



## MASSACHUSETTS

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# Medical Policy Plastic Surgery

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## Policy Number: 068

BCBSA Reference Number: N/A

## Related Policies

- Benign Skin Lesions, #[707](#)
- Blepharoplasty, Blepharoptosis Repair and Brow Ptosis Repair, #[740](#)
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## Policy<sup>1</sup>

### Please note

- *Subscriber certificates exclude coverage for cosmetic services*
- *This policy describes those situations where plastic surgery services are considered medically necessary in order to restore physical function, or to correct a physical problem resulting from accidents, injuries, or birth defects*
- *For all procedures only the initial reconstructive repair is covered, unless the procedure is normally done in stages.*

## Services Described in this Policy

- [Complications of plastic surgery](#)
- [Congenital deformities](#)
- [Reconstructive Surgery](#)
- [Skin Treatments](#)
- [Eyes](#)
- [Nose](#)
- [Ears](#)
- [Panniculectomy](#)
- [Facial Plastic Surgery](#)
- [Hair: Removal](#)
- [Chest Wall Deformity](#)
- [Musculoskeletal transplants](#)

## Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

### CONGENITAL AND DEVELOPMENTAL DEFORMITIES IN CHILDREN

**Congenital and developmental deformities in children** may be considered **MEDICALLY NECESSARY** when the defects are severe or debilitating including but not limited to:

- Deforming hemangiomas
- Pectus excavatum\*
- Syndactyly
- Macrodactyly.

\*See below for further specifics regarding each body part.

The child does not have to have been covered under BCBSMA at the time of birth.

**Note:** Laser treatments of port-wine stains or hemangiomas of the face and neck are covered. Authorizations are not required for laser treatments of port wine stains/hemangiomas on the face and neck in children and adults.

### RECONSTRUCTIVE SURGERY

**Reconstructive surgery** may be considered **MEDICALLY NECESSARY** when it is performed to:

- Improve or give back bodily function, **OR**
- Correct a functional impairment that was caused by
  - an accidental injury, **OR**
  - a birth defect, **OR**
  - a prior surgical procedure or disease, **OR**
- Correct scarring after accidental face and neck injuries.

### HIV-associated lipodystrophy

Per State Mandate<sup>2</sup> Chapter 233 of the Acts of 2016, An Act Relative to HIV Associated Lipodystrophy Syndrome Treatment, the following services are covered. Coverage is subject to a statement from a treating provider that the treatment is necessary for correcting, repairing or ameliorating the effects of HIV associated lipodystrophy syndrome.

- Medical or drug treatments to correct or repair disturbances of body composition caused by HIV associated lipodystrophy syndrome including, but are not limited to:
  - Reconstructive surgery, such as suction assisted lipectomy, other restorative procedures and
  - Dermal injections or fillers for reversal of facial lipoatrophy syndrome.

### COMPLICATIONS OF PLASTIC SURGERY

**Complications following a cosmetic surgery procedure** may be considered **MEDICALLY NECESSARY** when the treatment of the complication itself is medically necessary to restore bodily function or correct a physical impairment.

### HAIR

**Hair removal**, including electrolysis and laser, may be considered **MEDICALLY NECESSARY** if ingrown hairs are responsible for 2 or more painful cysts. Electrolysis and/or laser hair removal must be performed by a licensed and/or certified provider.

**Hair removal**, including electrolysis and laser, may be considered **MEDICALLY NECESSARY** after treatment of a pilonidal cyst to prevent recurrence.

### SKIN TREATMENT

**Dermabrasion** may be **MEDICALLY NECESSARY** for dermal restoration after previous surgery or injury.

**Pulsed dye laser treatments** of hypertrophic scars may be considered **MEDICALLY NECESSARY** for the treatment of symptomatic hypertrophic scars when there is documented functional impairment.

**Removal of excess skin** may be considered **MEDICALLY NECESSARY** after significant weight loss in individuals with stable weight with recurrent documented rashes or non-healing ulcers, or when there is a documented functional impairment, such as significant difficulty with activities of daily living.

**Rhytidectomy** may be considered **MEDICALLY NECESSARY** for the correction of functional impairment from facial nerve palsy.

**Treatment of scars**, either by surgery or intralesional steroid injection, may be considered **MEDICALLY NECESSARY** when the scar tissue interferes with normal bodily function or when the scar causes pain.

**Tattooing of the areola as part of nipple reconstruction** following a covered mastectomy is considered **MEDICALLY NECESSARY**.

**Tattoo Removal or Application** for indications other than the above listed criteria is considered **NOT MEDICALLY NECESSARY**.

Lipoma removal may be considered **MEDICALLY NECESSARY** when the lipoma is painful and causes functional limitations with activities of daily living based on its location.

## **NOSE**

**Rhinoplasty** may be considered **MEDICALLY NECESSARY** when there is airway obstruction due to deformities, disease, congenital abnormality, or previous therapy that does not respond to septoplasty alone.

**Reconstructive rhinoplasty** may be considered **MEDICALLY NECESSARY** for a causally related accidental injury.

## **EARS**

**Otoplasty** may be considered **MEDICALLY NECESSARY** for unilateral or bilateral congenital absence of the ear (anotia) or severe microtia (for example, grade III).

## **FACE**

**Cleft Lip/Cleft Palate Repair** is considered **MEDICALLY NECESSARY** for members <18 years of age.<sup>3</sup>

**Facial plastic surgery** may be considered **MEDICALLY NECESSARY**:

- for initial restoration of appearance after accidental injury,
- to restore bodily function or correct a functional impairment caused by:
  - An accident, **OR**
  - A birth defect, **OR**
  - A prior surgical procedure (even if the original procedure was cosmetic, as long as the complication resulted in physical functional impairment), **OR**
  - Disease.

### **Orthognathic Surgery**

[Click here](#) for MP #179, Orthognathic Surgery

## **CHEST/TORSO/ABDOMEN**

**Congenital chest wall deformity** may be considered **MEDICALLY NECESSARY** to correct pectus excavatum when there is:

- A Haller index of 3.2 or greater (which is suggested to be a future predictor of cardiovascular compromise), **OR**

- Risk of impending cardiovascular or respiratory compromise due to the magnitude of deformity, based upon the requesting physician's clinical judgment.

**Congenital chest wall deformity** may be considered **MEDICALLY NECESSARY** to correct pectus carinatum when there is:

- Risk of impending cardiovascular or respiratory compromise due to the magnitude of deformity, based upon the requesting physician's clinical judgment.

**Diastasis Recti repair** is considered **NOT MEDICALLY NECESSARY**.

**Liposuction** or **Lipectomy** is considered **MEDICALLY NECESSARY** when the purpose of the procedure is to remove fat in order to correct a functional impairment that was caused by:

- An accidental injury, **OR**
- A birth defect, **OR**
- A prior surgical procedure, **OR**
- Disease, including, but not limited to lipedema.

An initial **panniculectomy** may be considered **MEDICALLY NECESSARY** after significant weight loss, in individuals with stable weight, when there is:

- Recurrent documented rashes or non-healing ulcers, **OR**
- A functional impairment, such as significant difficulty with walking.

**Abdominoplasty** is considered **cosmetic** and **NOT MEDICALLY NECESSARY**.

## **MUSCULOSKELETAL**

**Musculoskeletal transplants** may be considered **MEDICALLY NECESSARY**:

- As an initial repair after accidental injury, **OR**
- To restore bodily function or correct a functional impairment caused by: an accidental injury; a birth defect; or a prior surgical procedure or disease.

## **GENITAL SURGERY**

Genital surgery for adolescent and adult intersex individuals whose anatomy does not conform to typical binary notions of male or female and/or is not congruent with their gender identity may be considered **MEDICALLY NECESSARY** in the context of the following diagnoses/conditions:

- Congenital adrenal hyperplasia where individuals may be born with variations in genitalia
- Mayer-Rokitansky-Küster-Hauser (MRKH) syndrome
- 5-alpha-reductase deficiency, in which low levels of an enzyme, 5-alpha-reductase, cause incomplete masculinization of the genitals in male infants
- Partial androgen insensitivity, in which cells do not respond normally to testosterone and related hormones, causing incomplete masculinization of the genitals in male infants
- Penile agenesis, in which male infants are born without a penis
- Complete androgen insensitivity, in which cells do not respond at all to testosterone and related hormones, causing a vagina and labia to form in infants with XY chromosomes
- Klinefelter syndrome, in which XY infants are born with an extra X chromosome (XXY), which typically causes incomplete masculinization and other anomalies
- Turner syndrome (including turner mosaicism) in which infants are born with one, rather than two, X chromosomes, may have some cells with a Y chromosome, and can present with genital variations.
- Vaginal agenesis, in which infants who have labia (and may have a uterus) are born without a vagina.
- Ototesticular/testicular differences of sex development where individuals may be born with variations in genitalia
- Mixed Gonadal dysgenesis where individuals may be born with variations in genitalia
- 17 beta HSD deficiency where individuals may be born with variations in genitalia.

**Labiaplasty** may be considered **MEDICALLY NECESSARY** for the treatment of recurrent documented rashes, non-healing ulcers, or functional impairment in basic activities of daily living.

Plastic surgery or reconstructive surgery for indications other than the above listed criteria is **NOT MEDICALLY NECESSARY**.

### Prior Authorization Information

#### Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

#### Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

Procedure	Commercial Managed Care (HMO and POS)	Commercial PPO and EPO	Commercial Indemnity	Medicare HMO Blue <sup>SM</sup>	Medicare PPO Blue <sup>SM</sup>
Hair removal	No	No	No	No	No
Dermabrasion	Yes	Yes	Yes	Yes	Yes
Pulsed dye laser txs of hypertrophic scars	No	No	No	No	No
Removal of excess skin	No	No	No	No	No
Tattooing of areola as part of nipple reconstruction following a covered mastectomy	No	No	No	No	No
Labiaplasty	No	No	No	No	No
Genital surgery for intersex individuals	Yes	Yes	Yes	Yes	No
Scars	No	No	No	Yes	No
Rhinoplasty	Yes	Yes	Yes	Yes (including septoplasty when combined with rhinoplasty)	Yes
Cleft lip, cleft palate or both repair	No	No	No	No	No

Facial plastic surgery	No	No	No	No	No
Otoplasty	No	No	No	No	No
Rhytidectomy	No	No	No	No	No
Congenital chest wall deformity	No	No	No	No	No
Diastasis recti repair	No	No	No	No	No
Lipectomy, liposuction	Yes	Yes	No	No	No
Panniculectomy	Yes	Yes	Yes	Yes	Yes
Musculoskeletal transplants	No	No	No	No	No

### Requesting Prior Authorization Using Authorization Manager

Providers will need to use [Authorization Manager](#) to submit initial authorization requests for services. Authorization Manager, available 24/7, is the quickest way to review authorization requirements, request authorizations, submit clinical documentation, check existing case status, and view/print the decision letter. For commercial members, the requests must meet medical policy guidelines.

To ensure the service request is processed accurately and quickly:

- Enter the facility's NPI or provider ID for where services are being performed.
- Enter the appropriate surgeon's NPI or provider ID as the servicing provider, *not* the billing group.

### Authorization Manager Resources

Refer to our [Authorization Manager](#) page for tips, guides, and video demonstrations.

### CPT Codes / HCPCS Codes / ICD-10 Codes

*Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.*

*Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.*

*The following codes are included below for informational purposes only; this is not an all-inclusive list.*

**The above medical necessity criteria MUST be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:**

### CPT Codes: Hair Removal

CPT codes:	Code Description
17380	Electrolysis epilation, each 30 minutes

### ICD-10 Procedure Codes

<b>ICD-10-PCS procedure codes:</b>	<b>Code Description</b>
0HSDXZZ	Extraction of Hair, External Approach

### **CPT Codes: HIV-associated lipodystrophy**

<b>CPT codes:</b>	<b>Code Description</b>
15770	Graft; derma-fat-fascia
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)
15828	Rhytidectomy; cheek, chin, and neck
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap
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

### **HCPCS Codes**

<b>HCPCS codes:</b>	<b>Code Description</b>
Q2026	Injection, Radiesse, 0.1 ml
Q2028	Injection, sculptra, 0.5 mg
G0429	Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome (LDS) (e.g., as a result of highly active antiretroviral therapy)

### **ICD-10 Procedure Codes**

<b>ICD-10-PCS procedure codes:</b>	<b>Code Description</b>
0J010ZZ	Alteration of Face Subcutaneous Tissue and Fascia, Open Approach
0J013ZZ	Alteration of Face Subcutaneous Tissue and Fascia, Percutaneous Approach
0W020ZZ	Alteration of Face, Open Approach
0W023ZZ	Alteration of Face, Percutaneous Approach
0W024ZZ	Alteration of Face, Percutaneous Endoscopic Approach
0W060ZZ	Alteration of Neck, Open Approach
0W063ZZ	Alteration of Neck, Percutaneous Approach
0W064ZZ	Alteration of Neck, Percutaneous Endoscopic Approach
0J040ZZ	Alteration of Anterior Neck Subcutaneous Tissue and Fascia, Open Approach
0J043ZZ	Alteration of Anterior Neck Subcutaneous Tissue and Fascia, Percutaneous Approach
0J050ZZ	Alteration of Posterior Neck Subcutaneous Tissue and Fascia, Open Approach
0J053ZZ	Alteration of Posterior Neck Subcutaneous Tissue and Fascia, Percutaneous Approach
0J070ZZ	Alteration of Back Subcutaneous Tissue and Fascia, Open Approach
0J073ZZ	Alteration of Back Subcutaneous Tissue and Fascia, Percutaneous Approach

### **CPT Codes: Dermabrasion**

<b>CPT codes:</b>	<b>Code Description</b>
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)
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### ICD-10 Procedure Codes

<b>ICD-10-PCS procedure codes:</b>	<b>Code Description</b>
0HD0XZZ	Extraction of Scalp Skin, External Approach
0HD1XZZ	Extraction of Face Skin, External Approach
0HD4XZZ	Extraction of Neck Skin, External Approach
0HD5XZZ	Extraction of Chest Skin, External Approach
0HD6XZZ	Extraction of Back Skin, External Approach
0HD7XZZ	Extraction of Abdomen Skin, External Approach
0HD8XZZ	Extraction of Buttock Skin, External Approach
0HDAXZZ	Extraction of Genitalia Skin, External Approach
0HDBXZZ	Extraction of Right Upper Arm Skin, External Approach
0HDCXZZ	Extraction of Left Upper Arm Skin, External Approach
0HDDXZZ	Extraction of Right Lower Arm Skin, External Approach
0HDEXZZ	Extraction of Left Lower Arm Skin, External Approach
0HDFXZZ	Extraction of Right Hand Skin, External Approach
0HDGXZZ	Extraction of Left Hand Skin, External Approach
0HDHXZZ	Extraction of Right Upper Leg Skin, External Approach
0HDJXZZ	Extraction of Left Upper Leg Skin, External Approach
0HDKXZZ	Extraction of Right Lower Leg Skin, External Approach
0HDLXZZ	Extraction of Left Lower Leg Skin, External Approach
0HDMXZZ	Extraction of Right Foot Skin, External Approach
0HDNXZZ	Extraction of Left Foot Skin, External Approach

### CPT Codes: Pulsed Dye Laser Treatments

<b>CPT codes:</b>	<b>Code Description</b>
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

### ICD-10 Procedure Codes

<b>ICD-10-PCS procedure codes:</b>	<b>Code Description</b>
0H50XZD	Destruction of Scalp Skin, Multiple, External Approach
0H50XZZ	Destruction of Scalp Skin, External Approach
0H51XZD	Destruction of Face Skin, Multiple, External Approach
0H51XZZ	Destruction of Face Skin, External Approach
0H54XZD	Destruction of Neck Skin, Multiple, External Approach
0H54XZZ	Destruction of Neck Skin, External Approach
0H55XZD	Destruction of Chest Skin, Multiple, External Approach
0H55XZZ	Destruction of Chest Skin, External Approach
0H56XZD	Destruction of Back Skin, Multiple, External Approach
0H56XZZ	Destruction of Back Skin, External Approach
0H57XZD	Destruction of Abdomen Skin, Multiple, External Approach



0H57XZZ	Destruction of Abdomen Skin, External Approach
0H58XZD	Destruction of Buttock Skin, Multiple, External Approach
0H58XZZ	Destruction of Buttock Skin, External Approach
0H59XZD	Destruction of Perineum Skin, Multiple, External Approach
0H59XZZ	Destruction of Perineum Skin, External Approach
0H5AXZD	Destruction of Genitalia Skin, Multiple, External Approach
0H5AXZZ	Destruction of Genitalia Skin, External Approach
0H5BXZD	Destruction of Right Upper Arm Skin, Multiple, External Approach
0H5BXZZ	Destruction of Right Upper Arm Skin, External Approach
0H5CXZD	Destruction of Left Upper Arm Skin, Multiple, External Approach
0H5CXZZ	Destruction of Left Upper Arm Skin, External Approach
0H5DXZD	Destruction of Right Lower Arm Skin, Multiple, External Approach
0H5DXZZ	Destruction of Right Lower Arm Skin, External Approach
0H5EXZD	Destruction of Left Lower Arm Skin, Multiple, External Approach
0H5EXZZ	Destruction of Left Lower Arm Skin, External Approach
0H5FXZD	Destruction of Right Hand Skin, Multiple, External Approach
0H5FXZZ	Destruction of Right Hand Skin, External Approach
0H5GXZD	Destruction of Left Hand Skin, Multiple, External Approach
0H5GXZZ	Destruction of Left Hand Skin, External Approach
0H5HXZD	Destruction of Right Upper Leg Skin, Multiple, External Approach
0H5HXZZ	Destruction of Right Upper Leg Skin, External Approach
0H5JXZD	Destruction of Left Upper Leg Skin, Multiple, External Approach
0H5JXZZ	Destruction of Left Upper Leg Skin, External Approach
0H5KXZD	Destruction of Right Lower Leg Skin, Multiple, External Approach
0H5KXZZ	Destruction of Right Lower Leg Skin, External Approach
0H5LXZD	Destruction of Left Lower Leg Skin, Multiple, External Approach
0H5LXZZ	Destruction of Left Lower Leg Skin, External Approach
0H5MXZD	Destruction of Right Foot Skin, Multiple, External Approach
0H5MXZZ	Destruction of Right Foot Skin, External Approach
0H5NXZD	Destruction of Left Foot Skin, Multiple, External Approach
0H5NXZZ	Destruction of Left Foot Skin, External Approach
0J500ZZ	Destruction of Scalp Subcutaneous Tissue and Fascia, Open Approach
0J503ZZ	Destruction of Scalp Subcutaneous Tissue and Fascia, Percutaneous Approach
0J510ZZ	Destruction of Face Subcutaneous Tissue and Fascia, Open Approach
0J513ZZ	Destruction of Face Subcutaneous Tissue and Fascia, Percutaneous Approach
0J540ZZ	Destruction of Anterior Neck Subcutaneous Tissue and Fascia, Open Approach
0J543ZZ	Destruction of Anterior Neck Subcutaneous Tissue and Fascia, Percutaneous Approach
0J550ZZ	Destruction of Posterior Neck Subcutaneous Tissue and Fascia, Open Approach
0J553ZZ	Destruction of Posterior Neck Subcutaneous Tissue and Fascia, Percutaneous Approach
0J560ZZ	Destruction of Chest Subcutaneous Tissue and Fascia, Open Approach
0J563ZZ	Destruction of Chest Subcutaneous Tissue and Fascia, Percutaneous Approach
0J570ZZ	Destruction of Back Subcutaneous Tissue and Fascia, Open Approach
0J573ZZ	Destruction of Back Subcutaneous Tissue and Fascia, Percutaneous Approach
0J580ZZ	Destruction of Abdomen Subcutaneous Tissue and Fascia, Open Approach
0J583ZZ	Destruction of Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach
0J590ZZ	Destruction of Buttock Subcutaneous Tissue and Fascia, Open Approach
0J593ZZ	Destruction of Buttock Subcutaneous Tissue and Fascia, Percutaneous Approach
0J5B0ZZ	Destruction of Perineum Subcutaneous Tissue and Fascia, Open Approach
0J5B3ZZ	Destruction of Perineum Subcutaneous Tissue and Fascia, Percutaneous Approach

0J5C0ZZ	Destruction of Pelvic Region Subcutaneous Tissue and Fascia, Open Approach
0J5C3ZZ	Destruction of Pelvic Region Subcutaneous Tissue and Fascia, Percutaneous Approach
0J5D0ZZ	Destruction of Right Upper Arm Subcutaneous Tissue and Fascia, Open Approach
0J5D3ZZ	Destruction of Right Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0J5F0ZZ	Destruction of Left Upper Arm Subcutaneous Tissue and Fascia, Open Approach
0J5F3ZZ	Destruction of Left Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0J5G0ZZ	Destruction of Right Lower Arm Subcutaneous Tissue and Fascia, Open Approach
0J5G3ZZ	Destruction of Right Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0J5H0ZZ	Destruction of Left Lower Arm Subcutaneous Tissue and Fascia, Open Approach
0J5H3ZZ	Destruction of Left Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0J5J0ZZ	Destruction of Right Hand Subcutaneous Tissue And Fascia, Open Approach
0J5J3ZZ	Destruction of Right Hand Subcutaneous Tissue And Fascia, Percutaneous Approach
0J5K0ZZ	Destruction of Left Hand Subcutaneous Tissue And Fascia, Open Approach
0J5K3ZZ	Destruction of Left Hand Subcutaneous Tissue And Fascia, Percutaneous Approach
0J5L0ZZ	Destruction of Right Upper Leg Subcutaneous Tissue and Fascia, Open Approach
0J5L3ZZ	Destruction of Right Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0J5M0ZZ	Destruction of Left Upper Leg Subcutaneous Tissue and Fascia, Open Approach
0J5M3ZZ	Destruction of Left Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0J5N0ZZ	Destruction of Right Lower Leg Subcutaneous Tissue and Fascia, Open Approach
0J5N3ZZ	Destruction of Right Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0J5P0ZZ	Destruction of Left Lower Leg Subcutaneous Tissue and Fascia, Open Approach
0J5P3ZZ	Destruction of Left Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0J5Q0ZZ	Destruction of Right Foot Subcutaneous Tissue and Fascia, Open Approach
0J5Q3ZZ	Destruction of Right Foot Subcutaneous Tissue and Fascia, Percutaneous Approach
0J5R0ZZ	Destruction of Left Foot Subcutaneous Tissue and Fascia, Open Approach
0J5R3ZZ	Destruction of Left Foot Subcutaneous Tissue and Fascia, Percutaneous Approach

### CPT Codes: Removal of Excess Skin

CPT codes:	Code Description
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

## ICD-10 Procedure Codes

<b>ICD-10-PCS procedure codes:</b>	<b>Code Description</b>
0J040ZZ	Alteration of Anterior Neck Subcutaneous Tissue and Fascia, Open Approach
0J043ZZ	Alteration of Anterior Neck Subcutaneous Tissue and Fascia, Percutaneous Approach
0J050ZZ	Alteration of Posterior Neck Subcutaneous Tissue and Fascia, Open Approach
0J053ZZ	Alteration of Posterior Neck Subcutaneous Tissue and Fascia, Percutaneous Approach
0J060ZZ	Alteration of Chest Subcutaneous Tissue and Fascia, Open Approach
0J063ZZ	Alteration of Chest Subcutaneous Tissue and Fascia, Percutaneous Approach
0J070ZZ	Alteration of Back Subcutaneous Tissue and Fascia, Open Approach
0J073ZZ	Alteration of Back Subcutaneous Tissue and Fascia, Percutaneous Approach
0J080ZZ	Alteration of Abdomen Subcutaneous Tissue and Fascia, Open Approach
0J083ZZ	Alteration of Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach
0J090ZZ	Alteration of Buttock Subcutaneous Tissue and Fascia, Open Approach
0J093ZZ	Alteration of Buttock Subcutaneous Tissue and Fascia, Percutaneous Approach
0J0D0ZZ	Alteration of Right Upper Arm Subcutaneous Tissue and Fascia, Open Approach
0J0D3ZZ	Alteration of Right Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0J0F0ZZ	Alteration of Left Upper Arm Subcutaneous Tissue and Fascia, Open Approach
0J0F3ZZ	Alteration of Left Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0J0G0ZZ	Alteration of Right Lower Arm Subcutaneous Tissue and Fascia, Open Approach
0J0G3ZZ	Alteration of Right Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0J0H0ZZ	Alteration of Left Lower Arm Subcutaneous Tissue and Fascia, Open Approach
0J0H3ZZ	Alteration of Left Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0J0L0ZZ	Alteration of Right Upper Leg Subcutaneous Tissue and Fascia, Open Approach
0J0L3ZZ	Alteration of Right Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0J0M0ZZ	Alteration of Left Upper Leg Subcutaneous Tissue and Fascia, Open Approach
0J0M3ZZ	Alteration of Left Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0J0N0ZZ	Alteration of Right Lower Leg Subcutaneous Tissue and Fascia, Open Approach
0J0N3ZZ	Alteration of Right Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0J0P0ZZ	Alteration of Left Lower Leg Subcutaneous Tissue and Fascia, Open Approach
0J0P3ZZ	Alteration of Left Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0X0207Z	Alteration of Right Shoulder Region with Autologous Tissue Substitute, Open Approach
0X020JZ	Alteration of Right Shoulder Region with Synthetic Substitute, Open Approach
0X020ZZ	Alteration of Right Shoulder Region, Open Approach
0X023ZZ	Alteration of Right Shoulder Region, Percutaneous Approach
0X024ZZ	Alteration of Right Shoulder Region, Percutaneous Endoscopic Approach
0X030JZ	Alteration of Left Shoulder Region with Synthetic Substitute, Open Approach
0X030ZZ	Alteration of Left Shoulder Region, Open Approach
0X033ZZ	Alteration of Left Shoulder Region, Percutaneous Approach
0X034ZZ	Alteration of Left Shoulder Region, Percutaneous Endoscopic Approach

0X040ZZ	Alteration of Right Axilla, Open Approach
0X043ZZ	Alteration of Right Axilla, Percutaneous Approach
0X044ZZ	Alteration of Right Axilla, Percutaneous Endoscopic Approach
0X050ZZ	Alteration of Left Axilla, Open Approach
0X053ZZ	Alteration of Left Axilla, Percutaneous Approach
0X054ZZ	Alteration of Left Axilla, Percutaneous Endoscopic Approach
0X060ZZ	Alteration of Right Upper Extremity, Open Approach
0X063ZZ	Alteration of Right Upper Extremity, Percutaneous Approach
0X064ZZ	Alteration of Right Upper Extremity, Percutaneous Endoscopic Approach
0X070ZZ	Alteration of Left Upper Extremity, Open Approach
0X073ZZ	Alteration of Left Upper Extremity, Percutaneous Approach
0X074ZZ	Alteration of Left Upper Extremity, Percutaneous Endoscopic Approach
0X080ZZ	Alteration of Right Upper Arm, Open Approach
0X083ZZ	Alteration of Right Upper Arm, Percutaneous Approach
0X084ZZ	Alteration of Right Upper Arm, Percutaneous Endoscopic Approach
0X090ZZ	Alteration of Left Upper Arm, Open Approach
0X093ZZ	Alteration of Left Upper Arm, Percutaneous Approach
0X094ZZ	Alteration of Left Upper Arm, Percutaneous Endoscopic Approach
0X0B0ZZ	Alteration of Right Elbow Region, Open Approach
0X0B3ZZ	Alteration of Right Elbow Region, Percutaneous Approach
0X0B4ZZ	Alteration of Right Elbow Region, Percutaneous Endoscopic Approach
0X0C0ZZ	Alteration of Left Elbow Region, Open Approach
0X0C3ZZ	Alteration of Left Elbow Region, Percutaneous Approach
0X0C4ZZ	Alteration of Left Elbow Region, Percutaneous Endoscopic Approach
0X0D0ZZ	Alteration of Right Lower Arm, Open Approach
0X0D3ZZ	Alteration of Right Lower Arm, Percutaneous Approach
0X0D4ZZ	Alteration of Right Lower Arm, Percutaneous Endoscopic Approach
0X0F0ZZ	Alteration of Left Lower Arm, Open Approach
0X0F3ZZ	Alteration of Left Lower Arm, Percutaneous Approach
0X0F4ZZ	Alteration of Left Lower Arm, Percutaneous Endoscopic Approach
0X0G0ZZ	Alteration of Right Wrist Region, Open Approach
0X0G3ZZ	Alteration of Right Wrist Region, Percutaneous Approach
0X0G4ZZ	Alteration of Right Wrist Region, Percutaneous Endoscopic Approach
0X0H0ZZ	Alteration of Left Wrist Region, Open Approach
0X0H3ZZ	Alteration of Left Wrist Region, Percutaneous Approach
0X0H4ZZ	Alteration of Left Wrist Region, Percutaneous Endoscopic Approach
0Y000ZZ	Alteration of Right Buttock, Open Approach
0Y003ZZ	Alteration of Right Buttock, Percutaneous Approach
0Y004ZZ	Alteration of Right Buttock, Percutaneous Endoscopic Approach
0Y010ZZ	Alteration of Left Buttock, Open Approach
0Y013ZZ	Alteration of Left Buttock, Percutaneous Approach
0Y014ZZ	Alteration of Left Buttock, Percutaneous Endoscopic Approach
0Y090ZZ	Alteration of Right Lower Extremity, Open Approach
0Y093ZZ	Alteration of Right Lower Extremity, Percutaneous Approach
0Y094ZZ	Alteration of Right Lower Extremity, Percutaneous Endoscopic Approach
0Y0B0ZZ	Alteration of Left Lower Extremity, Open Approach
0Y0B3ZZ	Alteration of Left Lower Extremity, Percutaneous Approach
0Y0B4ZZ	Alteration of Left Lower Extremity, Percutaneous Endoscopic Approach
0Y0C0ZZ	Alteration of Right Upper Leg, Open Approach
0Y0C3ZZ	Alteration of Right Upper Leg, Percutaneous Approach

0Y0C4ZZ	Alteration of Right Upper Leg, Percutaneous Endoscopic Approach
0Y0D0ZZ	Alteration of Left Upper Leg, Open Approach
0Y0D3ZZ	Alteration of Left Upper Leg, Percutaneous Approach
0Y0D4ZZ	Alteration of Left Upper Leg, Percutaneous Endoscopic Approach
0Y0F0ZZ	Alteration of Right Knee Region, Open Approach
0Y0F3ZZ	Alteration of Right Knee Region, Percutaneous Approach
0Y0F4ZZ	Alteration of Right Knee Region, Percutaneous Endoscopic Approach
0Y0G0ZZ	Alteration of Left Knee Region, Open Approach
0Y0G3ZZ	Alteration of Left Knee Region, Percutaneous Approach
0Y0G4ZZ	Alteration of Left Knee Region, Percutaneous Endoscopic Approach
0Y0H0ZZ	Alteration of Right Lower Leg, Open Approach
0Y0H3ZZ	Alteration of Right Lower Leg, Percutaneous Approach
0Y0H4ZZ	Alteration of Right Lower Leg, Percutaneous Endoscopic Approach
0Y0J0ZZ	Alteration of Left Lower Leg, Open Approach
0Y0J3ZZ	Alteration of Left Lower Leg, Percutaneous Approach
0Y0J4ZZ	Alteration of Left Lower Leg, Percutaneous Endoscopic Approach
0Y0K0ZZ	Alteration of Right Ankle Region, Open Approach
0Y0K3ZZ	Alteration of Right Ankle Region, Percutaneous Approach
0Y0K4ZZ	Alteration of Right Ankle Region, Percutaneous Endoscopic Approach
0Y0L0ZZ	Alteration of Left Ankle Region, Open Approach
0Y0L3ZZ	Alteration of Left Ankle Region, Percutaneous Approach
0Y0L4ZZ	Alteration of Left Ankle Region, Percutaneous Endoscopic Approach

### CPT Codes: Labiaplasty

CPT codes:	Code Description
56620	Vulvectomy simple; partial

### ICD-10 Procedure Codes

ICD-10-PCS procedure codes:	Code Description
0UBM0ZZ	Excision of Vulva, Open Approach
0UBMXZZ	Excision of Vulva, External Approach
0UTM0ZZ	Resection of Vulva, Open Approach
0UTMXZZ	Resection of Vulva, External Approach

### CPT Codes: Scars

CPT codes:	Code Description
11900	Injection, intralesional; up to and including 7 lesions
11901	Injection, intralesional; more than 7 lesions

### ICD-10 Procedure Codes

ICD-10-PCS procedure codes:	Code Description
3E013GC	Introduction of Other Therapeutic Substance into Subcutaneous Tissue, Percutaneous Approach

### CPT Codes: Rhinoplasty

CPT codes:	Code Description
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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)

### ICD-10 Procedure Codes

<b>ICD-10-PCS procedure codes:</b>	<b>Code Description</b>
09QM0ZZ	Repair Nasal Septum, Open Approach
09QM3ZZ	Repair Nasal Septum, Percutaneous Approach
09QM4ZZ	Repair Nasal Septum, Percutaneous Endoscopic Approach
09RK07Z	Replacement of Nose with Autologous Tissue Substitute, Open Approach
09RM07Z	Replacement of Nasal Septum with Autologous Tissue Substitute, Open Approach
09RM0JZ	Replacement of Nasal Septum with Synthetic Substitute, Open Approach
09RM0KZ	Replacement of Nasal Septum with Nonautologous Tissue Substitute, Open Approach
09RM37Z	Replacement of Nasal Septum with Autologous Tissue Substitute, Percutaneous Approach
09RM3JZ	Replacement of Nasal Septum with Synthetic Substitute, Percutaneous Approach
09RM3KZ	Replacement of Nasal Septum with Nonautologous Tissue Substitute, Percutaneous Approach
09RM47Z	Replacement of Nasal Septum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
09RM4JZ	Replacement of Nasal Septum with Synthetic Substitute, Percutaneous Endoscopic Approach
09RM4KZ	Replacement of Nasal Septum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
09SM0ZZ	Reposition Nasal Septum, Open Approach
09SM4ZZ	Reposition Nasal Septum, Percutaneous Endoscopic Approach
09UK07Z	Supplement Nose with Autologous Tissue Substitute, Open Approach
09UM07Z	Supplement Nasal Septum with Autologous Tissue Substitute, Open Approach
09UM0JZ	Supplement Nasal Septum with Synthetic Substitute, Open Approach
09UM0KZ	Supplement Nasal Septum with Nonautologous Tissue Substitute, Open Approach
09UM37Z	Supplement Nasal Septum with Autologous Tissue Substitute, Percutaneous Approach
09UM3JZ	Supplement Nasal Septum with Synthetic Substitute, Percutaneous Approach
09UM3KZ	Supplement Nasal Septum with Nonautologous Tissue Substitute, Percutaneous Approach
09UM47Z	Supplement Nasal Septum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
09UM4JZ	Supplement Nasal Septum with Synthetic Substitute, Percutaneous Endoscopic Approach
09UM4KZ	Supplement Nasal Septum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRB07Z	Replacement of Nasal Bone with Autologous Tissue Substitute, Open Approach
0NRB0JZ	Replacement of Nasal Bone with Synthetic Substitute, Open Approach
0NRB0KZ	Replacement of Nasal Bone with Nonautologous Tissue Substitute, Open Approach
0NRB37Z	Replacement of Nasal Bone with Autologous Tissue Substitute, Percutaneous Approach

0NRB3JZ	Replacement of Nasal Bone with Synthetic Substitute, Percutaneous Approach
0NRB3KZ	Replacement of Nasal Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NRB47Z	Replacement of Nasal Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NRB4JZ	Replacement of Nasal Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NRB4KZ	Replacement of Nasal Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUB07Z	Supplement Nasal Bone with Autologous Tissue Substitute, Open Approach
0NUB0JZ	Supplement Nasal Bone with Synthetic Substitute, Open Approach
0NUB0KZ	Supplement Nasal Bone with Nonautologous Tissue Substitute, Open Approach
0NUB37Z	Supplement Nasal Bone with Autologous Tissue Substitute, Percutaneous Approach
0NUB3JZ	Supplement Nasal Bone with Synthetic Substitute, Percutaneous Approach
0NUB3KZ	Supplement Nasal Bone with Nonautologous Tissue Substitute, Percutaneous Approach
0NUB47Z	Supplement Nasal Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0NUB4JZ	Supplement Nasal Bone with Synthetic Substitute, Percutaneous Endoscopic Approach
0NUB4KZ	Supplement Nasal Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach

### CPT Codes: Congenital Chest Wall Deformity

CPT codes:	Code Description
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

### ICD-10 Procedure Codes

ICD-10-PCS procedure codes:	Code Description
0WU80JZ	Supplement Chest Wall with Synthetic Substitute, Open Approach
0WU84JZ	Supplement Chest Wall with Synthetic Substitute, Percutaneous Endoscopic Approach

### CPT Codes: Panniculectomy

CPT codes:	Code Description
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy

### ICD-10 Procedure Codes

ICD-10-PCS procedure codes:	Code Description
0J080ZZ	Alteration of Abdomen Subcutaneous Tissue And Fascia, Open Approach
0J083ZZ	Alteration of Abdomen Subcutaneous Tissue And Fascia, Percutaneous Approach

**CPT Codes: Lipectomy/Liposuction**

<b>CPT codes:</b>	<b>Code Description</b>
15876	Suction assisted lipectomy; head and neck
15877	Suction assisted lipectomy; trunk
15878	Suction assisted lipectomy; upper extremity
15879	Suction assisted lipectomy; lower extremity

**ICD-10 Procedure Codes**

<b>ICD-10-PCS procedure codes:</b>	<b>Code Description</b>
0J040ZZ	Alteration of Anterior Neck Subcutaneous Tissue and Fascia, Open Approach
0J043ZZ	Alteration of Anterior Neck Subcutaneous Tissue and Fascia, Percutaneous Approach
0J050ZZ	Alteration of Posterior Neck Subcutaneous Tissue and Fascia, Open Approach
0J053ZZ	Alteration of Posterior Neck Subcutaneous Tissue and Fascia, Percutaneous Approach
0J060ZZ	Alteration of Chest Subcutaneous Tissue and Fascia, Open Approach
0J063ZZ	Alteration of Chest Subcutaneous Tissue and Fascia, Percutaneous Approach
0J070ZZ	Alteration of Back Subcutaneous Tissue and Fascia, Open Approach
0J073ZZ	Alteration of Back Subcutaneous Tissue and Fascia, Percutaneous Approach
0J080ZZ	Alteration of Abdomen Subcutaneous Tissue and Fascia, Open Approach
0J083ZZ	Alteration of Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach
0J090ZZ	Alteration of Buttock Subcutaneous Tissue and Fascia, Open Approach
0J093ZZ	Alteration of Buttock Subcutaneous Tissue and Fascia, Percutaneous Approach
0J0D0ZZ	Alteration of Right Upper Arm Subcutaneous Tissue and Fascia, Open Approach
0J0D3ZZ	Alteration of Right Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0J0F0ZZ	Alteration of Left Upper Arm Subcutaneous Tissue and Fascia, Open Approach
0J0F3ZZ	Alteration of Left Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0J0G0ZZ	Alteration of Right Lower Arm Subcutaneous Tissue and Fascia, Open Approach
0J0G3ZZ	Alteration of Right Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0J0H0ZZ	Alteration of Left Lower Arm Subcutaneous Tissue and Fascia, Open Approach
0J0H3ZZ	Alteration of Left Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach
0J0L0ZZ	Alteration of Right Upper Leg Subcutaneous Tissue and Fascia, Open Approach
0J0L3ZZ	Alteration of Right Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0J0M0ZZ	Alteration of Left Upper Leg Subcutaneous Tissue and Fascia, Open Approach
0J0M3ZZ	Alteration of Left Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0J0N0ZZ	Alteration of Right Lower Leg Subcutaneous Tissue and Fascia, Open Approach
0J0N3ZZ	Alteration of Right Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach
0J0P0ZZ	Alteration of Left Lower Leg Subcutaneous Tissue and Fascia, Open Approach
0J0P3ZZ	Alteration of Left Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach

**CPT Codes: Rhytidectomy**

<b>CPT codes:</b>	<b>Code Description</b>
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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

### ICD-10 Procedure Codes

<b>ICD-10-PCS procedure codes:</b>	<b>Code Description</b>
0J010ZZ	Alteration of Face Subcutaneous Tissue and Fascia, Open Approach
0J013ZZ	Alteration of Face Subcutaneous Tissue and Fascia, Percutaneous Approach
0W0207Z	Alteration of Face with Autologous Tissue Substitute, Open Approach
0W020JZ	Alteration of Face with Synthetic Substitute, Open Approach
0W020KZ	Alteration of Face with Nonautologous Tissue Substitute, Open Approach
0W020ZZ	Alteration of Face, Open Approach
0W0237Z	Alteration of Face with Autologous Tissue Substitute, Percutaneous Approach
0W023JZ	Alteration of Face with Synthetic Substitute, Percutaneous Approach
0W023KZ	Alteration of Face with Nonautologous Tissue Substitute, Percutaneous Approach
0W023ZZ	Alteration of Face, Percutaneous Approach
0W0247Z	Alteration of Face with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0W024JZ	Alteration of Face with Synthetic Substitute, Percutaneous Endoscopic Approach
0W024KZ	Alteration of Face with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0W024ZZ	Alteration of Face, Percutaneous Endoscopic Approach
0W0607Z	Alteration of Neck with Autologous Tissue Substitute, Open Approach
0W060JZ	Alteration of Neck with Synthetic Substitute, Open Approach
0W060KZ	Alteration of Neck with Nonautologous Tissue Substitute, Open Approach
0W060ZZ	Alteration of Neck, Open Approach
0W0637Z	Alteration of Neck with Autologous Tissue Substitute, Percutaneous Approach
0W063JZ	Alteration of Neck with Synthetic Substitute, Percutaneous Approach
0W063KZ	Alteration of Neck with Nonautologous Tissue Substitute, Percutaneous Approach
0W063ZZ	Alteration of Neck, Percutaneous Approach
0W0647Z	Alteration of Neck with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
0W064JZ	Alteration of Neck with Synthetic Substitute, Percutaneous Endoscopic Approach
0W064KZ	Alteration of Neck with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
0W064ZZ	Alteration of Neck, Percutaneous Endoscopic Approach

### CPT Codes: Otoplasty

<b>CPT codes:</b>	<b>Code Description</b>
69300	Otoplasty, protruding ear, with or without size reduction

### ICD-10 Procedure Codes

<b>ICD-10-PCS procedure codes:</b>	<b>Code Description</b>
090007Z	Alteration of Right External Ear with Autologous Tissue Substitute, Open Approach
09000JZ	Alteration of Right External Ear with Synthetic Substitute, Open Approach

09000KZ	Alteration of Right External Ear with Nonautologous Tissue Substitute, Open Approach
09000ZZ	Alteration of Right External Ear, Open Approach
090037Z	Alteration of Right External Ear with Autologous Tissue Substitute, Percutaneous Approach
09003JZ	Alteration of Right External Ear with Synthetic Substitute, Percutaneous Approach
09003KZ	Alteration of Right External Ear with Nonautologous Tissue Substitute, Percutaneous Approach
09003ZZ	Alteration of Right External Ear, Percutaneous Approach
090047Z	Alteration of Right External Ear with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
09004JZ	Alteration of Right External Ear with Synthetic Substitute, Percutaneous Endoscopic Approach
09004KZ	Alteration of Right External Ear with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
09004ZZ	Alteration of Right External Ear, Percutaneous Endoscopic Approach
0900X7Z	Alteration of Right External Ear with Autologous Tissue Substitute, External Approach
0900XJZ	Alteration of Right External Ear with Synthetic Substitute, External Approach
0900XKZ	Alteration of Right External Ear with Nonautologous Tissue Substitute, External Approach
0900XZZ	Alteration of Right External Ear, External Approach
090107Z	Alteration of Left External Ear with Autologous Tissue Substitute, Open Approach
09010JZ	Alteration of Left External Ear with Synthetic Substitute, Open Approach
09010KZ	Alteration of Left External Ear with Nonautologous Tissue Substitute, Open Approach
09010ZZ	Alteration of Left External Ear, Open Approach
090137Z	Alteration of Left External Ear with Autologous Tissue Substitute, Percutaneous Approach
09013JZ	Alteration of Left External Ear with Synthetic Substitute, Percutaneous Approach
09013KZ	Alteration of Left External Ear with Nonautologous Tissue Substitute, Percutaneous Approach
09013ZZ	Alteration of Left External Ear, Percutaneous Approach
090147Z	Alteration of Left External Ear with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
09014JZ	Alteration of Left External Ear with Synthetic Substitute, Percutaneous Endoscopic Approach
09014KZ	Alteration of Left External Ear with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
09014ZZ	Alteration of Left External Ear, Percutaneous Endoscopic Approach
0901X7Z	Alteration of Left External Ear with Autologous Tissue Substitute, External Approach
0901XJZ	Alteration of Left External Ear with Synthetic Substitute, External Approach
0901XKZ	Alteration of Left External Ear with Nonautologous Tissue Substitute, External Approach
0901XZZ	Alteration of Left External Ear, External Approach
090207Z	Alteration of Bilateral External Ear with Autologous Tissue Substitute, Open Approach
09020JZ	Alteration of Bilateral External Ear with Synthetic Substitute, Open Approach
09020KZ	Alteration of Bilateral External Ear with Nonautologous Tissue Substitute, Open Approach
09020ZZ	Alteration of Bilateral External Ear, Open Approach
090237Z	Alteration of Bilateral External Ear with Autologous Tissue Substitute, Percutaneous Approach
09023JZ	Alteration of Bilateral External Ear with Synthetic Substitute, Percutaneous Approach

09023KZ	Alteration of Bilateral External Ear with Nonautologous Tissue Substitute, Percutaneous Approach
09023ZZ	Alteration of Bilateral External Ear, Percutaneous Approach
090247Z	Alteration of Bilateral External Ear with Autologous Tissue Substitute, Percutaneous Endoscopic Approach
09024JZ	Alteration of Bilateral External Ear with Synthetic Substitute, Percutaneous Endoscopic Approach
09024KZ	Alteration of Bilateral External Ear with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach
09024ZZ	Alteration of Bilateral External Ear, Percutaneous Endoscopic Approach
0902X7Z	Alteration of Bilateral External Ear with Autologous Tissue Substitute, External Approach
0902XJZ	Alteration of Bilateral External Ear with Synthetic Substitute, External Approach
0902XKZ	Alteration of Bilateral External Ear with Nonautologous Tissue Substitute, External Approach
0902XZZ	Alteration of Bilateral External Ear, External Approach

### CPT Codes: Cleft Lip/Palate

CPT codes:	Code Description
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
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

### ICD-10 Procedure Codes

ICD-10-PCS procedure codes:	Code Description
0CQ00ZZ	Repair Upper Lip, Open Approach
0CQ03ZZ	Repair Upper Lip, Percutaneous Approach
0CQ0XZZ	Repair Upper Lip, External Approach
0CQ10ZZ	Repair Lower Lip, Open Approach
0CQ13ZZ	Repair Lower Lip, Percutaneous Approach
0CQ1XZZ	Repair Lower Lip, External Approach
0CQ20ZZ	Repair Hard Palate, Open Approach
0CQ23ZZ	Repair Hard Palate, Percutaneous Approach
0CQ2XZZ	Repair Hard Palate, External Approach
0CQ30ZZ	Repair Soft Palate, Open Approach
0CQ33ZZ	Repair Soft Palate, Percutaneous Approach
0CQ3XZZ	Repair Soft Palate, External Approach
0CR207Z	Replacement of Hard Palate with Autologous Tissue Substitute, Open Approach

0CR20JZ	Replacement of Hard Palate with Synthetic Substitute, Open Approach
0CR20KZ	Replacement of Hard Palate with Nonautologous Tissue Substitute, Open Approach
0CR237Z	Replacement of Hard Palate with Autologous Tissue Substitute, Percutaneous Approach
0CR23JZ	Replacement of Hard Palate with Synthetic Substitute, Percutaneous Approach
0CR23KZ	Replacement of Hard Palate with Nonautologous Tissue Substitute, Percutaneous Approach
0CR2X7Z	Replacement of Hard Palate with Autologous Tissue Substitute, External Approach
0CR2XJZ	Replacement of Hard Palate with Synthetic Substitute, External Approach
0CR2XKZ	Replacement of Hard Palate with Nonautologous Tissue Substitute, External Approach
0CR307Z	Replacement of Soft Palate with Autologous Tissue Substitute, Open Approach
0CR30JZ	Replacement of Soft Palate with Synthetic Substitute, Open Approach
0CR30KZ	Replacement of Soft Palate with Nonautologous Tissue Substitute, Open Approach
0CR337Z	Replacement of Soft Palate with Autologous Tissue Substitute, Percutaneous Approach
0CR33JZ	Replacement of Soft Palate with Synthetic Substitute, Percutaneous Approach
0CR33KZ	Replacement of Soft Palate with Nonautologous Tissue Substitute, Percutaneous Approach
0CR3X7Z	Replacement of Soft Palate with Autologous Tissue Substitute, External Approach
0CR3XJZ	Replacement of Soft Palate with Synthetic Substitute, External Approach
0CR3XKZ	Replacement of Soft Palate with Nonautologous Tissue Substitute, External Approach
0CS20ZZ	Reposition Hard Palate, Open Approach
0CS2XZZ	Reposition Hard Palate, External Approach
0CS30ZZ	Reposition Soft Palate, Open Approach
0CS3XZZ	Reposition Soft Palate, External Approach
0CU207Z	Supplement Hard Palate with Autologous Tissue Substitute, Open Approach
0CU20JZ	Supplement Hard Palate with Synthetic Substitute, Open Approach
0CU20KZ	Supplement Hard Palate with Nonautologous Tissue Substitute, Open Approach
0CU237Z	Supplement Hard Palate with Autologous Tissue Substitute, Percutaneous Approach
0CU23JZ	Supplement Hard Palate with Synthetic Substitute, Percutaneous Approach
0CU23KZ	Supplement Hard Palate with Nonautologous Tissue Substitute, Percutaneous Approach
0CU2X7Z	Supplement Hard Palate with Autologous Tissue Substitute, External Approach
0CU2XJZ	Supplement Hard Palate with Synthetic Substitute, External Approach
0CU2XKZ	Supplement Hard Palate with Nonautologous Tissue Substitute, External Approach
0CU307Z	Supplement Soft Palate with Autologous Tissue Substitute, Open Approach
0CU30JZ	Supplement Soft Palate with Synthetic Substitute, Open Approach
0CU30KZ	Supplement Soft Palate with Nonautologous Tissue Substitute, Open Approach
0CU337Z	Supplement Soft Palate with Autologous Tissue Substitute, Percutaneous Approach
0CU33JZ	Supplement Soft Palate with Synthetic Substitute, Percutaneous Approach
0CU33KZ	Supplement Soft Palate with Nonautologous Tissue Substitute, Percutaneous Approach
0CU3X7Z	Supplement Soft Palate with Autologous Tissue Substitute, External Approach
0CU3XJZ	Supplement Soft Palate with Synthetic Substitute, External Approach
0CU3XKZ	Supplement Soft Palate with Nonautologous Tissue Substitute, External Approach

**The following CPT code is considered not medically necessary for Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:**

## CPT Code: Abdominoplasty

CPT codes:	Code Description
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)

## Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

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[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

## Policy History

Date	Action
10/2024	Policy clarified. Hair transplants removed. Coverage is determined by the subscriber certificate. 10/1/2024.
5/2024	Policy clarified. Laser treatments of port-wine stains or hemangiomas of the face and neck are covered. Authorizations are not required for laser treatments of port wine stains/hemangiomas on the face and neck in children and adults.
12/2023	Policy clarified. New medically necessary statement added for hair removal to prevent pilonidal cyst recurrence.
9/2023	Policy clarified to include prior authorization requests using Authorization Manager.
8/2023	Policy clarified. Prior authorization (PA) table was updated to indicate that PA is required for liposuction/lipectomy for: <ul style="list-style-type: none"><li>• Commercial PPO and EPO</li><li>• Commercial Managed Care (HMO and POS).</li></ul> The PA table was also updated to include a separate column for Commercial Indemnity.  Policy clarified. Medically necessary statements on Liposuction or Lipectomy updated to state: including, but not limited to lipedema under Disease (last bullet).
3/2023	Policy revised. New medically necessary statement on lipoma removal. Clarified coding information. Effective 3/1/2023  Policy clarified. The following surgical procedures were transferred to the new medical policy #179, Orthognathic Surgery. <ul style="list-style-type: none"><li>• Mandibular or maxillary osteotomy/plasty for prognathism or micrognathism with documented severe handicapping malocclusion.</li><li>• Other osteotomy/plasty for congenital conditions that cause severe facial or cranio-facial deformities including but not limited to Crouzon's syndrome, Treacher Collin's dysostosis, or Romberg's disease.</li><li>• Mentoplasty.</li></ul> Cleft Lip/Cleft Palate Repair statement for members <18 years of age clarified.
11/2022	Clarified prior authorization information
6/2022	Prior authorization information clarified for PPO Plans. Effective 6/1/2022.
9/2021	Policy updated to include medically necessary language for adolescent and adult intersex individuals whose anatomy does not conform to typical binary notions of male or female and/or is not congruent with their gender identity. Effective 9/2021.
1/2021	Medicare information removed. See MP #132 Medicare Advantage Management for local coverage determination and national coverage determination reference.

3/2020	Medically necessary statement on removal of excess skin clarified to include functional impairment, such as significant difficulty with activities of daily living.
5/2019	Age criteria to correct pectus excavatum and pectus carinatum removed. Effective 5/1/2019.
12/2018	Abdominoplasty is considered cosmetic and not medically necessary. Effective 12/1/2018.
8/2018	Medically necessary statements regarding State Mandate Chapter 233 of the Acts of 2016, An Act Relative to HIV Associated Lipodystrophy Syndrome Treatment clarified. 8/10/2018
6/2018	Clarified coding information.
9/2017	Medically necessary criteria for tattooing of the areola as part of nipple reconstruction clarified. Not medically necessary tattoo removal or application criteria clarified. 9/1/2017
2/2017	Clarified coding information.
1/2017	Clarified coding information.
11/2016	Policy updated to include mandated coverage for reconstructive services to correct or repair disturbances of body composition caused by HIV associated lipodystrophy syndrome. Effective 11/8/2016.
5/2016	Liposuction criteria updated to indicate when it is medically necessary. Clarified coding information. Effective 5/1/2016.
11/2015	Policy #460 Laser Treatment of Port Wine Stains retired. 11/1/2015
1/2016	Chest wall deformity medically necessary criteria clarified. Effective 1/1/2016.
10/2015	Medical policy ICD-10 remediation: Formatting, editing and coding updates. <ul style="list-style-type: none"> <li>○ Blepharoplasty, Blepharoptosis Repair and Brow Ptosis Repair - new medical policy describing medically necessary and not medically necessary indications transferred to policy #740, Blepharoplasty, Blepharoptosis Repair and Brow Ptosis Repair. 10/1/2015</li> <li>○ Chemical Peels - new medically necessary statements transferred to policy #732, Chemical Peels. 10/1/2015</li> <li>○ Destruction of Actinic Keratoses - medically necessary statement retired. This treatment is considered medically necessary. 10/1/2015</li> <li>○ Excision or Shaving of Rhinophyma - ongoing medically necessary indications transferred to policy #462, Nonpharmacologic Treatment of Rosacea. 10/1/2015</li> <li>○ Injection of Acne Cysts - medically necessary statement retired. This treatment is considered medically necessary. 10/1/2015</li> <li>○ Laser Treatment of Active Acne - ongoing investigational statement transferred to policy #461, Treatment of Active Acne. 10/1/2015</li> <li>○ Nonpharmacologic Treatment of Rosacea - ongoing medically necessary and investigational indications transferred to policy #462, Nonpharmacologic Treatment of Rosacea. 10/1/2015</li> <li>○ Orthodontics and Dental Services - statements retired. Coverage for orthodontic services is determined by subscriber certificate and through dental plan. 10/1/2015</li> <li>○ Wigs and Hair Prosthesis - statement removed. Coverage is determined by the subscriber certificate. 10/1/2015</li> </ul>

## References

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4. American Psychological Association. (2006). Answers to your questions about individuals with intersex conditions. Retrieved from <http://www.apa.org/topics/lgbt/intersex.aspx>

## Endnotes

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<sup>1</sup> Based on expert local opinion

<sup>2</sup> Based on State Mandate [Chapter 233 of the Acts of 2016, An Act Relative to HIV Associated Lipodystrophy Syndrome Treatment. Effective August 10, 2016.](#)

<sup>3</sup> Based on subscriber certificate