microvascular anastomosis; metatarsal	
20962	Bone graft with microvascular anastomosis; other than fibula, iliac crest, or metatarsal	
20969	Free osteocutaneous flap with microvascular anastomosis; other than iliac crest, metatarsal, or great toe	
20970	Free osteocutaneous flap with microvascular anastomosis; iliac crest	
20972	Free osteocutaneous flap with microvascular anastomosis; metatarsal	

20973	Free osteocutaneous flap with microvascular anastomosis; great toe with web space	
21076	Impression and custom preparation; surgical obturator prosthesis	
21077	Impression and custom preparation; orbital prosthesis	
21079	Impression and custom preparation; interim obturator prosthesis	
21080	Impression and custom preparation; definitive obturator prosthesis	
21081	Impression and custom preparation; mandibular resection prosthesis	
21082	Impression and custom preparation; palatal augmentation prosthesis	
21083	Impression and custom preparation; palatal lift prosthesis	
21084	Impression and custom preparation; speech aid prosthesis	
21085	Impression and custom preparation; oral surgical splint	
21086	Impression and custom preparation; auricular prosthesis	
21087	Impression and custom preparation; nasal prosthesis	
21088	Impression and custom preparation; facial prosthesis	
21089	Unlisted maxillofacial prosthetic procedure	
21100	Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure)	
21110	Application of interdental fixation device for conditions other than fracture or dislocation, includes removal	
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)	
21121	Genioplasty; sliding osteotomy, single piece	
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, 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)	
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	
21141	Reconstruction midface, LeFort I; single piece, segment movement in any direction (eg, for Long Face Syndrome), without bone graft	

21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft	
21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft	
21145	Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)	
21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted unilateral alveolar cleft)	
21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (eg, ungrafted bilateral alveolar cleft or multiple osteotomies)	
21150	Reconstruction midface, LeFort II; anterior intrusion (eg, Treacher-Collins Syndrome)	
21151	Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)	
21154	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort I	
21155	Reconstruction midface, LeFort III (extracranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I	
21159	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I	
21160	Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (eg, mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I	
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)	
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (eg, plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)	
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)	
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)	
21181	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial	

21182	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm	
21183	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm	
21184	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (eg, fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm	
21188	Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)	
21193	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; without bone graft	
21194	Reconstruction of mandibular rami, horizontal, vertical, C, or L osteotomy; with bone graft (includes obtaining graft)	
21195	Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation	
21196	Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation	
21198	Osteotomy, mandible, segmental;	
21199	Osteotomy, mandible, segmental; with genioglossus advancement	
21206	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)	
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)	
21209	Osteoplasty, facial bones; reduction	
21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)	
21215	Graft, bone; mandible (includes obtaining graft)	
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)	
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)	
21240	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)	
21242	Arthroplasty, temporomandibular joint, with allograft	



21243	Arthroplasty, temporomandibular joint, with prosthetic joint replacement	
21244	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)	
21245	Reconstruction of mandible or maxilla, subperiosteal implant; partial	
21246	Reconstruction of mandible or maxilla, subperiosteal implant; complete	
21247	Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)	
21248	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial	
21249	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete	
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)	
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (eg, microphthalmia)	
21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach	
21261	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach	
21263	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement	
21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach	
21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach	
21270	Malar augmentation, prosthetic material	
21275	Secondary revision of orbitocraniofacial reconstruction	
21280	Medial canthopexy (separate procedure)	
21282	Lateral canthopexy	
21295	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach	
21296	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach	
21299	Unlisted craniofacial and maxillofacial procedure	
21348	Open treatment of nasomaxillary complex fracture (LeFort II type); with bone grafting (includes obtaining graft)	

21366	Open treatment of complicated (eg, comminuted or involving cranial nerve foramina) fracture(s) of malar area, including zygomatic arch and malar tripod; with bone grafting (includes obtaining graft)	
21390	Open treatment of orbital floor blowout fracture; periorbital approach, with alloplastic or other implant	
21395	Open treatment of orbital floor blowout fracture; periorbital approach with bone graft (includes obtaining graft)	
21407	Open treatment of fracture of orbit, except blowout; with implant	
21408	Open treatment of fracture of orbit, except blowout; with bone grafting (includes obtaining graft)	
21436	Open treatment of craniofacial separation (LeFort III type); complicated, multiple surgical approaches, internal fixation, with bone grafting (includes obtaining graft)	
21440	Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)	
21445	Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)	
21602	Excision of chest wall tumor involving rib(s), with plastic reconstruction; without mediastinal lymphadenectomy	
21603	Excision of chest wall tumor involving rib(s), with plastic reconstruction; with mediastinal lymphadenectomy	
21740	Reconstructive repair of pectus excavatum or carinatum; open	
21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy	
21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy	
25265	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle	
25274	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle	
25440	Repair of nonunion, scaphoid carpal (navicular) bone, with or without radial styloidectomy (includes obtaining graft and necessary fixation)	
25441	Arthroplasty with prosthetic replacement; distal radius	
25442	Arthroplasty with prosthetic replacement; distal ulna	

25443	Arthroplasty with prosthetic replacement; scaphoid carpal (navicular)	
25444	Arthroplasty with prosthetic replacement; lunate	
25445	Arthroplasty with prosthetic replacement; trapezium	
25446	Arthroplasty with prosthetic replacement; distal radius and partial or entire carpus (total wrist)	
26121	Fasciectomy, palm only, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)	
26123	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft);	
26125	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft); each additional digit (List separately in addition to code for primary procedure)	
26205	Excision or curettage of bone cyst or benign tumor of metacarpal; with autograft (includes obtaining graft)	
26215	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger; with autograft (includes obtaining graft)	
26352	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); secondary with free graft (includes obtaining graft), each tendon	
26358	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, with free graft (includes obtaining graft), each tendon	
26372	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary with free graft (includes obtaining graft), each tendon	
26390	Excision flexor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod	
26392	Removal of synthetic rod and insertion of flexor tendon graft, hand or finger (includes obtaining graft), each rod	
26415	Excision of extensor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod	
26420	Repair, extensor tendon, finger, primary or secondary; with free graft (includes obtaining graft) each tendon	
26428	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); with free graft (includes obtaining graft), each finger	

26483	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; with free tendon graft (includes obtaining graft), each tendon	
26489	Transfer or transplant of tendon, palmar; with free tendon graft (includes obtaining graft), each tendon	
26490	Opponensplasty; superficialis tendon transfer type, each tendon	
26492	Opponensplasty; tendon transfer with graft (includes obtaining graft), each tendon	
26502	Reconstruction of tendon pulley, each tendon; with tendon or fascial graft (includes obtaining graft) (separate procedure)	
26546	Repair non-union, metacarpal or phalanx (includes obtaining bone graft with or without external or internal fixation)	
26551	Transfer, toe-to-hand with microvascular anastomosis; great toe wrap-around with bone graft	
26553	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, single	
26554	Transfer, toe-to-hand with microvascular anastomosis; other than great toe, double	
26556	Transfer, free toe joint, with microvascular anastomosis	
26560	Repair of syndactyly (web finger) each web space; with skin flaps	
26561	Repair of syndactyly (web finger) each web space; with skin flaps and grafts	
26562	Repair of syndactyly (web finger) each web space; complex (eg, involving bone, nails)	
26590	Repair macrodactyilia, each digit	
30120	Excision or surgical planing of skin of nose for rhinophyma	
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)	
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only	

30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies	
30465	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)	
30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	
30620	Septal or other intranasal dermatoplasty (does not include obtaining graft)	
30630	Repair nasal septal perforations	
36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk	
36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)	
36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	
36475	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; first vein treated	
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	
36478	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; first vein treated	
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extremity, each through separate access sites (List separately in addition to code for primary procedure)	
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (SEPS)	
37700	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions	
37718	Ligation, division, and stripping, short saphenous vein	
37722	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	

37735	Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia	
37760	Ligation of perforator veins, subfascial, radical (Linton type), including skin graft, when performed, open, 1 leg	
37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	
37765	Stab phlebectomy of varicose veins, 1 extremity; 10-20 stab incisions	
37766	Stab phlebectomy of varicose veins, 1 extremity; more than 20 incisions	
37780	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)	
37785	Ligation, division, and/or excision of varicose vein cluster(s), 1 leg	
40500	Vermilionectomy (lip shave), with mucosal advancement	
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; full thickness, reconstruction with local flap (eg, Estlander or fan)	
40527	Excision of lip; full thickness, reconstruction with cross lip flap (Abbe-Estlander)	
40530	Resection of lip, more than one-fourth, without reconstruction	
40650	Repair lip, full thickness; vermilion only	
40652	Repair lip, full thickness; up to half vertical height	
40654	Repair lip, full thickness; over one-half vertical height, or complex	
40700	Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral	
40701	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1-stage procedure	
40702	Plastic repair of cleft lip/nasal deformity; primary bilateral, 1 of 2 stages	
40720	Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure	
40761	Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle	
40806	Incision of labial frenum (frenotomy)	
40819	Excision of frenum, labial or buccal (frenulectomy, frenectomy, frenectomy)	

41010	Incision of lingual frenum (frenotomy)	
41114	Excision of lesion of tongue with closure; with local tongue flap	
41115	Excision of lingual frenum (frenectomy)	
42107	Excision, lesion of palate, uvula; with local flap closure	
42200	Palatoplasty for cleft palate, soft and/or hard palate only	
42205	Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only	
42210	Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft)	
42215	Palatoplasty for cleft palate; major revision	
42220	Palatoplasty for cleft palate; secondary lengthening procedure	
42225	Palatoplasty for cleft palate; attachment pharyngeal flap	
42227	Lengthening of palate, with island flap	
42235	Repair of anterior palate, including vomer flap	
54304	Plastic operation on penis for correction of chordee or for first stage hypospadias repair with or without transplantation of prepuce and/or skin flaps	
54316	Urethroplasty for second stage hypospadias repair (including urinary diversion) with free skin graft obtained from site other than genitalia	
54322	1-stage distal hypospadias repair (with or without chordee or circumcision); with simple meatal advancement (eg, Magpi, V-flap)	
54324	1-stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps (eg, flip-flap, prepuce flap)	
54326	1-stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps and mobilization of urethra	
54328	1-stage distal hypospadias repair (with or without chordee or circumcision); with extensive dissection to correct chordee and urethroplasty with local skin flaps, skin graft patch, and/or island flap	
54332	1-stage proximal penile or penoscrotal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap	
54336	1-stage perineal hypospadias repair requiring extensive dissection to correct chordee and urethroplasty by use of skin graft tube and/or island flap	
54344	Repair of hypospadias complication(s) (ie, fistula, stricture, diverticula); requiring mobilization of skin flaps and urethroplasty with flap or patch graft	

54348	Repair of hypospadias complication(s) (ie, fistula, stricture, diverticula); requiring extensive dissection, and urethroplasty with flap, patch or tubed graft (including urinary diversion, when performed)	
54352	Revision of prior hypospadias repair requiring extensive dissection and excision of previously constructed structures including re-release of chordee and reconstruction of urethra and penis by use of local skin as grafts and island flaps and skin brought in as flaps or grafts	
54440	Plastic operation of penis for injury	
54660	Insertion of testicular prosthesis (separate procedure)	
55970	Intersex surgery; male to female	
55980	Intersex surgery; female to male	
56800	Plastic repair of introitus	
56805	Clitoroplasty for intersex state	
57291	Construction of artificial vagina; without graft	
57292	Construction of artificial vagina; with graft	
57335	Vaginoplasty for intersex state	
58999	Unlisted procedure, female genital system (nonobstetrical)	
64885	Nerve graft (includes obtaining graft), head or neck; up to 4 cm in length	
64891	Nerve graft (includes obtaining graft), single strand, hand or foot; more than 4 cm length	
64892	Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length	
64893	Nerve graft (includes obtaining graft), single strand, arm or leg; more than 4 cm length	
64895	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; up to 4 cm length	
64896	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length	
64897	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; up to 4 cm length	
64898	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; more than 4 cm length	
64901	Nerve graft, each additional nerve; single strand (List separately in addition to code for primary procedure)	
64902	Nerve graft, each additional nerve; multiple strands (cable) (List separately in addition to code for primary procedure)	
67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)	



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)	
67909	Reduction of overcorrection of ptosis	
67911	Correction of lid retraction	
67914	Repair of ectropion; suture	
67915	Repair of ectropion; thermocauterization	
67916	Repair of ectropion; excision tarsal wedge	
67917	Repair of ectropion; extensive (eg, tarsal strip operations)	
67921	Repair of entropion; suture	
67922	Repair of entropion; thermocauterization	
67923	Repair of entropion; excision tarsal wedge	
67924	Repair of entropion; extensive (eg, tarsal strip or capsulopalpebral fascia repairs operation)	
67950	Canthoplasty (reconstruction of canthus)	
67961	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin	
67966	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; over one-fourth of lid margin	
67971	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, 1 stage or first stage	
67973	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, lower, 1 stage or first stage	
67974	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, upper, 1 stage or first stage	

67975	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; second stage	
69090	Ear piercing	<b>Not Covered</b>
69300	Otoplasty, protruding ear, with or without size reduction	
69320	Reconstruction external auditory canal for congenital atresia, single stage	
76942	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	
93970	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study	
93971	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study	
96567	Photodynamic therapy by external application of light to destroy premalignant lesions of the skin and adjacent mucosa with application and illumination/activation of photosensitive drug(s), per day	
96900	Actinotherapy (ultraviolet light)	
96910	Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) or petrolatum and ultraviolet B	
96912	Photochemotherapy; psoralens and ultraviolet A (PUVA)	
96913	Photochemotherapy (Goeckerman and/or PUVA) for severe photoresponsive dermatoses requiring at least 4-8 hours of care under direct supervision of the physician (includes application of medication and dressings)	
96999	Unlisted special dermatological service or procedure	
<b>CPT® Category III Code(s)</b>	<b>Description</b>	<b>Comments</b>
0479T	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; first 100 cm <sup>2</sup> or part thereof, or 1% of body surface area of infants and children	
0480T	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; each additional 100 cm <sup>2</sup> , or each additional 1% of body surface area of infants and children, or part thereof (List separately in addition to code for primary procedure)	

0489T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; adipose tissue harvesting, isolation and preparation of harvested cells including incubation with cell dissociation enzymes, removal of non-viable cells and debris, determination of concentration and dilution of regenerative cells	
0490T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; multiple injections in one or both hands	
HCPCS Code(s)	Description	Comments
C1789	Prosthesis, breast (implantable)	
E0691	Ultraviolet light therapy system, includes bulbs/lamps, timer and eye protection; treatment area 2 sq ft or less	
E0692	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 ft panel	
E0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 ft panel	
G0429	Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome (LDS) (e.g., as a result of highly active antiretroviral therapy)	
L8045	Auricular prosthesis, provided by a nonphysician	
L8600	Implantable breast prosthesis, silicone or equal	
Q2026	Injection, Radiesse, 0.1 ml	
Q2028	Injection, sculptra, 0.5 mg	

## References

1. American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS). Position statement on injectable soft-tissue fillers and muscle relaxants. <https://www.aafprs.org>. Published September 30, 2009. Updated June 2019. Accessed August 9, 2022.
2. American College of Obstetricians and Gynecologists (ACOG). Committee Opinion. Breast and labial surgery in adolescents. <https://www.acog.org>. Published January 2017. Updated January 2020. Accessed August 9, 2022.
3. American College of Obstetricians and Gynecologists (ACOG). Committee Opinion. Elective female genital cosmetic surgery. <https://www.acog.org>. Published January 2020. Accessed August 9, 2022.
4. American Society of Plastic Surgeons (ASPS). Guiding Principles (ARCHIVED). Fat transfer/fat graft and fat injection. <https://www.plasticsurgery.org>. Published January 2009. Accessed August 18, 2014.

5. American Society of Plastic Surgeons (ASPS). Policy statement on mesotherapy/injection lipolysis. <https://www.plasticsurgery.org>. Published June 2019. Accessed August 9, 2022.
6. American Society of Plastic Surgeons (ASPS). Practice Parameter (ARCHIVED). Ear deformity: prominent ears. <https://www.plasticsurgery.org>. Published December 2005. Accessed April 3, 2015.
7. American Urological Association (AUA). Policy Statement. Penile augmentation surgery. <https://www.auanet.org>. Published January 1994. Updated October 2018. Accessed August 9, 2022.
8. Cao Y, Kan H, Ma X, Zhang Y, Huang J, Long X. Autologous fat or adipose-derived stem cell grafting in systemic sclerosis treatment: a systematic review and meta-analysis. *Clin Exp Rheumatol*. 2023;41:1650-1669. <https://pubmed.ncbi.nlm.nih.gov>. Accessed October 4, 2023.
9. Centers for Medicare & Medicaid Services (CMS). Local Coverage Article (LCA). Billing and coding: Benign skin lesion removal (excludes actinic keratosis, and Mohs) (A57161). <https://www.cms.gov>. Published October 1, 2019. Accessed September 5, 2023.
10. Centers for Medicare & Medicaid Services (CMS). Local Coverage Article (LCA). Billing and coding: Cosmetic and reconstructive surgery (A56587). <https://www.cms.gov>. Published May 30, 2019. Updated July 11, 2021. Accessed September 5, 2023.
11. Centers for Medicare & Medicaid Services (CMS). Local Coverage Article (LCA). Billing and coding: Cosmetic and reconstructive surgery (A56658). <https://www.cms.gov>. Published July 4, 2019. Updated January 1, 2023. Accessed September 5, 2023.
12. Centers for Medicare & Medicaid Services (CMS). Local Coverage Article (LCA). Billing and coding: Cosmetic and reconstructive surgery (A58573). <https://www.cms.gov>. Published July 11, 2021. Accessed September 5, 2023.
13. Centers for Medicare & Medicaid Services (CMS). Local Coverage Article (LCA). Billing and coding: Cosmetic and reconstructive surgery (A58774). <https://www.cms.gov>. Published November 14, 2021. Updated August 31, 2023. Accessed August 31, 2023.
14. Centers for Medicare & Medicaid Services (CMS). Local Coverage Article (LCA). Billing and coding: Cosmetic and reconstructive surgery (A59299). <https://www.cms.gov>. Published May 28, 2023. Accessed August 31, 2023.
15. Centers for Medicare & Medicaid Services (CMS). Local Coverage Article (LCA). Billing and coding: Plastic surgery (A57221). <https://www.cms.gov>. Published October 1, 2019. Updated January 1, 2021. Accessed September 1, 2023.
16. Centers for Medicare & Medicaid Services (CMS). Local Coverage Article (LCA). Billing and coding: Plastic surgery (A57222). <https://www.cms.gov>. Published October 1, 2019. Updated October 1, 2023. Accessed October 2, 2023.

17. Centers for Medicare & Medicaid Services (CMS). Local Coverage Article (LCA). Billing and coding: Removal of benign skin lesions (A57044). <https://www.cms.gov>. Published September 26, 2019. Updated August 3, 2023. Accessed September 6, 2023.
18. Centers for Medicare & Medicaid Services (CMS). Local Coverage Article (LCA). Billing and coding: Billing and coding: Removal of benign skin lesions (A57482). <https://www.cms.gov>. Published October 31, 2019. Updated June 1, 2022. Accessed September 5, 2023.
19. Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination (LCD). Benign skin lesion removal (excludes actinic keratosis, and Mohs) (L33979). <https://www.cms.gov>. Published October 1, 2015. Updated October 1, 2019. Accessed September 5, 2023.
20. Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination (LCD). Benign skin lesion removal (excludes actinic keratosis, and Mohs) (L34233). <https://www.cms.gov>. Published October 1, 2015. Updated October 1, 2019. Accessed September 5, 2023.
21. Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination (LCD). Cosmetic and reconstructive surgery (L33428). <https://www.cms.gov>. Published October 1, 2015. Updated July 29, 2021. Accessed September 5, 2023.
22. Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination (LCD). Cosmetic and reconstructive surgery (L35090). <https://www.cms.gov>. Published October 1, 2015. Updated July 11, 2021. Accessed September 5, 2023.
23. Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination (LCD). Cosmetic and reconstructive surgery (L38914). <https://www.cms.gov>. Published July 11, 2021. Updated July 11, 2021. Accessed September 5, 2023.
24. Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination (LCD). Cosmetic and reconstructive surgery (L39051). <https://www.cms.gov>. Published November 14, 2021. Updated August 31, 2023. Accessed August 31, 2023.
25. Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination (LCD). Cosmetic and reconstructive surgery (L39506). <https://www.cms.gov>. Published May 28, 2023. Accessed August 31, 2023.
26. Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination (LCD). Plastic Surgery (L35163). <https://www.cms.gov>. Published October 1, 2015. Updated October 1 2019. Accessed September 1, 2023.
27. Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination (LCD). Plastic Surgery (L37020). <https://www.cms.gov>. Published October 10, 2017. Updated October 1, 2019. Accessed September 1, 2023.

28. Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination (LCD). Removal of Benign Skin Lesions (L34200). <https://www.cms.gov>. Published October 1, 2015. Updated August 3, 2023. Accessed September 6, 2023.
29. Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination (LCD). Removal of benign skin lesions (L35498). <https://www.cms.gov>. Published October 1, 2015. Updated October 28, 2021. Accessed September 5, 2023.
30. Centers for Medicare & Medicaid Services (CMS). Medicare Benefit Policy Manual. General exclusions from coverage. <https://www.cms.gov>. Updated October 1, 2003. Accessed September 29, 2023.
31. Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD). Dermal injections for the treatment of facial lipodystrophy syndrome (LDS) (250.5). <https://www.cms.gov>. Published March 23, 2010. Accessed August 31, 2023.
32. Centers for Medicare & Medicaid Services (CMS). National Coverage Determination (NCD). Treatment of Actinic Keratosis (250.4). <https://www.cms.gov>. Published November 26, 2001. Accessed August 31, 2023.
33. ClinicalKey. Carniol E, Adamson P, Gantous A. Otoplasty. In: Flint P, Francis H, Haughey B, Lesperance M, et al. *Cummings Otolaryngology: Head & Neck Surgery*. 7<sup>th</sup> ed. Elsevier; 2021:432-438.e1. <https://www.clinicalkey.com>. Accessed August 9, 2022.
34. ClinicalKey. Graham M, Perkins J, Grimmer F. Vascular anomalies of the head and neck. In: Flint P, Francis H, Haughey B, Lesperance M, et al. *Cummings Otolaryngology: Head and Neck Surgery*. 7<sup>th</sup> ed. Elsevier; 2021:3002-3019.e4. <https://www.clinicalkey.com>. Accessed August 9, 2022.
35. ClinicalKey. Leak D, Baker S. Scar revision and local flap refinement. In: Baker S. *Local flaps in facial reconstruction*. 4<sup>th</sup> ed. Elsevier; 2022:723-765.e2. <https://www.clinicalkey.com>. Accessed August 19, 2022.
36. ClinicalKey. McCrary H, Mobley S. Scar revision, keloids and camouflage. In: Flint P, Francis H, Haughey B, Lesperance M, et al. *Cummings Otolaryngology: Head and Neck Surgery*. 7<sup>th</sup> ed. Elsevier; 2021:260-268.e2. <https://www.clinicalkey.com>. Accessed August 9, 2022.
37. ECRI Institute. Hotline Response. Liposuction for treating lipedema. <https://www.ecri.org>. Published March 12, 2020. Accessed August 5, 2022.
38. ECRI Institute. Hotline Response (ARCHIVED). Erbium YAG laser therapy for genitourinary syndrome of menopause. <https://www.ecri.org>. Published November 28, 2017. Updated July 30, 2018. Accessed August 5, 2022.
39. ECRI Institute. Hotline Response (ARCHIVED). Excimer laser for treating vitiligo. <https://www.ecri.org>. Published November 14, 2012. Accessed August 5, 2022.

40. ECRI Institute. Hotline Response (ARCHIVED). Otoplasty for protuberant ears in children and adolescents. <https://www.ecri.org>. Published May 17, 2010. Accessed March 21, 2013.
41. ECRI Institute. Hotline Response (ARCHIVED). Radiofrequency devices for treating vaginal laxity. <https://www.ecri.org>. Published October 31, 2017. Accessed August 5, 2022.
42. ECRI Institute. Product Brief (ARCHIVED). Radiesse injectable implant (Merz North American, Inc.) for soft tissue augmentation. <https://www.ecri.org>. Published July 30, 2015. Accessed August 5, 2022.
43. ECRI Institute. Product Brief (ARCHIVED). UltraPulse CO2 laser (Lumenis) for resurfacing burn scars. <https://www.ecri.org>. Published June 4, 2015. Accessed August 5, 2022.
44. Endocrine Society. Clinical Practice Guideline. Congenital adrenal hyperplasia due to steroid 21-hydroxylase deficiency. <https://www.endocrine.org>. Published September 2010. Updated November 2018. Accessed August 9, 2022.
45. Haeck PC, Swanson JA, Gutowski KA, et al. Evidence-based patient safety advisory: liposuction. *Plast Reconstr Surg*. 2009;124(4s):28s-44s.
46. Hayes, Inc. Evidence Analysis Research Brief. Liposuction for the treatment of lipedema. <https://evidence.hayesinc.com>. Published January 6, 2022. Accessed August 5, 2022.
47. Hayes, Inc. Evidence Analysis Research Brief (ARCHIVED). Home ultraviolet B phototherapy for vitiligo. <https://evidence.hayesinc.com>. Published July 23, 2020. Accessed August 5, 2022.
48. Hayes, Inc. Health Technology Brief (ARCHIVED). Excimer laser therapy (ELT) for vitiligo. <https://evidence.hayesinc.com>. Published November 24, 2008. Updated October 28, 2010. Accessed August 5, 2022.
49. Hayes, Inc. Health Technology Brief (ARCHIVED). Fractional laser treatment of burn and traumatic scars for functional improvement. <https://evidence.hayesinc.com>. Published February 26, 2019. Updated May 11, 2021. Accessed August 5, 2022.
50. Hayes, Inc. Health Technology Brief (ARCHIVED). Laser hair removal for prevention of pilonidal sinus recurrence. <https://evidence.hayesinc.com>. Published January 30, 2014. Updated January 4, 2016. Accessed August 5, 2022.
51. Hayes, Inc. Health Technology Brief (ARCHIVED). Laser therapy using MonaLisa Touch (Cynosure Inc.) for vulvovaginal atrophy. <https://evidence.hayesinc.com>. Published March 28, 2018. Updated May 14, 2020. Accessed August 5, 2022.
52. Hayes, Inc. Health Technology Brief (ARCHIVED). Neodymium-doped yttrium aluminum garnet laser treatment for onychomycosis. <https://evidence.hayesinc.com>. Published April 26, 2017. Updated May 2, 2019. Accessed August 5, 2022.

53. Hayes, Inc. Medical Technology Directory. Comparative effectiveness review of laser and light therapies for rosacea. <https://evidence.hayesinc.com>. Published January 25, 2018. Updated January 13, 2022. Accessed August 5, 2022.
54. Hayes, Inc. Medical Technology Directory (ARCHIVED). Labiaplasty for labia minora hypertrophy. <https://evidence.hayesinc.com>. Published May 7, 2013. Updated April 13, 2017. Accessed August 5, 2022.
55. Hayes, Inc. Medical Technology Directory (ARCHIVED). Pulsed dye laser therapy for cutaneous vascular lesions. <https://evidence.hayesinc.com>. Published December 31, 2012. Updated December 1, 2016. Accessed August 17, 2022.
56. Hayes, Inc. Medical Technology Directory (ARCHIVED). Ultraviolet B phototherapy for vitiligo. <https://evidence.hayesinc.com>. Published February 26, 2010. Updated February 28, 2014. Accessed August 5, 2022.
57. Herbst K, Kahn L, Iker E., et al. Standard of care for lipedema in the United States. *Phlebology*. 2021;36(10):779-796. <https://www.journals.sagepub.com>. Accessed August 18, 2022.
58. Khanna D, Caldron P, Martin R et al. Adipose-derived regenerative cell transplantation for the treatment of hand dysfunction in systemic sclerosis: a randomized clinical trial. *Arthritis Rheumatol*. 2022;74(8):1399-1408. <https://pubmed.ncbi.nlm.nih.gov>. Accessed October 4, 2023.
59. MCG Health. Excimer laser therapy, skin. 26<sup>th</sup> edition. <https://www.mcg.com>. Accessed July 6, 2022.
60. MCG Health. Scar revision. 26<sup>th</sup> edition. <https://www.mcg.com>. Accessed July 6, 2022.
61. UpToDate, Inc. Ablative laser resurfacing for skin rejuvenation. <https://www.uptodate.com>. Updated July 2022. Accessed August 8, 2022.
62. UpToDate, Inc. Congenital anomalies of the ear. <https://www.uptodate.com>. Updated July 2022. Accessed August 8, 2022.
63. UpToDate, Inc. Injectable soft tissue fillers: overview of clinical use. <https://www.uptodate.com>. Updated July 2022. Accessed August 8, 2022.
64. UpToDate, Inc. Injectable soft tissue fillers: permanent agents. <https://www.uptodate.com>. Updated July 2022. Accessed August 8, 2022.
65. UpToDate, Inc. Injectable soft tissue fillers: temporary agents. <https://www.uptodate.com>. Updated July 2022. Accessed August 8, 2022.
66. UpToDate, Inc. Labia minora hypertrophy. <https://www.uptodate.com>. Updated July 2022. Accessed August 8, 2022.



67. UpToDate, Inc. Laser and light therapy for cutaneous vascular lesions. <https://www.uptodate.com>. Updated July 2022. Accessed August 8, 2022.
68. UpToDate, Inc. Laser therapy for hypertrophic scars and keloids. <https://www.uptodate.com>. Updated July 2022. Accessed August 8, 2022.
69. UpToDate, Inc. Management of rosacea. <https://www.uptodate.com>. Updated June 29, 2022. Accessed August 8, 2022.
70. UpToDate, Inc. Management of the infant with atypical genitalia (disorder of sex development). <https://www.uptodate.com>. Updated July 2022. Accessed August 8, 2022.
71. UpToDate, Inc. Nonablative skin resurfacing for skin rejuvenation. <https://www.uptodate.com>. Updated July 2022. Accessed August 8, 2022.
72. UpToDate, Inc. Onychomycosis: management. <https://www.uptodate.com>. Updated July 12, 2022. Accessed August 17, 2022.
73. UpToDate, Inc. Overview of botulinum toxin for cosmetic indications. <https://www.uptodate.com>. Updated July 2022. Accessed August 17, 2022.
74. UpToDate, Inc. Pilonidal disease. <https://www.uptodate.com>. Updated July 2022. Accessed August 8, 2022.
75. UpToDate, Inc. Removal of unwanted hair. <https://www.uptodate.com>. Updated July 2022. Accessed August 8, 2022.
76. UpToDate, Inc. Treatment of HIV-associated lipodystrophy. <https://www.uptodate.com>. Updated July 2022. Accessed August 8, 2022.
77. UpToDate, Inc. Vitiligo: management and prognosis. <https://www.uptodate.com>. Updated July 18, 2022. Accessed August 8, 2022.
78. UpToDate, Inc. Z-plasty. <https://www.uptodate.com>. Updated July 2022. Accessed August 8, 2022.
79. US Food & Drug Administration (FDA). Dermal fillers (soft tissue fillers). <https://www.fda.gov>. Updated October 8, 2021. Accessed August 16, 2022.
80. US Food & Drug Administration (FDA). Safety Communications (ARCHIVED). FDA warns against use of energy-based devices to perform vaginal 'rejuvenation' or vaginal cosmetic procedures: FDA safety communication. <https://www.fda.gov>. Published July 30, 2018. Updated November 20, 2018. Accessed August 9, 2021.
81. US Food & Drug Administration (FDA). Summary of safety and effectiveness data: Radiesse injectable implant. <https://www.fda.gov>. Published December 22, 2006. Updated June 4, 2015. Accessed August 20, 2015.

82. US Food & Drug Administration (FDA). Summary of safety and effectiveness data: Sculptra injectable dermal filler. <https://www.fda.gov>. Published August 2004. Accessed August 25, 2014.

### Change Summary

- 01/01/2024 New Policy.

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