MEDICAL POLICY

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Medical Policy Title	**Cosmetic and Reconstructive Procedures**
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Our medical policies are based on the assessment of evidence based, peer-reviewed literature, and professional guidelines. Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract. (Link to Product Disclaimer)

POLICY STATEMENT(S)

*This policy does not address criteria related to gender affirming surgeries/procedures. Refer to the Related Policies section below for policy criteria.

Cosmetic Procedures

I. Cosmetic procedures are performed to reshape structures of the body to improve a patient's appearance or self-esteem in the absence of a functional deficit (see Policy Guideline I).

The following is a non-inclusive list of procedures and codes that are generally, although not always, considered cosmetic and **not medically necessary** for **ALL** indications. A medical exception may be considered when clinical records document a significant functional deficit that cannot be addressed through conservative treatments.

A. benign skin lesions (11300-11313; 11400-11471; 17110-17111), see Policy Statement II.

B. breast augmentation with implants (19325), see Policy Statement II.

C. chemical peel (15788-15793, 17360)

D. CoolSculpting (also known as cryolipolysis or fat freezing)

E. dermabrasion (15780 - 15783), see Policy Statement II.

F. glabella (frown lines) excision or correction (15826)

G. grafting of autologous fat or tissue (15769 - 15774), see Policy Statement II.

H. hairplasty (hair transplant) (15775, 15776)

I. hair removal, including for treatment of hirsutism or hypertrichosis (17380, 17999)

J. ear or body piercing (12001, 12011)

K. ear lobe or body piercing repair (69090), see Policy Statement II.

L. rhytidectomy (15824 - 15829), see Policy Statement II.

M. subcutaneous injection to dissolve localized areas of fat (e.g., deoxycholic acid [Kybella]) (CPT J0591)

N. tattooing or tattoo removal (CPT 11920, 11921, 11922), see Policy Statement II.

O. voice lifting procedures

Reconstructive Procedures

II. A procedure is considered reconstructive and **medically appropriate** when clinical documentation meets **BOTH** of the following:

A. One (1) of the following definitions of reconstructive procedures is met:

1. The procedure is performed to correct structures of the body affected by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease that have resulted in a functional deficit;
2. Reconstructive procedures incidental to or following surgery to treat an accidental injury, infection, or other disease of the part of the body involved, that correct a functional deficit; or
3. The procedure is intended to correct a congenital disease or anomaly of a child that has resulted in a functional deficit; **and**

B. When the following procedure or indication specific criteria are met:

1. Acne procedures (10040, 11900, 11901, 17340)
   a. Intralesional injection of painful acne cysts is considered **medically appropriate**.
   b. Surgical drainage of painful acne lesions (acne surgery) is considered **medically appropriate**.
   c. Comedone extraction is considered **not medically necessary**.
   d. The use of cryotherapy (carbon dioxide [CO2] slush, liquid nitrogen) is considered **investigational** in the treatment of acne.

   Related CMP #8.01.21 Light and Laser Therapies for Dermatologic Conditions
2. Actinic keratoses
   a. The use of surgical or medical treatment methods, including, but not limited to cryosurgery, curettage, and excision, is considered **medically appropriate**.

   Related CMP #8.01.21 Light and Laser Therapies for Dermatologic Conditions
3. Benign skin lesions, including skin tag removal (11200-11201, 11300-11313, 1140-11474, 17110-17111):
   a. When removed due to bleeding, pain, recent changes in physical appearance (e.g., color, size), obstruction of an orifice, clinically restricts eye function, or exposure to frequent irritation, removal of benign skin lesion(s) is considered **medically appropriate**.
4. Breast procedures: augmentation with implant (19325), correction of asymmetry, grafting of autologous fat or tissue (15769, 15771-15774), mastopexy/breast lift (19316), tattoo (11920, 11921, 11922)
   a. Breast reconstructive procedures are considered **medically appropriate** when

either are met:

i. a significant functional deficit is documented, or

ii. performed during or after surgical mastectomy, including partial mastectomy (e.g., lumpectomy, segmentectomy, quadrantectomy) for benign or malignant disease as required under applicable law.

Related CMP #10.01.01 Breast Reconstruction Surgery and Prophylactic Breast Cancer Risk-Reducing Mastectomy

Related CMP #7.01.39 Reduction Mammaplasty (Mammoplasty) for female breast reduction.

Related criteria Nationally recognized InterQual, Reduction Mammaplasty, Male for male mastectomy for gynecomastia.

5. Congenital chest wall deformity surgical correction (e.g., repair of pectus excavatum or pectus carinatum) (21740, 21742, 21743):
   a. Surgical correction of a congenital chest wall deformity is considered **medically appropriate** when a functional deficit is documented. Functional deficits may include but are not limited to, atypical chest pain, cardiac abnormalities, pulmonary impairment, and, for those with pectus excavatum, a pectus severity index (PSI), also known as the Haller index, of 3.25 or greater.
6. Congenital protruding or prominent ear correction (69300)
   a. Otoplasty (also known as pinnaplasty) is considered **medically appropriate** when both of the following are met:
      i. a functional deficit is documented; and
      ii. when the distance from helical rim to mastoid is greater than or equal to 2.1 centimeters (cm) (normal distance is 1.5-2.0 cm).
7. Dermabrasion (15780, 15781, 15782, 15783)
   a. Dermabrasion is considered **medically appropriate** when a functional deficit is documented following a traumatic injury, previous surgery, or burns.
8. Ear or body piercing repair
   a. Repair, immediately post-injury, of traumatic laceration of ear and/or body piercing is considered **medically appropriate**.
   b. Earlobe repair or repair of a body site piercing to close a stretched pierce hole, in the absence of a traumatic injury, is considered cosmetic and **not medically necessary**.
9. Hemangioma treatment (17106, 17107, 17108)
   a. Treatment of hemangioma(s), including laser therapy, is considered **medically**

appropriate when a functional deficit is documented.

10. Hyperhidrosis surgery, including: endoscopic transthoracic sympathicotomy/ sympathectomy (ETS), sympathectomy (radial artery, ulnar artery, superficial palmar arch), video assisted thoracic sympathectomy (VATS), and surgical excision of axillary sweat glands. (32664, 64821, 64822, 64823, 97033)
    a. Surgical treatment of primary hyperhidrosis is considered **medically appropriate** for patients with medical complications such as skin breakdown with secondary infections (e.g., folliculitis or cellulitis requiring treatment with systemic antibiotics, or fissuring or cracking) **OR** documented significant biopsychosocial functional impairments (e.g., agoraphobia requiring mental health intervention) with documentation of functional deficit, when **ALL** of the following criteria are met:
        i. Topical aluminum chloride or other extra-strength antiperspirants are ineffective or result in a severe rash;
        ii. Patient is unresponsive or unable to tolerate pharmacotherapy prescribed for excessive; and
        iii. Patient has failed to adequately respond to treatment with botulinum toxin A (Botox A). *Note: Botox A is only FDA indicated for the treatment of severe primary axillary hyperhidrosis, and therefore, a trial treatment is only required for patients diagnosed with axillary hyperhidrosis.
    b. The following treatments for hyperhidrosis are considered **investigational**: acupuncture, axillary liposuction, homeopathy, hypnosis, iontophoresis, massage, psychotherapy, and phytotherapy (use of extracts from natural origin as medicines).
11. Labiaplasty/ Vulvectomy (56620, 56625)
    a. Vulvectomy as part of surgery to treat cancer or pre-cancerous lesions (dysplasia) is considered **medically appropriate**.
    b. Labiaplasty, the reduction of the labia majora (outer lips of the vulva) or labia minora (inner lips of the vulva), performed without a documented functional deficit is considered cosmetic and **not medically necessary**.
12. Rhytidectomy (face lift) (15824-15829)
    a. Rhytidectomy performed for correction of a documented functional deficit from facial nerve palsy is considered **medically appropriate**.
13. Rosacea, including erythema and telangiectasia. (17106-17108)
    a. Treatment of rosacea, when a functional deficit is documented, using procedures such as photoablation, laser treatment, sclerosing injections or ultraviolet light therapy, is considered **medically appropriate**.
14. Scar revision, including burn and keloids (0479T, 0480T, 11400 - 11446, 11900, 11901, 17110, 17111, 17999)

a. Revision of scars (i.e., burn and keloid) via surgical excision or intralesional steroid injection is considered **medically appropriate** when scars result in a functional deficit.

b. Treatment of burn and traumatic scars with fractional ablative laser for functional improvement is considered **medically necessary** when both of the following are met:

i. there is documented evidence of a significant functional deficit related to the scar (e.g., limited movement); and

ii. the treatment can be reasonably expected to improve the functional impairment.

Related CMP #10.01.01 Breast Reconstruction Surgery and Prophylactic Breast Cancer Risk-Reducing Mastectomy

15. Subcutaneous injection of filling material (11950-11954, L8607, Q2026, Q2028)

a. Dermal injections with products approved by the U.S. Food and Drug Administration (FDA) (e.g., poly-L-lactic acid [Sculptra], calcium hydroxylapatite [Radiesse]) for facial HIV lipoatrophy are considered **medically appropriate** for treatment of facial lipodystrophy syndrome (LDS) due to antiretroviral therapy in HIV-infected patients.

b. Injection with calcium hydroxylapatite (e.g., Prolaryn and Radiesse Voice) is considered **medically appropriate** as an implant space-filling material for soft tissue augmentation in laryngeal procedures for vocal fold medialization and augmentation.

Related CMP #10.01.01 Breast Reconstruction Surgery and Prophylactic Breast Cancer Risk-Reducing Mastectomy.

16. Vitiligo (15011 – 15018, C1832)

a. Treatment of vitiligo with autologous epidermal cell (cultured and noncultured melanocytic) transplantation for repigmentation is considered **investigational**.

Related CMP #8.01.21 Light and Laser Therapies for Dermatologic Conditions

RELATED POLICIES

Corporate Medical Policy

For criteria specifically related to gender affirming surgeries/procedures, refer to either:

- 7.01.84 Gender Affirming Surgery and Treatments for Commercial and Medicare Advantage Members, or
- 7.01.105 Gender Reassignment/Gender Affirming Surgery and Treatments for Medicaid and HARP Members

7.01.39 Reduction Mammaplasty

7.01.47 Varicose Vein Treatments

7.01.53 Abdominoplasty and Panniculectomy

7.01.55 Blepharoplasty with or without Levator Muscle Advancement

8.01.21 Light and Laser Therapies for Dermatologic Conditions

10.01.01 Breast Reconstruction Surgery and Prophylactic Breast Cancer Risk-Reducing Mastectomy

11.01.03 Experimental or Investigational Services

Nationally Recognized InterQual Criteria

Breast Reconstructive subset criteria for breast augmentation with implants.

Reduction Mammaplasty, Male subset criteria for male breast reduction.

Pharmacy Management Drug Policy

-09 Clinical Review Prior Authorization (CRPA) Rx

-72 Step Therapy

POLICY GUIDELINE(S)

I. Functional deficit is defined as:
   A. Pain or other physical deficit that interferes with activities of daily living; or
   B. Impaired physical activity.

II. When procedures are intended to improve impaired function/functional deficit, coverage will be considered based on adequate documentation submitted for clinical review. must be provided upon request and prior to performing the procedure. This may include objective documentation of any impairment(s), study/test results, description and duration of conservative treatments, photographs, copies of consultations, and any other pertinent information.

III. Requests for procedures or services will be considered in accordance with State and Federal Law.

IV. If a medical condition results from a cosmetic procedure, medically necessary services required to treat the medical condition will be **eligible for coverage**. Common, anticipated, side effects (e.g., nausea and vomiting that results in a prolonged hospital stay) are considered part of the cosmetic procedure and are **ineligible for coverage**.

DESCRIPTION

Acne vulgaris is a chronic, inflammatory skin disease that primarily presents with open or closed comedones, papules, pustules, or nodules on the face or trunk and may result in pain, erythema, hyperpigmentation, or scars. Acne inversa (hidradenitis suppurativa) is a chronic follicular occlusive disease primarily affecting the axilla, waist, groin, perianal, perineal, and inframammary areas.

Actinic Keratosis (AKs), also known as solar keratoses, are common, sun-induced skin lesions that are confined to the epidermis and have the potential to become a skin cancer. Various options exist for

treating AKs, including cryosurgery with liquid nitrogen, topical drug therapy, and curettage. Less commonly performed treatments for AK include dermabrasion, excision, chemical peels, laser therapy, and photodynamic therapy.

Hyperhidrosis is defined as excessive sweating beyond a level required to maintain normal body temperature, in response to heat exposure or exercise. It can be classified as primary or secondary. Primary focal hyperhidrosis is idiopathic, typically involving the hands (palmar), feet (plantar), or axillae (underarms). Secondary hyperhidrosis can result from a variety of drugs (e.g., tricyclic antidepressants, selective serotonin reuptake inhibitors) or underlying diseases/conditions (e.g., febrile diseases, diabetes, menopause). Secondary hyperhidrosis is usually generalized or craniofacial sweating. Secondary gustatory hyperhidrosis is excessive sweating on ingesting highly spiced foods. Frey syndrome is an uncommon type of secondary gustatory hyperhidrosis that arises from injury to or surgery near the parotid gland resulting in damage to the secretory parasympathetic fibers of the facial nerve. A variety of therapies have been investigated for primary hyperhidrosis, including topical therapy with aluminum chloride, topical anticholinergic medications, oral anticholinergic medications, iontophoresis, intradermal injections of botulinum toxin, endoscopic transthoracic sympathectomy, and surgical excision of axillary sweat glands. Treatment of secondary hyperhidrosis focuses on treatment of the underlying cause, such as discontinuing certain drugs or hormone replacement therapy as a treatment for menopausal symptoms.

Keloids and hypertrophic scars are fibroproliferative disorders that result from aberrant wound healing in predisposed individuals following trauma, inflammation, surgery, or burns. While hypertrophic scars do not exceed the margins of the original wound, keloids are characterized by continuous growth and invasion into the adjacent, healthy skin beyond the original wound boundary. Keloids are often associated with pain and itch, can be disfiguring, and impair function and quality of life. Keloids also have a marked tendency to recur when surgically excised. Although hypertrophic scars and, especially, keloids are widely perceived as difficult to treat and at high risk of recurrence, advances in the understanding of the pathophysiology of abnormal scars has led to improved therapeutic approaches and outcomes (Ogawa 2024). Numerous treatment options exist (e.g. intra-lesional corticosteroid injections, pressure therapy, cryotherapy, surgical excision followed by immediate adjunctive postoperative low dose radiation therapy. Radiation is typically indicated for recurrent keloids or those at high risk of recurrence.

Otoplasty is a surgical procedure performed to correct protruding or prominent ears, a congenital deformity that can result in social and psychological problems. Assessment of the ear includes measurement of the distance from the scalp to the helix at three points. In the normal ear, the upper third of the helix is 10-12 millimeters (mm) from the skull, the middle third is 16-18 mm from the skull, and the lobule is 20-22 mm from the mastoid and should not project beyond the upper two thirds of the ear. The ideal age for otoplasty surgery is 4 or 5, which is when the ears have become firmer and mostly stopped growing.

Pectus defects are a group of congenital conditions where the sternum is depressed back towards the spine (excavatum), protrudes forwards (carinatum) or more rarely is a mixture of both. For the majority of patients, it is well tolerated, but some patients are affected psychologically, physiologically, or both. A small number of patients have more extreme depression of their sternum

that impedes their physiological reserve, which can occur when engaging in strenuous exercise (e.g., running) but can also limit moderate activity such as walking and climbing stairs. The effects can be so extreme that symptoms occur at rest or cause life-threatening compression of the major blood vessels and organs (Dunning 2024). When investigating a patient with pectus excavatum with suspected cardiac compression, cross-sectional imaging of the thorax to determine the Haller index. A Haller index of 3.25 is consistently used to determine the severe category.

Poland syndrome is a rare congenital condition that is classically characterized by absence (aplasia) of chest wall muscles on one side of the body (unilateral) and abnormally short, webbed fingers (symbrachydactyly) of the hand on the same side (ipsilateral) (National Organization for Rare Disorders 2015). Affected individuals may have variable associated features, such as underdevelopment or absence of one nipple (including the darkened area around the nipple [areola]) and/or patchy absence of hair under the arm. In females, there may be underdevelopment or absence of one breast and subcutaneous tissues. In some cases, associated skeletal abnormalities may also be present, such as underdevelopment or absence of upper ribs; elevation of the shoulder blade (Sprengel deformity); and/or shortening of the arm, with underdevelopment of the forearm bones (i.e., ulna and radius). Surgical intervention, although rarely necessary, can be indicated for reasons including paradoxical movement of the chest wall, severe rib hypoplasia and aplasia, hypoplasia or aplasia of the female breast, and cosmetic indication for men and women with chest wall asymmetry (Tafti 2023)

Rosacea is characterized by episodic erythema, edema, papules, pustules, and telangiectasia that occur primarily on the face but also present on the scalp, ears, neck, chest, back, and occasionally rosacea may affect the eyes. Rosacea is not life-threatening, but if not treated, it may lead to persistent erythema, telangiectasias, and rhinophyma (hyperplasia and nodular swelling and congestion of the skin of the nose). While the clinical manifestations of rosacea do not usually impact the physical health status of the patient, psychological consequences from the most visually apparent symptoms (i.e., erythema, papules, pustules, telangiectasias) may impact quality of life. Rhinophyma, an end-stage form of chronic acne, has been associated with obstruction of nasal passages and basal cell carcinoma in rare, severe cases. The probability of developing nasal obstruction or basal or squamous cell carcinoma with rosacea is not sufficient to warrant the preventive removal of rhinophymatous tissue. Treatment may include pharmacologic therapy or nonpharmacologic therapies such as dermabrasion, chemical peels, surgical debulking, and electrosurgery.

Subcutaneous injection of biodegradable or nonbiodegradable gel filling material (i.e., poly-L-lactic acid [PLLA] and calcium hydroxylapatite [Radiesse]) is used to treat HIV-associated facial lipoatrophy, which refers to changes in fat distribution that are often associated with metabolic abnormalities. Metabolic derangements associated with lipodystrophy (dyslipidemia and abnormal glucose metabolism) may predispose patients to cardiovascular disease.

Vitiligo is a disease that causes areas of skin to lose color, resulting in spots and patches of lighter skin that can develop anywhere on a person's skin (American Academy of Dermatology 2022). Vitiligo can affect eyes, mucous membranes, hair color, and melanocytes in the inner ear leading to hearing loss. When vitiligo is actively destroying cells that give a person's skin its color, the patches can itch and can be pink or tricolor (causing a zone of tan skin between a person's natural skin color and the

white vitiligo). Once vitiligo is no longer active, the patches turn completely white. There is no one best treatment for vitiligo. Personal preference, the type of vitiligo, where it appears on the body, and how it's progressing also play important roles. Treatment options include cover up (makeup or self-tanner), medication (e.g., corticosteroids, tacrolimus ointment, JAK inhibitor), and light therapy. The transplantation of cultured and noncultured melanocytic cells has emerged as one of the most novel treatment alternatives and consists of obtaining melanocytic and keratinocyte cells from a donor site and then transplanting them to the diseased site. This treatment can be performed autologously using different graft harvesting methods, as well as cell preparation (Souroujon 2023).

SUPPORTIVE LITERATURE

Acne Treatment Procedures

Cryotherapy (cryoslush) treatment has insufficient published evidence to determine the safety and efficacy for the treatment of acne. A pilot clinical trial investigated the feasibility and efficacy of precision cryotherapy for acne vulgaris on a small sample of volunteers (n=20) using the TargetCool (RecensMedical Inc.) carbon dioxide-based device (Hong 2024). The authors reported a significant reduction (90.25%) in the acne lesion count by week 4, with clinical improvement indicated by the Investigator Global Assessment (IGA) scale score reduction ($p < 0.001$). The erythema index (EI) showed notable improvements at weeks 1, 2, and 4. Study limitations (e.g., small size and short-term follow-up) are noted to impact the generalizability of the results.

Actinic Keratosis (AK)

There is significant evidence from prospective studies and comparative trials to support the use of cryosurgery as a readily available, rapid, and effective lesion-directed treatment for AKs. Clinically, cryosurgery has been reported to cure between 57% and 98.8% of AKs followed up over 3 months to 8.5 years (Eisen 2021).

Steeb et al (2020) conducted a systematic review and meta-analysis assessing the efficacy and safety of chemical peels for the treatment of actinic keratosis. A total of eight (8) trials were included in the systematic review (4 RCTs, 2 non-randomized controlled trials, and 2 single-arm studies). Data analysis and interpretation of results were challenged by the presence of multiple study designs and the investigation of multiple distinct comparisons. The studies included in the review were at a high risk for selection bias because only one study clearly described the generation of a random sequence and performed allocation concealment. None of the patients in the studies were blinded; blinding of the outcome assessor was described in one study. Additionally, the chosen efficacy outcomes refer to short-term clearance rates but may not reflect long-term results. Overall, the authors concluded that additional high-quality studies and a standardization of peeling protocols were warranted in order to appropriately determine the value of chemical peeling as a treatment for actinic keratoses.

Rosacea

No randomized controlled trials (RCTs) evaluating dermabrasion, chemical peels, surgical debulking, or electrosurgery for treating rosacea were identified.

Subcutaneous Injection of Filling Material

Only FDA-approved fillers should be prescribed. The use of PLLA (Sculptra) for HIV-associated facial lipoatrophy has been supported by several trials and observational studies that have demonstrated improvement in patient appearance and cutaneous thickness as well as overall safety (Glesby 2024). Calcium hydroxylapatite (Radiesse) consists of hydroxylapatite microspheres that serve as scaffolding for collagen growth, and several observational studies have supported its use for HIV-associated lipoatrophy (Glesby 2024).

Vitiligo – Transplantation

The evidence is insufficient to determine that the procedure results in an improvement in the net health outcome.

Souroujon and colleagues (2023) aimed to address the gap in knowledge and literature on autologous cell transplant as a therapeutic approach for stable segmental vitiligo. Stating that autologous cell transplant has emerged as a promising modality for managing vitiligo, with cultured and non-cultured transplants being considered when determining the patient's treatment approach, the authors conducted a systematic review of the literature to assess the efficacy of the melanocyte and keratinocyte transplantation. Six studies were assessed (2 case reports, 3 pilot studies, 1 case series), for a total of 23 patients. Although the studies were limited by factors such as sample size, lack of data (e.g., age), and use of different technique for cell preparation, the authors concluded that autologous cell transplantation in stable segmental vitiligo holds tremendous promise as a viable alternative. Final recommendation is to further explore and thoroughly investigate the potential of cell transplantation and its associated techniques to establish comprehensive guidelines for standardizing transplantation procedures.

Lou and colleagues (2024) conducted a systematic review and meta-analysis of randomized trials to assess the efficacy and safety of autologous epidermal cell suspensions for re-epithelialization of skin lesions. The primary output measure was the healing time, and the secondary outputs were effective rate, size of donor site for treatment, size of study treatment area, operation time, pain scores, repigmentation, complications, scar scale scores and satisfaction scores. A total of 32 RCTs met inclusion criteria, for a total of 1552 patients grouped into the autologous epidermal cell suspensions group, control group, and within-subject controlled. Of these trials, stable vitiligo was studied in 12 trials (n=417 patients), with a follow-up range of 3- to 24-months. The pooled data from all included studies demonstrated that the treatment group has significantly reduced healing time ($p=0.02$), size of donor site for treatment ($p<0.001$) operation time ($p<0.001$), pain scores ($p=0.0002$), and complications ($p=0.03$). There were no significant differences in the size of study treatment area, depigmentation, scar scale scores and satisfaction scores between the two groups. Identified study limitations include a small number of studies, study bias, and varying methodological quality. Specific to stable vitiligo, the authors concluded that autologous epidermal cell suspensions present a safe and effective treatment and is potentially useful in early-stage interventions. Overall, the authors conclude that this systematic review support the potential role of autologous epidermal cell suspensions as a novel approach to the management of acute or chronic wounds, and vitiligo; however, the authors found that this intervention has minimal impact on size of treatment area, repigmentation, scar scale scores and satisfaction scores.

PROFESSIONAL GUIDELINE(S)

Acne Vulgaris

The American Academy of Dermatology (AAD) issued guidelines for the care management of acne vulgaris with 18 evidenced-based recommendations and 5 good practice statements (Reynolds 2024). The AAD made a good practice recommendation supporting the use of intralesional corticosteroid injections as an adjuvant therapy treatment option in patients with larger acne papules or nodules. The AAD found that the available evidence is insufficient to develop a recommendation on the use of acne lesion/comedo extraction, chemical peels (including glycolic acid, trichloroacetic acid, salicylic acid, Jessner's solution, or mandelic acid), or photodynamic therapy with aminolevulinic acid for the treatment of acne.

In 2023 the National Institute for Health and Care Excellence (NICE) published updated guidelines on the management of acne vulgaris and recommends the use of intralesional corticosteroids in treating severe inflammatory cysts.

Actinic Keratosis

The American Academy of Dermatology (AAD) issued guidelines for the care management of actinic keratosis with 18 recommendations based on the best available evidence (Eisen 2021). Strong recommendations are made for using ultraviolet protection, topical imiquimod, topical 5-fluorouracil, and cryosurgery. A conditional recommendation, based on moderate evidence, was made for treatment with cryosurgery over CO2 laser ablation and for treatment with aminolevulinic acid (ALA)-red light photodynamic therapy (PDT) over 35% trichloroacetic acid (TCA) peel.

Hirsutism

In 2018, the Endocrine Society issued clinical practice guidelines for the evaluation and treatment of Hirsutism (Martin et al., 2018). The goal in assessing hirsutism is to determine the specific etiology and to provide a baseline for the patient. There are two main approaches to the management of hirsutism that may be used either individually or in combination: pharmacologic therapies that target androgen production and action, and direct hair removal methods. The Endocrine Society suggests pharmacotherapy as initial therapy. Cosmetic measures to manage hirsutism include methods that remove hair shafts from the skin surface (depilation) and those that extract hairs to above the bulb (epilation). Shaving is a popular depilation method that removes hair down to just below the surface of the skin. Chemical depilatory agents are also commonly used to dissolve the hair. Epilation methods (e.g., plucking or waxing) can cause some discomfort but are relatively safe and inexpensive. These methods do not cause an increase in hair diameter.

Hyperhidrosis

This International Hyperhidrosis Society developed five separate clinical guidelines and algorithms for treatment of hyperhidrosis (generalized as well as focal) to help guide clinicians as they determine the optimal therapeutic course. The general recommendation is to attempt more conservative therapy before resorting to invasive treatment.

The National Institute for Health and Care Excellence (NICE) issued two interventional procedures

guidance recommendations for hyperhidrosis. In 2014, endoscopic thoracic sympathectomy (ETS) was recommended for primary hyperhidrosis of the upper limb only for patients suffering from severe and debilitation primary hyperhidrosis that has been refractory to other treatments. In 2017, NICE determined that the evidence on the safety and efficacy of transcutaneous microwave ablation for severe primary axillary hyperhidrosis is inadequate in quantity and quality.

Keloid Scar

In 2019, in the absence of guidelines on the use of superficial radiation therapy (SRT) for treatment of keloids a group of qualified dermatologists issued consensus guidelines with recommendations for treatment based on published evidence (Nestor 2019). The authors reported that an enormous body of literature has demonstrated the effectiveness of SRT as an adjunctive therapy for the treatment of keloid scars that are resistant to other therapies, postsurgical treatment of keloid excision suture lines with several fractions of SRT significantly reduces keloid recurrence rates, and with three (3) post-surgical fractions. Although effective outcomes can be achieved with single doses of SRT, long-term sequelae are improved with three doses.

Otoplasty

According to the American Society of Plastic Surgeons (ASPS), otoplasty is a medically necessary and reconstructive surgery when it is performed to approximate a normal appearance, even if it does not improve function (ASPA 2015).

Pectus Excavatum

In 2024, a joint specialist society best practice consensus guideline was issued for the treatment of patient with pectus abnormalities (Dunning 2024). Best on a review of the current published literature the recommendation was made that patients with severe pectus excavatum with a Haller index above 3.25 and objective evidence of cardiac compression benefit physiologically from surgical intervention. The authors state there is good evidence that patients who are psychologically impacted by their pectus abnormality benefit from surgery in terms of improved quality of life, reduced depression, and anxiety scores and that the operation has good patient satisfaction.

Rosacea

The National Rosacea Society's standard management options for rosacea (Thiboutot 2019) and the American Acne & Rosacea Society's update on the management of rosacea (Del Rosso 2019) do not address chemical peels or dermabrasion as treatment options for rosacea.

Subcutaneous Injection of Filling Material

In 2019, the American Laryngological Association (ALA) published a guideline on vocal cord injection augmentation. Injection of filler material is indicated for glottal insufficiency due to unilateral vocal fold paralysis or paresis, vocal fold atrophy, vocal fold scar, sulcus vocalis, or loss of the soft tissue of the vocal folds. Filler material can be temporary or long-lasting (including Prolaryn and autologous fat). Contraindications include unstable cardiopulmonary status, allergy to any injectable materials including local anesthetic, poor exposure of the endolarynx due to a prolapsing arytenoid or severe supraglottic constriction, poorly defined anatomic landmarks of the neck.

Vitiligo – Cellular Transplant

The international Vitiligo Task Force issued a consensus position statement, part 2, for specific treatment recommendations (Senschal 2023). Surgery should be reserved for patients with stable vitiligo and other localized and stabilized forms of vitiligo (non-segmental) after the documented failure of medical interventions. Several techniques exist, including punch grafting, suction blister grafting, non-cultured epidermal cellular grafting and cultured epidermal cellular grafting. Each method has its pros and cons.

REGULATORY STATUS

Two dermal filler agents are approved by the U.S. Food and Drug Administration (FDA) for the treatment of HIV-associated facial lipoatrophy. Poly-L-lactic acid (Sculptra) received FDA approval in August 2004 and calcium hydroxyapatite (Radiesse) received FDA approval in December 2006. is FDA-approved for correcting facial fat loss associated with antiretroviral therapy-induced lipoatrophy in HIV patients.

Calcium hydroxylapatite (Prolaryn Plus/Radiesse Voice) was cleared by the FDA for marketing to treat vocal cord insufficiency.

CODE(S)

- Codes may not be covered under all circumstances.
- Code list may not be all inclusive (AMA and CMS code updates may occur more frequently than policy updates).
- (E/I)=Experimental/Investigational
- (NMN)=Not medically necessary/appropriate

CPT Codes

Code	Description
0479T	Fractional ablative laser fenestration of burn and traumatic scars for functional improvement; first 100 cm^2 or part thereof, or 1% of body surface area of infants and children
0480T	each additional 100 cm^2, or each additional 1% of body surface area of infants and children, or part thereof (List separately in addition to code for primary procedure)
10040	Acne surgery (e.g., marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)
11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions
11201	each additional 10 lesions, or part thereof (List separately in addition to code for primary procedure)

Code	Description
11300	Shaving of epidermal or dermal lesion, single lesion, trunk, arms, or legs; lesion diameter 0.5 cm or less
11301	lesion diameter 0.6 to 1.0 cm
11302	lesion diameter 1.1 to 2.0 cm
11303	lesion diameter over 2.0 cm
11305	Shaving of epidermal or dermal lesion, single lesion, scalp, neck, hands, feet, genitalia; lesion diameter 0.5 cm or less
11306	lesion diameter 0.6 to 1.0 cm
11307	lesion diameter 1.1 to 2.0 cm
11308	lesion diameter over 2.0 cm
11310	Shaving of epidermal or dermal lesion, single lesion, face, ears, eyelids, nose, lips, mucous membrane
11311	lesion diameter 0.6 to 1.0 cm
11312	lesion diameter 1.1 to 2.0 cm
11313	lesion diameter over 2.0 cm
11401 - 11406	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms, or legs (code range)
11420 - 11426	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia (code range)
11440 - 11446	Excision, other benign lesion including margins, except skin tag (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; (code range)
11900	Injection, intralesional; up to and including 7 lesions
11901	more than 7 lesions
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less
11921	6.1 to 20.0 sq cm
11922	each additional 20.0 sq cm, or part thereof (List separately in addition to code for primary procedure)
11950	Subcutaneous injection of filling material (e.g., collagen); 1 cc or less
11951	1.1 to 5.0 cc
11952	5.1 to 10.0 cc

Code	Description
11954	over 10.0 cc
12001	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 2.5 cm or less
12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
15011 (E/I*)	Harvest of skin for skin cell suspension autograft; first 25 sq cm or less (*E/I for diagnosis codes L80 Vitiligo; H02.73-H02.739; N90.8-N90.89) Effective 01/01/25
15012 (E/I*)	each additional 25 sq cm or part thereof (List separately in addition to code for primary procedure) (*E/I for diagnosis codes L80 Vitiligo; H02.73-H02.739; N90.8-N90.89) Effective 01/01/25
15013 (E/I*)	Preparation of skin cell suspension autograft, requiring enzymatic processing, manual mechanical disaggregation of skin cells, and filtration; first 25 sq cm or less of harvested skin (*E/I for diagnosis codes L80 Vitiligo; H02.73-H02.739; N90.8-N90.89) Effective 01/01/25
15014 (E/I*)	each additional 25 sq cm of harvested skin or part thereof (List separately in addition to code for primary procedure) (*E/I for diagnosis codes L80 Vitiligo; H02.73-H02.739; N90.8-N90.89) Effective 01/01/25
15015 (E/I*)	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, trunk, arms, legs; first 480 sq cm or less (*E/I for diagnosis codes L80 Vitiligo; H02.73-H02.739; N90.8-N90.89) Effective 01/01/25
15016 (E/I*)	each additional 480 sq cm or part thereof (List separately in addition to code for primary procedure) (*E/I for diagnosis codes L80 Vitiligo; H02.73-H02.739; N90.8-N90.89) Effective 01/01/25
15017 (E/I*)	Application of skin cell suspension autograft to wound and donor sites, including application of primary dressing, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 480 sq cm or less (*E/I for diagnosis codes L80 Vitiligo; H02.73-H02.739; N90.8-N90.89) Effective 01/01/25
15018 (E/I*)	each additional 480 sq cm or part thereof (List separately in addition to code for

Code	Description
	primary procedure) (*E/I for diagnosis codes L80 Vitiligo; H02.73-H02.739; N90.8-N90.89) Effective 01/01/25
15769 (NMN)	Grafting of autologous soft tissue, other, harvested by direct excision (e.g., fat, dermis, fascia)
15771 (NMN)	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate
15772 (NMN)	each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)
15773 (NMN)	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate
15774 (NMN)	each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure)
15775 (NMN)	Punch graft for hair transplant; 1 to 15 punch grafts
15776 (NMN)	more than 15 punch grafts
15780	Dermabrasion; total face (e.g., for acne scarring, fine wrinkling, rhytids, general keratosis)
15781	segmental, face
15782	other than face
15783	superficial, any site (e.g., tattoo removal)
15788 (NMN)	Chemical peel, facial; epidermal
15789 (NMN)	dermal
15792 (NMN)	Chemical peel, nonfacial; epidermal
15793 (NMN)	dermal
15824	Rhytidectomy; forehead
15825	neck with platysmal tightening (platysmal flap, P-flap)
15826 (NMN)	glabellar frown lines
15828	cheek, chin, and neck
15829	superficial musculoaponeurotic system (SMAS) flap
17106	Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); less than 10 sq cm

Code	Description
17107	10.0 to 50.0 sq cm
17108	over 50.0 sq cm
17110	Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions
17111	15 or more lesions
17340 (E/I)	Cryotherapy (CO2 slush, liquid N2) for acne
17360 (NMN)	Chemical exfoliation for acne (e.g., acne paste, acid)
17380 (NMN*)	Electrolysis epilation, each 30 minutes (*Unless related to gender affirming procedure requests. Refer to Related Policies section for criteria.)
17999 (NMN*)	Unlisted procedure, skin, mucous membrane, and subcutaneous tissue (*NMN when used for laser hair removal, unless related to gender affirming procedure requests. Refer to Related Policies section for criteria.)
19316	Mastopexy
19325	Breast augmentation with implant
21740	Reconstructive repair of pectus excavatum or carinatum; open
21742	minimally invasive approach (Nuss procedure), without thoracoscopy
21743	minimally invasive approach (Nuss procedure), with thoracoscopy
32664	Thoracoscopy, surgical; with thoracic sympathectomy
56620	Vulvectomy simple; partial
56625	complete
64821	Sympathectomy; radial artery
64822	ulnar artery
64823	superficial palmar arch
69090 (NMN)	Ear piercing
69300	Otoplasty, protruding ear, with or without size reduction
97033 (E/I)	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes

HCPCS Codes

Code	Description
C1832 (E/I*)	Autograft suspension, including cell processing and application, and all system components (*E/I for diagnosis codes L80 Vitiligo; H02.73-H02.739; N90.8-N90.89)
C1878	Material for vocal cord medialization, synthetic (implantable)
J0591 (NMN)	Injection, deoxycholic acid, 1 mg
L8607	Injectable bulking agent for vocal cord medialization, 0.1 ml, includes shipping and necessary supplies
Q2026	Injection, Radiesse, 0.1 ml
Q2028	Injection, sculptra, 0.5 mg

ICD10 Codes

Code	Description
Numerous	

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SEARCH TERMS

Not Applicable

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

Dermal Injections for the Treatment of Facial Lipodystrophy Syndrome (LDS) (NCD 250.5) [accessed 2025 Jan 13]

Laser Procedures (NCD 140.5) [accessed 2025 Jan 13]

Treatment of Actinic Keratosis (AKs) (NCD 250.4) [accessed 2025 Jan 13]

Actinic Keratoses (NCA CAG-00049N) [accessed 2025 Jan 13]

Dermal injections for the treatment of facial lipodystrophy syndrome (FLS) (NCA CAG-00412N) [accessed 2025 Jan 13]

PRODUCT DISCLAIMER

- Services are contract dependent; if a product does not cover a service, medical policy criteria do not apply.
- If a commercial product (including an Essential Plan or Child Health Plus product) covers a specific service, medical policy criteria apply to the benefit.

- If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.
- If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.
- If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.

POLICY HISTORY/REVISION	
Committee Approval Dates	
07/25/02, 12/11/03, 05/27/04, 12/02/04, 12/01/05, 12/07/06, 10/24/07, 10/23/08, 10/28/09, 12/09/10, 12/08/11, 09/04/12, 12/06/12, 12/12/13, 12/11/14, 12/10/15, 02/25/16, 04/27/17, 02/22/18, 02/28/19, 02/27/20, 10/22/20, 02/25/21, 02/17/22, 02/16/23, 02/22/24, 02/20/25	
Date	**Summary of Changes**
05/22/25	• Policy edit, lipectomy policy content was removed and merged onto CMP #7.01.53.
02/20/25	• Annual review, reformat of the entire policy, policy intent unchanged.
01/01/25	• Summary of changes tracking implemented.
12/02/99	• Original effective date