

Cosmetic and Reconstructive Procedures (for Nebraska Only)

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 [Instructions for Use](#)

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| • Orthognathic (Jaw) Surgery (for Nebraska Only) |
| • Panniculectomy and Body Contouring Procedures (for Nebraska Only) |
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| • Plagiocephaly and Craniosynostosis Treatment |
| • Rhinoplasty and Other Nasal Procedures (for Nebraska Only) |
| • Surgical and Ablative Procedures for Venous Insufficiency and Varicose Veins |
| • Treatment of Temporomandibular Joint Disorders (for Nebraska Only) |

Application

This Medical Policy applies to the State of Nebraska

Coverage Rationale

Reconstructive Procedures

A procedure is considered Reconstructive and medically necessary when all of the following criteria are met:

- There is documentation that the physical abnormality and/or physiological abnormality is causing a [Functional Impairment](#) that requires correction; and
- The proposed treatment is of proven efficacy and is deemed likely to significantly improve or restore the individual’s physiological function

Note: [Microtia](#) repair is considered Reconstructive although no Functional Impairment may be documented.

Tissue Transfer (Flap) Repair

Flap repair is considered Reconstructive and medically necessary in certain circumstances. For medical necessity clinical coverage criteria, refer to the InterQual® CP: Procedures, Tissue Transfer (Flap).

Click [here](#) to view the InterQual® criteria.

Cosmetic Procedures

Cosmetic Procedures are generally not covered. Cosmetic Procedures are procedures or services that change or improve appearance without significantly improving physiological function. A procedure is considered to be a Cosmetic Procedure when it does not meet the Reconstructive criteria in the Reconstructive Procedures section above.

Procedures that correct an anatomical congenital anomaly without improving or restoring physiologic function are generally considered Cosmetic Procedures. The fact that a covered person may suffer psychological consequences or socially avoidant behavior as a result of an injury, sickness or congenital anomaly does not classify surgery (or other procedures done to relieve such consequences or behavior) as a Reconstructive Procedure.

Definitions

Check the definitions within the federal, state, and contractual requirements that supersede the definitions below.

Cosmetic Surgery: Cosmetic Surgery is performed to reshape normal structures of the body in order to enhance an individual's appearance and self-esteem (Freeman, 2023).

Functional or Physical Impairment: A Functional or Physical or physiological Impairment causes deviation from the normal function of a tissue or organ. This results in a significantly limited, impaired, or delayed capacity to move, coordinate actions, or perform physical activities and is exhibited by difficulties in one or more of the following areas: physical and motor tasks; independent movement; performing basic life functions.

Microtia: Microtia is a birth defect of a baby's ear. Microtia happens when the external ear is small and not formed properly. The defect can vary from being barely noticeable to being a major problem with how the ear forms. Usually, Microtia affects how the baby's ear looks, but the parts of the ear inside the head are not affected (CDC., 2023).

Reconstructive Surgery: Reconstructive Surgery is carried out on atypical structures of the body, caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. Reconstructive Surgery is commonly performed to restore function but may also be performed to approximate a normal appearance (Freeman., 2023).

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

| CPT/HCPCS Code | Description |
|---|---|
| The following codes may be cosmetic; review is required to determine if considered cosmetic or reconstructive. | |
| 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) |
| 11960 | Insertion of tissue expander(s) for other than breast, including subsequent expansion |
| 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 |

| CPT/HCPCS Code | Description |
|---|---|
| The following codes may be cosmetic; review is required to determine if considered cosmetic or reconstructive. | |
| 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) |
| 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 |
| 15730 | Midface flap (i.e., zygomaticofacial flap) with preservation of vascular pedicle(s) |
| 15731 | Forehead flap with preservation of vascular pedicle (e.g., axial pattern flap, paramedian forehead flap) |
| 15733 | Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (i.e., 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 |
| 15756 | Free muscle or myocutaneous flap with microvascular anastomosis |
| 15769 | Grafting of autologous soft tissue, other, harvested by direct excision (e.g., 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 Note: Refer also to the Medical Policy titled Breast Reconstruction (for Nebraska Only) . |
| 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) Note: Refer also to the Medical Policy titled Breast Reconstruction (for Nebraska Only) . |
| 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) |
| 17999 | Unlisted procedure, skin, mucous membrane and subcutaneous tissue |
| 19316 | Mastopexy |
| 19325 | Breast augmentation with implant |
| 21137 | Reduction forehead; contouring only |

| CPT/HCPCS Code | Description |
|---|---|
| The following codes may be cosmetic; review is required to determine if considered cosmetic or reconstructive. | |
| 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 |
| 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 (e.g., 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 (e.g., fibrous dysplasia), extracranial |
| 21182 | Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (e.g., 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 (e.g., 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 (e.g., fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm |
| 21208 | Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant) |
| 21209 | Osteoplasty, facial bones; reduction |
| 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) |
| 21248 | Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); partial |
| 21249 | Reconstruction of mandible or maxilla, endosteal implant (e.g., 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) (e.g., micro-ophthalmia) |
| 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 |
| 21275 | Secondary revision of orbitocraniofacial reconstruction |
| 21295 | Reduction of masseter muscle and bone (e.g., for treatment of benign masseteric hypertrophy); extraoral approach |
| 21296 | Reduction of masseter muscle and bone (e.g., for treatment of benign masseteric hypertrophy); intraoral approach |

| CPT/HCPCS Code | Description |
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| The following codes may be cosmetic; review is required to determine if considered cosmetic or reconstructive. | |
| 21299 | Unlisted craniofacial and maxillofacial procedure |
| 28344 | Reconstruction, toe(s); polydactyly |
| 30540 | Repair choanal atresia; intranasal |
| 30545 | Repair choanal atresia; transpalatine |
| 30560 | Lysis intranasal synechia |
| 30620 | Septal or other intranasal dermatoplasty (does not include obtaining graft) |
| L8600 | Implantable breast prosthesis, silicone or equal |
| L8607 | Injectable bulking agent for vocal cord medialization, 0.1 ml, includes shipping and necessary supplies |
| Q2026 | Injection, Radiesse, 0.1 ml |
| Q2028 | Injection, sculptra, 0.5 mg |
| The following codes are considered cosmetic; the codes do not improve a Functional, Physical or physiological Impairment. | |
| 11950 | Subcutaneous injection of filling material (e.g., collagen); 1 cc or less |
| 11951 | Subcutaneous injection of filling material (e.g., collagen); 1.1 to 5.0 cc |
| 11952 | Subcutaneous injection of filling material (e.g., collagen); 5.1 to 10.0 cc |
| 11954 | Subcutaneous injection of filling material (e.g., collagen); over 10.0 cc |
| 15775 | Punch graft for hair transplant; 1 to 15 punch grafts |
| 15776 | Punch graft for hair transplant; more than 15 punch grafts |
| 15780 | Dermabrasion; total face (e.g., for acne scarring, fine wrinkling, rhytids, general keratosis) |
| 15781 | Dermabrasion; segmental, face |
| 15782 | Dermabrasion; regional, other than face |
| 15783 | Dermabrasion; superficial, any site (e.g., tattoo removal) |
| 15786 | Abrasion; single lesion (e.g., keratosis, scar) |
| 15787 | Abrasion; each additional 4 lesions or 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 |
| 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 |
| 17380 | Electrolysis epilation, each 30 minutes |
| 21270 | Malar augmentation, prosthetic material |
| 69090 | Ear piercing |
| 69300 | Otoplasty, protruding ear, with or without size reduction |
| J0591 | Injection, deoxycholic acid, 1 mg |

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Description of Services

Reconstructive procedures treat a physical and/or physiological abnormality related to an injury, illness, development abnormality, or congenital anomaly to improve or restore physiologic function. Whereas Cosmetic Procedures are performed to change or improve appearance without improving physiological function. (ASPS, 2023).

U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Many cosmetic and reconstructive interventions are surgical procedures and are not subject to FDA approval. However, devices and instruments used during the procedures may require FDA approval. Refer to the following website for additional information: <http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm>. (Accessed March 16, 2023)

References

American Medical Association (AMA). CPT® Assistant Online. Available at: <https://www.ama-assn.org/practice-management/cpt>. Accessed March 16, 2023.

Centers for Disease Control and Prevention. (2023, February 23). *Facts about anotia/microtia*. The Center for Disease Control and Prevention. Available at: <https://www.cdc.gov/ncbddd/birthdefects/anotia-microtia.html#:~:text=anotia%20and%20microtia%3F-.Anotia%20and%20microtia%20are%20birth%20defects%20of%20a%20baby%27s%20ear,first%20few%20weeks%20of%20pregnancy>. Accessed March 20, 2023.

Freeman, M. (2023). The differences between plastic surgery and cosmetic surgery and why board certification matters. American Society of Plastic Surgeons. Available at: <https://www.plasticsurgery.org/news/articles/the-differences-between-plastic-surgery-and-cosmetic-surgery-and-why-board-certification-matters>. Accessed March 16, 2023.

Nebraska Department of Health and Human Services. Nebraska Medical Assistance Program Services. Chapter 1, Administration. [Chapter-01.pdf \(nebraska.gov\)](#). Accessed April 17, 2023.

UnitedHealthcare Insurance Company Generic Certificate of Coverage 2018.

Policy History/Revision Information

| Date | Summary of Changes |
|------------|--|
| 03/01/2024 | Related Policies <ul style="list-style-type: none">Updated reference link to reflect current policy title for <i>Treatment of Temporomandibular Joint Disorders (for Nebraska Only)</i> |
| 11/01/2023 | Coverage Rationale Cosmetic Procedures <ul style="list-style-type: none">Added language to indicate Cosmetic Procedures are procedures or services that change or improve appearance without significantly improving physiological function; a procedure is considered to be a Cosmetic Procedure when it does not meet the reconstructive criteria in the <i>Reconstructive Procedures</i> section [of the policy]Removed list of unproven and not medically necessary Cosmetic Procedures Definitions <ul style="list-style-type: none">Removed definition of:<ul style="list-style-type: none">Adjacent Tissue TransferCongenital AnomalyCosmetic ProceduresInjuryMedical NecessityReconstructive ProceduresSickness |

| Date | Summary of Changes |
|------|--|
| | <ul style="list-style-type: none"> ● Updated definition of: <ul style="list-style-type: none"> ○ Cosmetic Surgery ○ Microtia ○ Reconstructive Surgery <p>Applicable Codes</p> <ul style="list-style-type: none"> ● Removed coding clarifications and CPT coding tips <p>Supporting Information</p> <ul style="list-style-type: none"> ● Updated <i>Description of Services</i> and <i>References</i> sections to reflect the most current information ● Archived previous policy version CS027NE.P |

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.