

## Cosmetic, Reconstruction 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)
  - Post-bariatric related surgeries (i.e., panniculectomy)
  - Rhinoplasty
  - Scar revision
  - Septoplasty/deviated septum repair
  - Uvulopalatopharyngoplasty (UPPP)
  - Varicose vein treatment
- 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<sup>1</sup>

#### 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
- 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
- Keratophakia
- 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 septo-rhinoplasty 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**
**Coding<sup>2</sup>**

Code	Description	Comment
10040	I&D acne surgery	Not reimbursed
11200-11201	Skin tag removal by any method	Not reimbursed
11920-11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation	Not reimbursed when billed with the following diagnosis codes:  <b><u>ICD-10</u></b>
11950–11954	Subcutaneous injection of filling material (Collagen)	Not reimbursed
15775, 15776	Hair Transplant (full thickness graft or punch graft)	Not Reimbursed
15780–15782	Dermabrasion; total face; segmental, face; regional, other than face	Not reimbursed
15783	Dermabrasion; superficial, any site (e.g., tattoo removal)	Not reimbursed
15786–15787	Abrasion lesion	Not reimbursed
15788–15789, 15792–15793	Chemical peel	Not reimbursed
15819	Cervicoplasty	Not reimbursed
15824–15829	Rhytidectomy	Not reimbursed
15876	Suction lipectomy	Not reimbursed
17360	Chemical exfoliation for acne	Not reimbursed
17380	Electrolysis epilation	Not reimbursed
19396	Moulage preparation for custom breast implant	Not reimbursed
21120–21123	Genioplasty	Not reimbursed
21125–21127	Augmentation mandibular body or angle	Not reimbursed; exception for cleft palate/cleft lip per MA mandate with the following diagnosis codes in the primary position:  <b><u>ICD-10</u></b>
21137-21139	Reduction forehead	Not reimbursed
21270	Malar augmentation	Not reimbursed; exception for cleft palate/cleft lip per MA mandate with the following diagnosis codes in the primary position:  <b><u>ICD-10</u></b>
21280	Medical canthoplexy	Not reimbursed
21282	Lateral canthoplexy	Not reimbursed

## PAYMENT POLICIES

Code	Description	Comment
21295-21296	Reduction of masseter muscle and bone (extraoral or intraoral approach)	Not reimbursed
36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk	Not reimbursed
41821	Operculectomy excision of precoronal tissues	Not reimbursed
41828	Excision of hyperplastic alveolar mucosa, each quadrant	Not reimbursed
41870	Periodontal mucosal grafting	Not reimbursed
65760	Keratomileusis	Not reimbursed
65765	Keratophakia	Not reimbursed
65767	Epikeratoplasty	Not reimbursed
65771	Radial keratotomy	Not reimbursed
69300	Otoplasty, protruding	Not reimbursed
99071	Educational supplies	Not reimbursed
99075	Medical testimony	Not reimbursed
D8060	Interceptive orthodontic treatment of the transitional dentition	Reimbursed only with the following diagnosis codes the primary position:  <b><u>ICD-10 Covered Indications</u></b>
D8070	Comprehensive orthodontic treatment of the transitional dentition	
D8080	Comprehensive orthodontic treatment of the adolescent dentition	

### 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

#### Payment Policies

- Bilateral Services and CPT Modifier 50
- Surgery
- Unlisted/Unspecified Procedure Codes

#### Medical Policies

- Breast Surgeries

PAYMENT POLICIES
 

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- Cosmetic and Reconstructive Eye Procedures
- Cosmetic and Reconstructive Nasal Procedures
- Cosmetic and Reconstructive Skin Procedures
- Gender Reassignment Services
- Panniculectomy
- Transgender
- Varicose Vein Procedures

## 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 <i>Connecticut Open Access HMO</i> 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
09/01/21	annual review; updated related medical policies

<sup>1</sup>This 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.

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