Cosmetic, Reconstructive and Restorative Procedures

Policy
Harvard Pilgrim reimburses contracted physicians for the provision of cosmetic, reconstructive and restorative procedures only in limited circumstances where Harvard Pilgrim determines the procedures are medically necessary. Cosmetic, reconstructive and restorative procedures must be performed in a Harvard Pilgrim contracted facility.

Policy Definition
Cosmetic Surgery is any surgical procedure performed to reshape normal structures of the body in order to improve the patient’s appearance, self-esteem or treat a mental health condition.

Reconstructive Surgery is any surgical procedure performed to repair severe disfigurement due to injury, disease, or birth defect.

Restorative Surgery is a surgical procedure medically necessary to repair or restore appearance damaged by accidental injury.

Prerequisite(s)
Applicable Harvard Pilgrim referral, notification and authorization policies and procedures apply. (Refer to Referral, Notification and Authorization for more information.)

HMO/PPO/POS
• A referral is required for specialist services for HMO and in-network POS members.
• An authorization is required for the following cosmetic and reconstructive procedures. (Refer to the Prior Authorization Policy for specific requirements.)
  - Breast implant removal
  - Breast reduction and reconstruction surgery
  - Destruction of vascular cutaneous lesions
  - Excision or surgical planning of rhinophyma
  - Gynecomastia surgery
  - Ophthalmic plastic surgery (i.e., blepharoplasty, ptosis repair)

• Related CPT codes may require authorization when billed in conjunction with above procedures.

Open Access HMO and POS
For Open Access HMO and Open Access POS products, no referral is required to see a contracted specialist.

Harvard Pilgrim Reimburses
HMO/POS/PPO
Cosmetic and reconstructive procedures are reimbursed in accordance with the member’s benefit. Harvard Pilgrim reimburses cosmetic and reconstructive surgery to repair severe disfigurement due to injury or disease or birth defect. Covered services include, but are not limited to:

• Cleft lip/palate repair
• Frenectomy (lingual only)
• Insertion of testicular prosthesis
• Laser therapy (for removal of cancerous or pre-cancerous lesions, vascular birth marks, port wine stains, or removal of warts)
• Pectus repair
• Post-mastectomy reconstruction
• Strabismus correction

Harvard Pilgrim Does Not Reimburse
The following is a general guideline and may not be all-inclusive.

HMO/POS/PPO
• Abrasion lesion
• General and regional anesthesia services rendered by the surgeon
• Augmentation mandibular body or angle
• Cervicoplasty

(continued)
### Payment Policies

#### Cosmetic and Reconstructive Surgery (cont.)

- Chemical exfoliation for acne
- Chemical peel
- Cosmetic surgery and related surgery, except as required for the repair of accidental injury or to improve the functions of a malformed body part
- Dermabrasion
- Excision of hyperplastic alveolar mucosa, each quadrant
- Educational supplies
- Electrolysis epilation
- Epikeratoplasty
- Experimental cosmetic procedures or treatments including implants and transplants for cosmetic purposes
- Forehead reduction
- Gastric balloon for treatment of obesity
- Genioplasty
- Hair transplantation
- I&D acne surgery
- Keratomileusis
- Keratoplasty
- Laser therapy for spider veins
- Lateral canthoplexy
- Malar Augmentation
- Masseter Reduction
- Medial canthoplexy
- Medical testimony
- Moulage preparation for custom breast implant
- Operculectomy excision of pericoronal tissues
- Otoplasty for conditions such as "lop ears"
- Periodontal mucosal grafting
- Plastic surgery to correct "moon face"
- Professional fees for rhinoplasty portion of septorhinoplasty surgery unless determined to be medically necessary and prior-authorized by Harvard Pilgrim
- Radial keratotomy
- Refractive surgery including excimer laser surgery, orthokeratology, and radial keratotomy for correction of myopia, hyperopia, and astigmatism
- Removal of excess tissue after dramatic weight loss
- Revision of scars that are the result of non-covered cosmetic surgery, except for medically necessary treatment of complications
- Rhytidectomy
- Salabrasion
- Single or multiple injections sclerosing solutions for spider veins
- Skin tag removal by any method
- Subcutaneous injection of filling material (collagen)
- Suction lipectomy (removal of fat)
- Surgical "stripping" of varicose veins for cosmetic reasons
- Tattooing for the diagnosis of vitiligo
- Uvulopalatoplasty (UPP) as a remedy for snoring

Refer to Surgery for information on general surgical reimbursement methodologies, such as separately reimbursed services, bundled services, bilateral surgeries, multiple surgical procedures, add-on codes, unlisted codes, assistant surgeons, team surgery, co-surgery, anesthesia services and surgical trays.

### Member Cost-Sharing

Services subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible). Office copayments are not applied to routine post-operative visits that have an assigned number of days in the global period.

### Provider Billing Guidelines and Documentation

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>10040</td>
<td>I&amp;D acne surgery</td>
<td>Not reimbursed</td>
</tr>
<tr>
<td>11200-11201</td>
<td>Skin tag removal by any method</td>
<td>Not reimbursed</td>
</tr>
<tr>
<td>11920-11922</td>
<td>Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation</td>
<td>Not reimbursed when billed with the following diagnosis codes: ICD-10</td>
</tr>
<tr>
<td>11950–11954</td>
<td>Subcutaneous injection of filling material (Collagen)</td>
<td>Not reimbursed</td>
</tr>
<tr>
<td>15775, 15776</td>
<td>Hair Transplant (full thickness graft or punch graft)</td>
<td>Not Reimbursed</td>
</tr>
<tr>
<td>15780–15782</td>
<td>Dermabrasion; total face; segmental, face; regional, other than face</td>
<td>Not reimbursed</td>
</tr>
<tr>
<td>15783</td>
<td>Dermabrasion; superficial, any site (e.g., tattoo removal)</td>
<td>Not reimbursed</td>
</tr>
<tr>
<td>15786–15787</td>
<td>Abrasion lesion</td>
<td>Not reimbursed</td>
</tr>
<tr>
<td>15788–15789, 15792–15793</td>
<td>Chemical peel</td>
<td>Not reimbursed</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
<td>Comments</td>
</tr>
<tr>
<td>------------</td>
<td>-------------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>15819</td>
<td>Cervicoplasty</td>
<td>Not reimbursed</td>
</tr>
<tr>
<td>15824–15829</td>
<td>Rhytidectomy</td>
<td>Not reimbursed</td>
</tr>
<tr>
<td>15876</td>
<td>Suction lipectomy</td>
<td>Not reimbursed</td>
</tr>
<tr>
<td>17360</td>
<td>Chemical exfoliation for acne</td>
<td>Not reimbursed</td>
</tr>
<tr>
<td>17380</td>
<td>Electrolysis epilation</td>
<td>Not reimbursed</td>
</tr>
<tr>
<td>19396</td>
<td>Moulage preparation for custom breast implant</td>
<td>Not reimbursed</td>
</tr>
<tr>
<td>21120–21123</td>
<td>Genioplasty</td>
<td>Not reimbursed</td>
</tr>
<tr>
<td>21125–21127</td>
<td>Augmentation mandibular body or angle</td>
<td>Not reimbursed; exception for cleft palate/cleft lip per MA mandate with the following diagnosis codes in the primary position: ICD-10</td>
</tr>
<tr>
<td>21137-21139</td>
<td>Reduction forehead</td>
<td>Not reimbursed</td>
</tr>
<tr>
<td>21270</td>
<td>Malar augmentation</td>
<td>Not reimbursed; exception for cleft palate/cleft lip per MA mandate with the following diagnosis codes in the primary position: ICD-10</td>
</tr>
<tr>
<td>21280</td>
<td>Medical canthoplexy</td>
<td>Not reimbursed</td>
</tr>
<tr>
<td>21282</td>
<td>Lateral canthoplexy</td>
<td>Not reimbursed</td>
</tr>
<tr>
<td>21295-21296</td>
<td>Reduction of masseter muscle and bone (extraoral or intra-oral approach)</td>
<td>Not reimbursed</td>
</tr>
<tr>
<td>36468</td>
<td>Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk</td>
<td>Not reimbursed</td>
</tr>
<tr>
<td>41821</td>
<td>Operculectomy excision of prercoronal tissues</td>
<td>Not reimbursed</td>
</tr>
<tr>
<td>41828</td>
<td>Excision of hyperplastic alveolar mucosa, each quadrant</td>
<td>Not reimbursed</td>
</tr>
<tr>
<td>41870</td>
<td>Periodontal mucosal grafting</td>
<td>Not reimbursed</td>
</tr>
<tr>
<td>65760</td>
<td>Keratomileusis</td>
<td>Not reimbursed</td>
</tr>
<tr>
<td>65765</td>
<td>Keratophakia</td>
<td>Not reimbursed</td>
</tr>
<tr>
<td>65767</td>
<td>Epikeratoplasty</td>
<td>Not reimbursed</td>
</tr>
<tr>
<td>65771</td>
<td>Radial keratotomy</td>
<td>Not reimbursed</td>
</tr>
<tr>
<td>69300</td>
<td>Otoplasty, protruding</td>
<td>Not reimbursed</td>
</tr>
<tr>
<td>99071</td>
<td>Educational supplies</td>
<td>Not reimbursed</td>
</tr>
<tr>
<td>99075</td>
<td>Medical testimony</td>
<td>Not reimbursed</td>
</tr>
<tr>
<td>D8060</td>
<td>Interceptive orthodontic treatment of the transitional dentition</td>
<td>Reimbursed only with the following diagnosis codes the primary position: ICD-10 Covered Indications</td>
</tr>
<tr>
<td>D8070</td>
<td>Comprehensive orthodontic treatment of the transitional dentition</td>
<td>ICD-10 Covered Indications</td>
</tr>
<tr>
<td>D8080</td>
<td>Comprehensive orthodontic treatment of the adolescent dentition</td>
<td>ICD-10 Covered Indications</td>
</tr>
</tbody>
</table>

**Cleft Palate Treatment**

Harvard Pilgrim reimburses cleft palate procedures in compliance with the MA state mandate up to the age of 18 when the appropriate diagnoses codes listed above for CPT codes 21125 – 21127 and CPT code 21270 are submitted in the primary position.

**Other Information**

Bill an unlisted CPT code for services that do not have a specific CPT code describing the surgery. Attach operative notes.
Related Policies

- Bilateral Services and CPT Modifier 50 Payment Policy
- Surgery Payment Policy
- Unlisted/Unspecified Procedure Codes Payment Policy
- Breast Surgeries Medical Review Criteria
- Chest Wall Deformities Reconstructive Procedures Medical Review Criteria
- Cosmetic and Reconstructive Eye Procedures Medical Review Criteria
- Cosmetic and Reconstructive Nasal Procedures Medical Review Criteria
- Cosmetic and Reconstructive Skin Procedures Medical Review Criteria
- Panniculectomy Medical Review Criteria
- Transgender Medical Policy
- Varicose Vein Procedures Medical Review Criteria

PUBLICATION HISTORY

10/01/02  original documentation
07/01/03  annual review; edits for clarification
10/31/04  annual review; additions to covered and non-covered services
07/01/05  annual review; edits for clarification
01/31/06  coding update
04/30/06  annual review; edits for clarification
10/31/07  annual review; minor edits for clarification
04/30/08  annual review; minor edits for clarification; added payable cleft palate codes and diagnoses
04/15/10  annual review; added services that will deny or require authorization effective 07/01/10
01/15/11  code level denial removed from skin graft procedures 15220, 15221
04/15/11  annual review; no changes
01/01/12  removed First Seniority Freedom information from header
08/15/12  annual review; minor edits for clarity; policy renamed as Cosmetic, Reconstructive and Restorative Procedures
09/15/13  annual review; added cleft palate MA mandate information
06/15/14  added Connecticut Open Access HMO referral information to Prerequisites
09/15/14  annual review; minor edits for consistency with Transgender Medical Policy
01/15/15  annual coding update
07/15/15  ICD-10 coding update
09/15/15  annual review; administrative edits
09/15/16  annual review; no changes
09/15/17  annual review; clarified general and regional anesthesia services in the Harvard Pilgrim Does Not Reimburse section; updated list of Related Policies
01/01/18  updated Open Access Product referral information under Prerequisites
02/01/18  annual coding update
09/04/18  annual review; removed ICD-9 codes
09/03/19  annual review; no changes
09/01/20  annual review; updated Provider Billing Guidelines and Documentation

1This policy applies to the products of Harvard Pilgrim Health Care and its affiliates — Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England, and HPHC Insurance Company — for services performed by contracted providers. Payment is based on member benefits and eligibility, medical necessity review, where applicable, and provider contractual agreement. Payment for covered services rendered by contracted providers will be reimbursed at the lesser of charges or the contracted rate. (Does not apply to inpatient per diem, DRG, or case rates.) HPHC reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated annually. Always use the most recent CPT and HCPCS coding guidelines.

2The table may not include all provider claim codes related to cosmetic and reconstructive surgery.