

Cosmetic and Reconstructive Surgery



Medicaid Medical Coverage Policy

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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, trauma, infection, 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

Humana members may be eligible under the Plan for medically necessary **reconstructive surgery** due to bodily injury, congenital condition or anomaly, infection or other disease of the involved part when a [functional impairment](#)* is present.

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

Humana members may be eligible under the Plan for the following procedures **ONLY** when criteria are met as specified below:

Cosmetic/Reconstructive Procedure	Indication(s)/Criteria
Chemical Peel	<p>May be considered medically necessary ONLY for treatment of actinic keratoses</p> <p>See also Coverage Limitations</p>
Cutaneous Vascular Lesion Removal	<p>Procedures include, but may not be limited to, embolization, laser removal, sclerotherapy or surgical excision</p> <p>Cutaneous vascular lesion (eg, infantile hemangioma, port wine birthmark) removal MAY be considered medically necessary when the following criteria are met:</p> <ul style="list-style-type: none"> • Conservative medical management (eg, beta blocker, systemic corticosteroid, topical timolol) has failed, is contraindicated (the lesion is high-risk and complicated due to size, location or ulceration that does not respond to standard wound care); AND ANY of the following <ul style="list-style-type: none"> ○ A functional impairment* is present (eg, the lesion is affecting a vital structure [ears, eyes, larynx, mouth, nose] and/or function [breathing, eating, hearing, speaking, swallowing]); OR ○ Lesion is on the extremities or trunk and is associated with recurrent bleeding or painful nodules; OR ○ Lesion is ulcerated (regardless of anatomical location)
Dermabrasion	<p>May be considered medically necessary ONLY for treatment of actinic keratoses</p> <p>See also Coverage Limitations</p>
Hair Removal	<p><u>Laser</u> hair removal MAY be considered medically necessary ONLY in the presence of a recurrent pilonidal cyst previously treated with surgery</p> <p>See also Coverage Limitations</p>
Injectable Dermal/Soft Tissue Fillers (Tissue Volume Replacement)	<p>Injectable fillers (eg, Radiesse, Sculptra) MAY be considered reconstructive ONLY in cases of HIV-associated lipoatrophy or</p>

Cosmetic/Reconstructive Procedure	Indication(s)/Criteria
	<p>lipodystrophy in the presence of a functional impairment*</p> <p>See also Coverage Limitations</p>
<p>Rosacea, Phymatous (Rhinophyma)</p>	<p>Excision or surgical planing of rhinophyma MAY be considered medically necessary when ALL of the following criteria are met:</p> <ul style="list-style-type: none"> • Presence of an objective functional impairment* (eg, obstructed nasal airway); AND • Bleeding or infection requiring repeated cauterizing or antibiotics • See also Coverage Limitations
<p>Scar Revision</p>	<p>MAY be considered medically necessary when ALL of the following criteria are met:</p> <ul style="list-style-type: none"> • Revision is required to correct an objective functional impairment* (eg, restricted movement, severe contracture); AND • Scar resulted from an accidental injury or a medically necessary surgical procedure; AND • Revision uses standard surgical techniques including, but may not be limited to, scar excision (eg, elliptical, lazy S), scar irregularization (eg, Z-plasty, W-plasty, geometric broken line), skin flaps or skin grafts <p>See also Coverage Limitations</p>
<p>Vaginoplasty</p>	<p>Surgical construction or reconstruction of the vagina MAY be considered medically necessary when the following criteria are met:</p> <ul style="list-style-type: none"> • Presence of a functional impairment*; OR • Correction of atypical genital appearance (formerly referred to as ambiguous genitalia); OR • Correction of congenital discrepancy between external genitalia and gonadal and chromosomal sex, also known as a disorder of sex development (DSD)

Cosmetic/Reconstructive Procedure	Indication(s)/Criteria

Coverage Limitations

Humana members may **NOT** be eligible under the Plan for **procedures performed for cosmetic purposes (to improve or change appearance or self-esteem)** including the following for **ANY** indications (other than those noted in the table above):

Procedure	Purported Use (Not covered for <u>ANY</u> indication) Cosmetic
Body Contouring/Body Sculpting, Noninvasive <ul style="list-style-type: none"> • Cold (Cryolipolysis, Fat Freezing) • Heat Energy (Radiofrequency, Light-Based, Ultrasound) • Photobiomodulation (Low-Level Light) • Magnetic Field • Mechanical (Massage, Vibration) 	Procedures performed externally without incisions to change the circumference or silhouette of a body area by reducing small areas of fat, improving appearance of cellulite or improving muscle tone
Brachioplasty (Upper Arm Lift)	Surgical reduction or elimination of excess skin from the upper arms
Chemical Peel	Application of chemical agents to remove the epidermal and/or dermal layers of skin for indications other than actinic keratoses treatment
Collagen Implants	Injection of a natural protein which adds volume to a body part (eg, lips) or increases tissue surface area to improve contour
Dermabrasion	Use of a powered instrument with a rotating wheel or brush tip that abrades and smooths outer skin layers for indications other than actinic keratoses treatment
Facial Implants	Surgical placement of shaped implants to build up a receding chin, add prominence to cheekbones or reshape the jawline
Fat Grafts/Autologous Fat Grafts	Harvesting and processing of fat from donor sites on the body to be injected elsewhere on the body to augment soft tissue by adding bulk, increasing surface area or improving contour
Hair Growth/Replacement/Transplant	Application of topical medication to promote hair growth Application of low-level light therapy (iGrow) to reverse hair loss Grafting procedures that fill in balding areas with an individual's own hair

Procedure	Purported Use (Not covered for <u>ANY</u> indication) Cosmetic
Hair Removal	Use of depilatory, electrolysis, epilating, intense pulsed light, laser, threading, waxing to temporarily or permanently rid the body of unwanted hair
Injectable Dermal/Soft Tissue Fillers	Injection of temporary (hyaluronic acid-based fillers, calcium hydroxylapatite [Radiesse], poly-L-lactic acid [Sculptra Aesthetic]) or permanent (polymethylmethacrylate [PMMA] [Bellafill] substances into the skin to correct wrinkles and to restore tissue volume lost due to aging
Injection Lipolysis/Lipo-dissolve/Mesotherapy	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)
Labiaplasty/Labia Rejuvenation	Surgery to reduce the size of the labia minora for appearance or to enhance sexual performance
Lip Augmentation	Injection of fat, collagen or filler to enlarge or enhance the lips
Lipectomy	Surgical excision of excess subcutaneous tissue and fat
Liposuction/Suction Lipectomy Ultrasonic Assisted Liposuction	Use of suction to remove fat from various body sites to contour and enhance appearance
Malar Augmentation, Mandible Augmentation	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
Onychomycosis Treatment (Nail Fungus)	Nonpharmacological treatments, such as the delivery of laser or ultraviolet light or abrasive tools (eg, dremel, drill), to the fingernail or toenail
Penile Augmentation	Subcutaneous fat injection for increasing penile girth, or division of the suspensory ligament of the penis for increasing penile length have not been shown to be safe or efficacious ⁷
Piercing	Puncturing of the skin in order to attach a piece of jewelry
Platysmaplasty (Neck Lift)	Tightening of platysma muscle and removal of excess fat and skin from the neck
Rhytidectomy, Meloplasty (Facelift, Lift of Midface)	Surgical removal and tightening of sagging skin, with possible repositioning of facial fat and tautening of muscles
Rosacea Treatment	Nonpharmacological treatments (laser, dermabrasion and chemical peels) to eliminate erythema, telangiectasias and other cosmetic effects of rosacea
Skin Removal	Surgical removal of excess skin and subcutaneous tissue on any part of the body
Skin Resurfacing, Skin Tightening	Laser removal of outer layer of skin triggering production of new collagen and skin cells; use of targeted energy

Procedure	Purported Use (Not covered for ANY indication) Cosmetic
	(ultrasound, radiofrequency, intense pulsed light), to heat deeper layers of skin stimulating collagen and elastin production (eg, Exilis, Morpheus8, Profound, Renuvion, Thermage, Ultherapy)
Submental Lipectomy (Neck Lift)	Surgical elimination of a double chin by removal of fat and correction of skin and muscle laxity
Tattoo Removal	Removal of tattoo ink by dermabrasion, laser, salabrasion or surgical excision
Thighplasty (Thigh/Buttock Lift)	Surgery performed to improve the contour of the thigh/buttocks area

These are considered cosmetic/not medically necessary.

Humana members may **NOT** be eligible under the Plan for any of the following for **ANY** indications:

Procedure	Purported Use (Not covered for ANY indication) Experimental/Investigational
Scar Revision, Scar Release	Hydrodissection (including ultrasound-guided) involves injecting fluids under pressure to separate and release scar tissue from adjacent tissue.
Vaginal Rejuvenation	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. ^{4,45}

These are considered experimental/investigational as they are not identified as widely used and generally accepted for the proposed uses as reported in nationally recognized peer-reviewed medical literature published in the English language.

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.

CPT® Code(s)	Description	Comments
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)	
15788	Chemical peel, facial; epidermal	
15789	Chemical peel, facial; dermal	
15792	Chemical peel, nonfacial; epidermal	
15793	Chemical peel, nonfacial; dermal	
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	
15876	Suction assisted lipectomy; head and neck	
15877	Suction assisted lipectomy; trunk	
15878	Suction assisted lipectomy; upper extremity	
15879	Suction assisted lipectomy; lower extremity	
17106	Destruction of cutaneous vascular proliferative lesions (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	
30120	Excision or surgical planing of skin of nose for rhinophyma	
CPT® Category III Code(s)	Description	Comments

No code(s) identified		
HCPCS Code(s)	Description	Comments
Q2026	Injection, Radiesse, 0.1 ml	
Q2028	Injection, sculptra, 0.5 mg	

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Change Summary

01/01/2025 New Policy.