Cosmetic and Reconstructive Procedures

Policy Number: MMP022.11
Last Committee Approval Date: August 14, 2024
Effective Date: September 1, 2024

➲ Instructions for Use

Table of Contents **Page**

Coverage Rationale 1
Applicable Codes 7
Definitions 11
CMS Related Documents 11
Clinical Evidence 16
U.S. Food and Drug Administration 24
References 24
Policy History/Revision Information 26
Instructions for Use 34

Related Medicare Advantage Policies

- Brow Ptosis and Eyelid Repair
- Durable Medical Equipment (DME), Prosthetics, Orthotics (Non-Foot Orthotics), Nutritional Therapy, and Medical Supplies Grid
- Ear, Nose, and Throat Procedures
- Gender Dysphoria and Gender Reassignment Surgery

Related Commercial Medical Policies

- Breast Reconstruction
- Cosmetic and Reconstructive Procedures
- Gynecomastia Surgery
- Light and Laser Therapy
- Liposuction for Lipedema
- Panniculectomy and Body Contouring Procedures
- Pectus Deformity Repair

Coverage Rationale

Overview

The purpose of this policy is to clarify coverage of cosmetic vs. reconstructive surgical procedures. Section 1862(a) (1) (A) of Title XVIII of the Social Security Act provides in part that "...no payment may be made under Part A or B (of Medicare) for any expenses incurred for items or services which...are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member."

Reconstructive surgery is surgery performed on abnormal structures of the body, caused by congenital defects, developmental abnormalities, trauma, tumors, or disease. Reconstructive surgery is generally performed to improve function, but may also be done to approximate normal appearance. Refer to multiple LCDs for *Cosmetic and Reconstructive Surgery* at https://www.cms.gov/medicare-coverage-database/new-search/search.aspx.

Cosmetic Surgery is surgery performed to reshape normal structures of the body to improve the patient's appearance and self-esteem. Refer to multiple LCDs for *Cosmetic and Reconstructive Surgery* at https://www.cms.gov/medicare-coverage-database/new-search/search.aspx.

Cosmetic surgery or expenses incurred in connection with such surgery is not covered. Cosmetic surgery is only covered when required for the prompt (i.e., as soon as medically feasible) repair of accidental injury or for the improvement of the functioning of a malformed body member. For example, this exclusion does not apply to surgery in connection with treatment of severe burns or repair of the face following a serious automobile accident, or to surgery for therapeutic purposes which coincidentally also serves some cosmetic purpose. Refer to the Medicare Benefit Policy Manual, Chapter 16, §120 – Cosmetic Surgery.

Note: The guidelines in this Medical Policy are for specific procedures only. For procedures not addressed in this Medical Policy, refer to the Medicare Coverage Database to search for applicable coverage policies (National Coverage Determinations, Local Coverage Determinations, and Local Coverage Articles).

Abdominal Lipectomy/Panniculectomy

Medicare does not have a National Coverage Determination (NCD) for abdominal lipectomy/Panniculectomy. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for Abdominal Lipectomy/Panniculectomy.

For coverage guidelines for states/territories with no LCDs/LCAs:

- Abdominal lipectomy/Panniculectomy is considered reconstructive, and therefore reasonable and necessary, when:
  - The pannus or panniculus hangs below the level of the symphysis pubis causing one or more of the following conditions:
    - Inability to walk normally due to pannus size; **or**
    - Chronic pain; **or**
    - Ulceration created by the abdominal skin fold; **or**
    - Intertrigo dermatitis

    and
  - The above symptoms have been present for at least three months and are refractory to usual standard medical therapy.
- If the procedure is being performed following significant weight loss, in addition to meeting the criteria noted above, there should be evidence that the individual has maintained a stable weight for at least 6 months. If the weight loss is the result of bariatric surgery, abdominal lipectomy/Panniculectomy should not be performed until at least 18 months after bariatric surgery and only when weight has been stable for at least the most recent 6 months.
- Abdominal lipectomy/Panniculectomy is considered not reasonable and necessary when performed primarily for any of the following indications (this list may not be all-inclusive):
  - Improving appearance; **or**
  - Repairing abdominal wall laxity or Diastasis Recti; **or**
  - When performed in conjunction with abdominal or gynecological procedures (e.g., abdominal hernia repair, hysterectomy, obesity surgery) unless criteria for Panniculectomy and Abdominoplasty are met separately.
- Abdominal lipectomy/Panniculectomy is considered not reasonable and necessary for minimizing the risk of hernia formation or recurrence. There is no evidence that pannus contributes to hernia formation. The primary cause of hernia formation is an abdominal wall defect or weakness, not a pulling effect from a large or redundant pannus.

Abrasion of Skin Lesion(s)

Medicare does not have a NCD for abrasion of skin lesion(s). LCDs/LCAs do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled Cosmetic and Reconstructive Procedures.

Adjacent Tissue Transfer

Medicare does not have a NCD for adjacent tissue transfer. LCDs/LCAs do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled Cosmetic and Reconstructive Procedures.

Autologous Soft Tissue and Fat Grafting

Medicare does not have a NCD for autologous soft tissue and fat grafting. LCDs/LCAs exist for gender dysphoria and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the UnitedHealthcare Medicare Advantage Medical Policy titled Gender Dysphoria and Gender Reassignment Surgery.

For coverage guidelines other than gender dysphoria, refer to the UnitedHealthcare Commercial Medical Policy titled Cosmetic and Reconstructive Procedures.

Breast Reconstruction Following Mastectomy

Reconstruction of the affected and the contralateral unaffected breast following a medically necessary mastectomy is considered a relatively safe and effective non-cosmetic procedure. Accordingly, program payment may be made for

breast reconstruction surgery following removal of a breast for any medical reason. Refer to the National Coverage Determination (NCD) for Breast Reconstruction Following Mastectomy (140.2).

When a member elects breast reconstruction following a reasonable and necessary mastectomy or lumpectomy, coverage in accordance with Medicare guidelines is to be provided as determined through consultation between the attending physician and the member. Refer to the Women's Health and Cancer Rights Act (WHCRA).

Covered services include, but are not limited to:

- External breast prosthesis and bras; refer to the UnitedHealthcare Medicare Advantage Coverage Summary titled Durable Medical Equipment (DME), Prosthetics, Orthotics (Non-Foot Orthotics), Nutritional Therapy, and Medical Supplies Grid.
- Implantable breast prosthesis:
  - Medicare does not have NCD for implantable breast prosthesis. LCDs/LCAs do not exist.
  - **For coverage guidelines**, refer to the UnitedHealthcare Commercial Medical Policy titled Breast Reconstruction.
- Pneumatic compression devices are covered for the treatment of physical complications resulting from the mastectomy or lumpectomy, including lymphedema. Refer to the UnitedHealthcare Medicare Advantage Coverage Summary titled Durable Medical Equipment (DME), Prosthetics, Orthotics (Non-Foot Orthotics), Nutritional Therapy, and Medical Supplies Grid.

Reconstructive services are not covered for members who have not had a reasonable and necessary mastectomy or lumpectomy and who are requesting surgery only for the purpose of creating symmetrical breasts or other cosmetic purpose.

Program payment may not be made for breast reconstruction for cosmetic reasons. (Cosmetic surgery is excluded from coverage under §l862(a)(l0) of the Act.) Refer to the National Coverage Determination (NCD) for Breast Reconstruction Following Mastectomy (140.2).

Note: On July 24, 2019, the Food and Drug Administration (FDA) issued a safety communication related to the voluntary recall of certain Allergan BIOCELL textured breast implants and tissue expanders. For specific information, refer to the following FDA communication at: Allergan Voluntarily Recalls BIOCELL® Textured Breast Implants and Tissue Expanders (FDA).

Cervicoplasty

Medicare does not have a NCD for cervicoplasty. LCDs/LCAs exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for Cervicoplasty.

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled Cosmetic and Reconstructive Procedures.

Chemical Exfoliation for Acne

Medicare does not have a NCD for chemical exfoliation for acne. LCDs/LCAs exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for Chemical Exfoliation for Acne.

For coverage guidelines for states/territories with no LCDs/LCAs, chemical exfoliation for acne is considered cosmetic and therefore not reasonable and necessary.

Dermabrasion

Medicare does not have a NCD for dermabrasion. LCDs/LCAs exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for Dermabrasion.

For coverage guidelines for states/territories with no LCDs/LCAs:

- Dermabrasion is considered reconstructive, and therefore reasonable and necessary, when performed for either of the following:
  - The treatment of rhinophyma; **or**
  - When correcting defects resulting from traumatic injury, surgery, or disease.
- Dermabrasion performed for post-acne scarring is considered cosmetic and therefore not reasonable and necessary.

Ear Graft

Medicare does not have a NCD for ear graft. LCDs/LCAs exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for Ear Graft.

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled Cosmetic and Reconstructive Procedures.

Electrolysis

Medicare does not have a NCD for electrolysis. LCDs/LCAs exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for Electrolysis.

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled Cosmetic and Reconstructive Procedures.

Facial and Maxillofacial Reconstruction

Medicare does not have a NCD for facial and maxillofacial reconstruction. LCDs/LCAs exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for Facial and Maxillofacial Reconstruction.

For coverage guidelines for states/territories with no LCDs/LCAs, reconstructive surgeries of the head and neck are reasonable and necessary to repair injuries due to trauma, congenital anomalies, or tumors. Corrective facial surgery is reasonable and necessary when there is a Functional Impairment or when the member has a severe disfigurement which merits individual consideration for corrective surgery.

Formation of Direct/Tubed Pedicle

Medicare does not have a NCD for formation of direct/tubed pedicle. LCDs/LCAs do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled Cosmetic and Reconstructive Procedures.

Gynecomastia Treatment

Medicare does not have a NCD for gynecomastia treatment. LCDs/LCAs exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for Gynecomastia Surgery.

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled Gynecomastia Surgery.

Injection, Deoxycholic Acid

Medicare does not have a NCD for Injection, deoxycholic acid. LCDs/LCAs do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled Cosmetic and Reconstructive Procedures.

Insertion of Tissue Expander for Other Than Breast

Medicare does not have a NCD for insertion of tissue expander for other than breast. LCDs/LCAs do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled Cosmetic and Reconstructive Procedures.

Light and Laser Therapy for Rosacea and Rhinophyma

Medicare does not have a NCD for light and laser therapy for rosacea and rhinophyma. LCDs/LCAs do not exist.

Note: LCDs may exist for other indications and compliance with these policies is required where applicable.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled Light and Laser Therapy.

Liposuction for Lipedema

Medicare does not have a NCD for liposuction for lipedema.

LCDs/LCAs exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for Liposuction for Lipedema.

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled Liposuction for Lipedema.

Midface Flap (i.e., Zygomaticofacial Flap)

Medicare does not have a NCD for midface flap (i.e., zygomaticofacial flap). LCDs/LCAs exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for Midface Flap (i.e., Zygomaticofacial Flap).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled Cosmetic and Reconstructive Procedures.

Myocutaneous Flaps for Head and Neck

Medicare does not have a NCD for myocutaneous flaps for head and neck. LCDs/LCAs exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for Myocutaneous Flaps for Head and Neck.

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled Cosmetic and Reconstructive Procedures.

Myocutaneous Flaps for Trunk and Extremities

Medicare does not have a NCD for myocutaneous flaps for trunk and extremities. LCDs/LCAs do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled Cosmetic and Reconstructive Procedures.

Other Lipectomy Including Thigh, Leg, Hip, Buttock, Arm, Forearm/Hand, or Submental Fat Pad

Medicare does not have a NCD for other lipectomy including thigh, leg, hip, buttock, arm, forearm/hand, or submental fat pad. LCDs/LCAs exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for Other Lipectomy Including Thigh, Leg, Hip, Buttock, Arm, Forearm/Hand, or Submental Fat Pad.

For coverage guidelines for states/territories with no LCDs/LCAs, other lipectomy including thigh, leg, hip, buttock, arm, forearm/hand, or submental fat pad is considered reconstructive, and therefore reasonable and necessary, when:

- Performed to alleviate complicating factors such as either of the following:
  - Ulceration created by the skin fold; **or**
  - Intertrigo dermatitis

  and
- The above symptoms have been present for at least three months and are refractory to usual standard medical therapy.

Otoplasty

Medicare does not have a NCD for otoplasty. LCDs/LCAs exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for Otoplasty.

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled Cosmetic and Reconstructive Procedures.

Pectus Deformity Repair

Medicare does not have a NCD for pectus deformity repair. LCDs/LCAs do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled Pectus Deformity Repair.

Punch Graft Hair Transplant

Medicare does not have a NCD for punch graft hair transplant. LCDs/LCAs exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for Punch Graft Hair Transplant.

For coverage guidelines for states/territories with no LCDs/LCAs, punch graft hair transplant is considered reconstructive, and therefore reasonable and necessary, when it is performed for eyebrow(s) or symmetric hairline replacement following a burn injury, trauma, or tumor removal.

Removal of Tissue Expander Without Insertion of Implant

Medicare does not have a NCD for removal of tissue expander without insertion of implant. LCDs/LCAs do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled Breast Reconstruction.

Rhytidectomy

Medicare does not have a NCD for rhytidectomy. LCDs/LCAs exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for Rhytidectomy.

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled Cosmetic and Reconstructive Procedures.

Septoplasty, Rhinoplasty, Vestibular Stenosis Repair, and Balloon Sinuplasty

Refer to the UnitedHealthcare Medicare Advantage Medical Policy titled Ear, Nose, and Throat Procedures.

Subcutaneous Injection of Filling Material

Medicare does not have a NCD for subcutaneous injection of filling material. LCDs/LCAs exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for Subcutaneous Injection of Filling Material.

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled Cosmetic and Reconstructive Procedures.

Suction Assisted Lipectomy of Extremities

Medicare does not have a NCD for suction assisted lipectomy of extremities. LCDs/LCAs exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for Suction Assisted Lipectomy of Extremities.

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled Panniculectomy and Body Contouring Procedures.

Suction Assisted Lipectomy of Head and Neck

Medicare does not have a NCD for suction assisted lipectomy of head and neck. LCDs/LCAs exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for Suction Assisted Lipectomy of Head and Neck.

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled Panniculectomy and Body Contouring Procedures.

Suction Assisted Lipectomy of Trunk

Medicare does not have a NCD for suction assisted lipectomy of trunk. LCDs/LCAs exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for Suction Assisted Lipectomy of Trunk.

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled Panniculectomy and Body Contouring Procedures.

Tattooing

Medicare does not have a NCD for tattooing. LCDs/LCAs exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for Tattooing.

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled Cosmetic and Reconstructive Procedures.

Toe Polydactyly Reconstruction

Medicare does not have a NCD for toe polydactyly reconstruction. LCDs/LCAs do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled Cosmetic and Reconstructive Procedures.

Unlisted Craniofacial and Maxillofacial Procedure

Medicare does not have a NCD for unlisted craniofacial and maxillofacial procedure. LCDs/LCAs exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for Unlisted Craniofacial and Maxillofacial Procedure.

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled Cosmetic and Reconstructive Procedures.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service; however, language may be included in the listing below to indicate if a code is non-covered. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
Abdominal Lipectomy/Panniculectomy	
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (e.g., abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)
Adjacent Tissue Transfer	
14000	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less
14001	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm
14020	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less
14021	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm
14040	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less
14041	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm
14060	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less
14061	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm
14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm
14302	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)
Autologous Soft Tissue and Fat Grafting	
15769	Grafting of autologous soft tissue, other, harvested by direct excision (e.g., fat, dermis, fascia)

CPT Code	Description
Autologous Soft Tissue and Fat Grafting	
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate
15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in addition to code for primary procedure)
15773	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	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or part thereof (List separately in addition to code for primary procedure)
Dermabrasion	
15780	Dermabrasion; total face (e.g., for acne scarring, fine wrinkling, rhytids, general keratosis)
15781	Dermabrasion; segmental, face
15782	Dermabrasion; regional, other than face
15783	Dermabrasion; superficial, any site (e.g., tattoo removal)
Ear Graft	
21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)
Facial and Maxillofacial Reconstruction	
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
21121	Genioplasty; sliding osteotomy, single piece
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (e.g., wedge excision or bone wedge reversal for asymmetrical chin)
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
21125	Augmentation, mandibular body or angle; prosthetic material
21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)
21137	Reduction forehead; contouring only
21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)
21139	Reduction forehead; contouring and setback of anterior frontal sinus wall
21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)
21175	Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (e.g., plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)
21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)
21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)
21181	Reconstruction by contouring of benign tumor of cranial bones (e.g., fibrous dysplasia), extracranial
21182	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (e.g., fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm
21183	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (e.g., fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm

CPT Code	Description
Facial and Maxillofacial Reconstruction	
21184	Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extracranial excision of benign tumor of cranial bone (e.g., fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm
21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21209	Osteoplasty, facial bones; reduction
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)
21248	Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); partial
21249	Reconstruction of mandible or maxilla, endosteal implant (e.g., blade, cylinder); complete
21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (e.g., micro-ophthalmia)
21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach
21261	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach
21263	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement
21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach
21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach
21270	Malar augmentation, prosthetic material
21275	Secondary revision of orbitocraniofacial reconstruction
21295	Reduction of masseter muscle and bone (e.g., for treatment of benign masseteric hypertrophy); extraoral approach
21296	Reduction of masseter muscle and bone (e.g., for treatment of benign masseteric hypertrophy); intraoral approach
Formation of Direct/Tubed Pedicle	
15570	Formation of direct or tubed pedicle, with or without transfer; trunk
15572	Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs
15574	Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet
Gynecomastia Surgery	
19300	Mastectomy for gynecomastia
Insertion of Tissue Expander for Other Than Breast	
11960	Insertion of tissue expander(s) for other than breast, including subsequent expansion
Light and Laser Therapy for Rosacea and Rhinophyma	
17106	Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); less than 10 sq cm
17107	Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); 10.0 to 50.0 sq cm
17108	Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); over 50.0 sq cm
Midface Flap (i.e., Zygomaticofacial Flap)	
15730	Midface flap (i.e., zygomaticofacial flap) with preservation of vascular pedicle(s)
Myocutaneous Flaps for Head and Neck	
15733	Muscle, myocutaneous, or fasciocutaneous flap; head and neck with named vascular pedicle (i.e., buccinators, genioglossus, temporalis, masseter, sternocleidomastoid, levator scapulae)
Myocutaneous Flaps for Trunk, and Extremities	
15731	Forehead flap with preservation of vascular pedicle (e.g., axial pattern flap, paramedian forehead flap)
15734	Muscle, myocutaneous, or fasciocutaneous flap; trunk

CPT Code	Description
Myocutaneous Flaps for Trunk, and Extremities	
15736	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity
15738	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity
15740	Flap; island pedicle requiring identification and dissection of an anatomically named axial vessel
15756	Free muscle or myocutaneous flap with microvascular anastomosis
Other Lipectomy Including Thigh, Leg, Hip, Buttock, Arm, Forearm/Hand, or Submental Fat Pad	
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
Pectus Deformity Repair	
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
Punch Graft Hair Transplant	
15775	Punch graft for hair transplant; 1 to 15 punch grafts
15776	Punch graft for hair transplant; more than 15 punch grafts
Removal of Tissue Expander Without Insertion of Implant	
11971	Removal of tissue expander without insertion of implant
Suction Assisted Lipectomy of Extremities/Liposuction for Lipedema	
15877	Suction assisted lipectomy; trunk
15878	Suction assisted lipectomy; upper extremity
15879	Suction assisted lipectomy; lower extremity
Tattooing	
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm
11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (list separately in addition to code for primary procedure)
Toe Polydactyly Reconstruction	
28344	Reconstruction, toe(s); polydactyly
Unlisted Craniofacial and Maxillofacial Procedure	
21299	Unlisted craniofacial and maxillofacial procedure
The following CPT codes are considered cosmetic and not covered. The codes are not required for the prompt repair of an accidental injury and do not improve the functioning of a malformed body member.	
11950	Subcutaneous injection of filling material (e.g., collagen); 1 cc or less
11951	Subcutaneous injection of filling material (e.g., collagen); 1.1 to 5.0 cc
11952	Subcutaneous injection of filling material (e.g., collagen); 5.1 to 10.0 cc
11954	Subcutaneous injection of filling material (e.g., collagen); over 10.0 cc

CPT Code	Description
The following CPT codes are considered cosmetic and not covered. The codes are not required for the prompt repair of an accidental injury and do not improve the functioning of a malformed body member.	
15786	Abrasion; single lesion (e.g., keratosis, scar)
15787	Abrasion; each additional 4 lesions or less (list separately in addition to code for primary procedure)
15819	Cervicoplasty
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
15876	Suction assisted lipectomy; head and neck
17360	Chemical exfoliation for acne (e.g., acne paste, acid)
17380	Electrolysis epilation, each 30 minutes
69300	Otoplasty, protruding ear, with or without size reduction

HCPCS Code	Description
Implantable Breast Prosthesis	
L8600	Implantable breast prosthesis, silicone or equal
The following HCPCS codes are considered cosmetic and not covered. The codes are not required for the prompt repair of an accidental injury and do not improve the functioning of a malformed body member.	
J0591	Injection, deoxycholic acid, 1 mg

Diagnosis Codes
Cosmetic and Reconstructive Services and Procedures: Diagnosis Codes

Definitions

Abdominoplasty: Typically performed for cosmetic purposes, involves the removal of excess skin and fat from the pubis to the umbilicus or above, and may include fascial plication of the rectus muscle diastasis and a neoumbilicoplasty (ASPS, 2017).

Diastasis Recti: A vertical abnormal separation of the rectus abdominis muscles (Olsson et al., 2021).

Functional or Physical Impairment: A Physical or Functional or physiological Impairment causes deviation from the normal function of a tissue or organ. This results in a significantly limited, impaired, or delayed capacity to move, coordinate actions, or perform physical activities and is exhibited by difficulties in one or more of the following areas: physical and motor tasks; independent movement; performing basic life functions (Rondinelli et al., 2008).

Panniculectomy: Involves the removal of hanging excess skin/fat in a transverse or vertical wedge but does not include muscle plication, neoumbilicoplasty, or flap elevation (ASPS, 2017).

Suction-Assisted Lipectomy: Suction-Assisted Lipectomy (SAL), more commonly known as Liposuction, is an outpatient procedure that removes adipose tissue from the subcutaneous space with the goal of achieving a more desirable body contour (Wu et al., 2020).

Centers for Medicare and Medicaid Services (CMS) Related Documents

After checking the table below and searching the Medicare Coverage Database, if no NCD, LCD or LCA is found refer to the criteria as noted in the Coverage Rationale section above.

NCD	LCD	LCA	Contractor Type	Contractor Name
Abdominal Lipectomy/Panniculectomy				
N/A	L39506 Cosmetic and Reconstructive Surgery	A59299 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	CGS
	L38914 Cosmetic and Reconstructive Surgery	A58573 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	First Coast
	L35163 Plastic Surgery	A57221 Billing and Coding: Plastic Surgery	Part A and B MAC	Noridian
	L37020 Plastic Surgery	A57222 Billing and Coding: Plastic Surgery	Part A and B MAC	Noridian
	L35090 Cosmetic and Reconstructive Surgery	A56587 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	Novitas
	L33428 Cosmetic and Reconstructive Surgery	A56658 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	Palmetto
	L39051 Cosmetic and Reconstructive Surgery	A58774 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	WPS*
Cervicoplasty				
N/A	L39506 Cosmetic and Reconstructive Surgery	A59299 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	CGS
	L39051 Cosmetic and Reconstructive Surgery	A58774 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	WPS*
Chemical Exfoliation for Acne				
N/A	L39506 Cosmetic and Reconstructive Surgery	A59299 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	CGS
	L39051 Cosmetic and Reconstructive Surgery	A58774 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	WPS*
Dermabrasion				
N/A	L39506 Cosmetic and Reconstructive Surgery	A59299 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	CGS
	L38914 Cosmetic and Reconstructive Surgery	A58573 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	First Coast
	L35163 Plastic Surgery	A57221 Billing and Coding: Plastic Surgery	Part A and B MAC	Noridian
	L37020 Plastic Surgery	A57222 Billing and Coding: Plastic Surgery	Part A and B MAC	Noridian
	L35090 Cosmetic and Reconstructive Surgery	A56587 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	Novitas
	L33428 Cosmetic and Reconstructive Surgery	A56658 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	Palmetto

NCD	LCD	LCA	Contractor Type	Contractor Name
Dermabrasion				
N/A	L39051 Cosmetic and Reconstructive Surgery	A58774 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	WPS*
Ear Graft				
N/A	L38914 Cosmetic and Reconstructive Surgery	A58573 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	First Coast
N/A	L35090 Cosmetic and Reconstructive Surgery	A56587 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	Novitas
Electrolysis				
N/A	L33428 Cosmetic and Reconstructive Surgery	A56658 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	Palmetto
	L39051 Cosmetic and Reconstructive Surgery	A58774 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	WPS*
Facial and Maxillofacial Reconstruction				
N/A	L33428 Cosmetic and Reconstructive Surgery	A56658 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	Palmetto
		A53497 Billing and Coding: Oral Maxillofacial Prosthesis		
Gynecomastia Surgery				
N/A	L39506 Cosmetic and Reconstructive Surgery	A59299 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	CGS
	L38914 Cosmetic and Reconstructive Surgery	A58573 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	First Coast
	L35090 Cosmetic and Reconstructive Surgery	A56587 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	Novitas
	L39051 Cosmetic and Reconstructive Surgery	A58774 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	WPS*
Liposuction for Lipedema				
N/A	L39506 Cosmetic and Reconstructive Surgery	A59299 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	CGS
	L38914 Cosmetic and Reconstructive Surgery	A58573 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	First Coast
	L35163 Plastic Surgery	A57221 Billing and Coding: Plastic Surgery	Part A and B MAC	Noridian
	L37020 Plastic Surgery	A57222 Billing and Coding: Plastic Surgery	Part A and B MAC	Noridian
	L35090 Cosmetic and Reconstructive Surgery	A56587 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	Novitas

NCD	LCD	LCA	Contractor Type	Contractor Name
Liposuction for Lipedema				
N/A	L39051 Cosmetic and Reconstructive Surgery	A58774 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	WPS*
Midface Flap (i.e., Zygomaticofacial Flap)				
N/A	L33428 Cosmetic and Reconstructive Surgery	A56658 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	Palmetto
Myocutaneous Flaps for Head and Neck				
N/A	L33428 Cosmetic and Reconstructive Surgery	A56658 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	Palmetto
Other Lipectomy Including Thigh, Leg, Hip, Buttock, Arm, Forearm/Hand, or Submental Fat Pad				
N/A	L39506 Cosmetic and Reconstructive Surgery	A59299 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	CGS
	L35163 Plastic Surgery	A57221 Billing and Coding: Plastic Surgery	Part A and B MAC	Noridian
	L37020 Plastic Surgery	A57222 Billing and Coding: Plastic Surgery	Part A and B MAC	Noridian
	L39051 Cosmetic and Reconstructive Surgery	A58774 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	WPS*
Otoplasty				
N/A	L39506 Cosmetic and Reconstructive Surgery	A59299 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	CGS
	L39051 Cosmetic and Reconstructive Surgery	A58774 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	WPS*
Punch Graft Hair Transplant				
N/A	L39506 Cosmetic and Reconstructive Surgery	A59299 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	CGS
	L39051 Cosmetic and Reconstructive Surgery	A58774 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	WPS*
Rhytidectomy				
N/A	L39506 Cosmetic and Reconstructive Surgery	A59299 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	CGS
	L39051 Cosmetic and Reconstructive Surgery	A58774 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	WPS*
Subcutaneous Injection of Filling Material				
N/A	L39506 Cosmetic and Reconstructive Surgery	A59299 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	CGS
	L39051 Cosmetic and Reconstructive Surgery	A58774 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	WPS*

NCD	LCD	LCA	Contractor Type	Contractor Name
Suction Assisted Lipectomy of Extremities				
N/A	L39506 Cosmetic and Reconstructive Surgery	A59299 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	CGS
	L35163 Plastic Surgery	A57221 Billing and Coding: Plastic Surgery	Part A and B MAC	Noridian
	L37020 Plastic Surgery	A57222 Billing and Coding: Plastic Surgery	Part A and B MAC	Noridian
	L39051 Cosmetic and Reconstructive Surgery	A58774 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	WPS*
Suction Assisted Lipectomy of Head and Neck				
N/A	L39506 Cosmetic and Reconstructive Surgery	A59299 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	CGS
	L35163 Plastic Surgery	A57221 Billing and Coding: Plastic Surgery	Part A and B MAC	Noridian
	L37020 Plastic Surgery	A57222 Billing and Coding: Plastic Surgery	Part A and B MAC	Noridian
	L39051 Cosmetic and Reconstructive Surgery	A58774 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	WPS*
Suction Assisted Lipectomy of Trunk				
N/A	L39506 Cosmetic and Reconstructive Surgery	A59299 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	CGS
	L38914 Cosmetic and Reconstructive Surgery	A58573 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	First Coast
	L35163 Plastic Surgery	A57221 Billing and Coding: Plastic Surgery	Part A and B MAC	Noridian
	L37020 Plastic Surgery	A57222 Billing and Coding: Plastic Surgery	Part A and B MAC	Noridian
	L35090 Cosmetic and Reconstructive Surgery	A56587 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	Novitas
	L39051 Cosmetic and Reconstructive Surgery	A58774 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	WPS*
Tattooing				
N/A	L39506 Cosmetic and Reconstructive Surgery	A59299 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	CGS
	L39051 Cosmetic and Reconstructive Surgery	A58774 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	WPS*
Unlisted Craniofacial and Maxillofacial Procedure				
N/A	L33428 Cosmetic and Reconstructive Surgery	A56658 Billing and Coding: Cosmetic and Reconstructive Surgery	Part A and B MAC	Palmetto

NCD	LCD	LCA	Contractor Type	Contractor Name
Unlisted Craniofacial and Maxillofacial Procedure				
N/A	L33428 Cosmetic and Reconstructive Surgery	A53497 Billing and Coding: Oral Maxillofacial Prosthesis		

Medicare Administrative Contractor (MAC) With Corresponding States/Territories	
MAC Name (Abbreviation)	**States/Territories**
CGS Administrators, LLC (CGS)	KY, OH
First Coast Service Options, Inc. (First Coast)	FL, PR, VI
National Government Services, Inc. (NGS)	CT, IL, ME, MA, MN, NH, NY, RI, VT, WI
Noridian Healthcare Solutions, LLC (Noridian)	AS, AK, AZ, CA, GU, HI, ID, MT, NV, ND, Northern Mariana Islands, OR, SD, UT, WA, WY
Novitas Solutions, Inc. (Novitas)	AR, CO, DE, LA, MD, MS, NJ, NM, OK, PA, TX, DC
Palmetto GBA (Palmetto)	AL, GA, NC, SC, TN, VA, WV
Wisconsin Physicians Service Insurance Corporation (WPS)*	IA, IN, KS, MI, MO, NE
*__Note__: Wisconsin Physicians Service Insurance Corporation Contract Number 05901 – applies only to WPS Legacy Mutual of Omaha MAC A Providers	

CMS Benefit Policy Manual

Chapter 16; § 10 General Exclusions from Coverage, § 120 Cosmetic Surgery, § 180 Services Related to and Required as a Result of Services Which Are Not Covered Under Medicare

CMS Claims Processing Manual

Chapter 1, § 60.1 General Information on Noncovered Charges

Clinical Evidence

Abdominal Lipectomy/Panniculectomy

There is insufficient quality evidence to conclude that panniculectomy in conjunction with abdominal or gynecological surgery, including, but not limited to, abdominal hernia repair, obesity surgery, or hysterectomy, outweighs negative outcomes. Additional peer-reviewed literature is needed to determine if there are any long-term benefits and that the benefits outweigh the risks when a panniculectomy is performed at the same time.

Kalmar et al. (2022) performed a retrospective cohort study to determine whether certain complications are more likely to occur in patients undergoing functional panniculectomy versus cosmetic abdominoplasty. The study included a total of 11,137 patients who underwent excision of excessive infraumbilical abdominal skin, either a functional panniculectomy (n = 6397) or cosmetic abdominoplasty (n = 4740). Patients undergoing functional panniculectomy were significantly more likely to have comorbidities than those undergoing cosmetic abdominoplasty. Overall adverse events, medical complications, surgical complications, related readmission, and related reoperation were significantly higher in patients undergoing functional panniculectomy. Surgical complications significantly higher in functional panniculectomy included superficial incisional infection, deep incisional infection, organ/space infection, dehiscence, and bleeding requiring transfusion. The authors concluded functional panniculectomy has an increased risk of superficial incisional infection, deep incisional infection, organ/space infection, dehiscence, bleeding requiring transfusion, and sepsis compared to patients undergoing cosmetic abdominoplasty. These adverse events are associated with specific preoperative comorbidities in these patients. This study is limited by the retrospective nature of its design.

Elhage et al. (2021) evaluated the outcomes and quality of life (QOL) in patients undergoing complex abdominal wall reconstruction (AWR) with panniculectomy utilizing 3D volumetric-based propensity match in a prospective cohort study. A prospective database from a tertiary referral hernia center was searched for patients undergoing open AWR. 3D CT volumetrics were analyzed and a propensity match comparing AWR patients with and without panniculectomy was created including subcutaneous fat volume (SFV). QOL was analyzed using the Carolinas Comfort Scale. Propensity match yielded 312 pairs, all with adequate CT imaging for volumetric analysis. The panniculectomy group had a higher BMI and were more likely female, but all other demographics and comorbidities were comparable. The panniculectomy

group was more likely to have undergone prior hernia repair (77% versus 64%), but hernia area, SFV, and CDC wound class were comparable. Requirement of component separation (61% versus 50%) and mesh excision (44% versus 35%) were greater in the panniculectomy group, but operative time were comparable. Panniculectomy patients had a greater overall wound occurrence rate (45% versus 32%) which was differentiated only by a greater rate of wound breakdown (24% versus 14%); all other specific wound complications were equivalent. Hernia recurrence rates were comparable (8% versus 9%) with a mean follow-up time of 28 months. Overall QOL was equivalent at 2 weeks, and 1, 6, and 12 months. The authors concluded that despite panniculectomy patients and their hernias being more complex, concomitant panniculectomy increased wound complications but did not negatively impact infection rates or long-term outcomes and recommended concomitant panniculectomy be considered in appropriate patients to avoid two procedures. This study is limited by potential database limitations and the fact that QOL measurements were not assessed specific to panniculectomy alone.

In a retrospective cohort study, Gebran et al. (2021) evaluated the risk profile of panniculectomy when performed in select patients at the time of bariatric surgery. The Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) database, which reports data from 379,544 bariatric surgeries was examined. Current Procedural Technology (CPT) codes identified concurrent panniculectomy procedures. Patient characteristics and in-hospital as well as 30-day complications were compared between the body contouring group and propensity score-matched bariatric surgery controls. One hundred twenty-four patients met inclusion criteria and were matched to 248 controls. An infra-umbilical panniculectomy was performed in the majority of patients (n = 94, 75.8%). Most patients received an open rather than laparoscopic bariatric surgery (n = 87, 70.2%). There were no statistically significant differences between 30-day mortality (1.9%), wound complications (11.5%), readmission (12.5%) and reoperation (5.8%) between the 2 groups. Wound complications occurred in 11.5% of patients and were associated with prolonged hospital stay and a body mass index (BMI) > 50. The authors concluded, in select patients, panniculectomy at the time of bariatric surgery was not associated with increased in-hospital or 30-day adverse outcomes compared with matched bariatric surgery controls. Revision surgery may be needed once weight loss stabilizes. This study is limited by potential database limitations, short-term follow up, and multiple outcome variables.

Nag et al. (2021) performed a retrospective cohort study and systematic review to evaluate the premise that the addition of panniculectomy to gynecologic surgery in the obese and morbidly obese patient population results in a statistically significant improvement in measurable outcomes. The American College of Surgeons National Surgical Quality Improvement Program (NSQIP) database was reviewed to assess the association of complications with panniculectomy combined with gynecologic surgery in the morbidly obese patient population. The search identified 296 patients with a body mass index greater than 30 who had panniculectomy concomitant with gynecologic surgery. The results demonstrated a statistically significant relationship of these concomitant procedures with superficial infection, wound infection, pulmonary embolism, systemic sepsis, return to operating room, length of operation and length of stay. A systematic review of the literature was then performed which identified 5 studies that included comparative cohorts of those with gynecologic surgery, with and without panniculectomy. There was no significant benefit across these studies in measured parameters. The authors concluded that there was no statistically significant benefit associated with performing panniculectomy in conjunction with gynecologic surgery in the morbidly obese patient population and that there was significant elevation of negative outcomes in morbidly obese patients undergoing combined procedures. Limitations of this study include the retrospective nature of its design and the small number of comparative cohort studies available for a systematic review.

Olsson et al. (2021) performed a systematic review to analyze the outcomes of rectus diastasis (RD) repair, focusing on functional changes following surgery. Ten articles with a total of 780 patients were found to fulfil the inclusion criteria. All studies included in this review reported improvements in a variety of functional aspects regardless of surgical method. The outcomes assessed include core stability, back pain, abdominal pain, posture, urinary incontinence, abdominal muscle strength and quality of life. The authors concluded that the review showed surgical repair of RD is a safe and effective treatment that improves functional disability; however, the absence of standardized instruments for assessing outcome makes it impossible to compare studies. Since indications for surgery are relative and related to core function, the authors recommended valid instruments for assessing indication and outcome are needed to ensure benefit of the procedure. This study is limited by the small number of studies included in the review and a low level of evidence in some of the included studies.

In a systematic review, Van Kerckhoven et al. (2021) evaluated the treatment of diastasis recti. After inclusion criteria was met, 24 articles were identified. Seven retrospective studies, including both case series and case cohort studies were included. The remaining 17 studies were prospective and included 6 randomized studies. Patients (n = 931) with rectus diastasis were studied with a follow-up period from 3 weeks to 20 years. Treatment techniques included rectus sheath plication (n = 761) and midline mesh reinforcement (n = 170). The most frequently noted comorbidity was obesity and 10.6 percent were smokers. Recurrence was reported in 5 percent of the patients. The most frequently reported

complications were seroma (7%), abdominal hypoesthesia (6%), and surgical site infection (2%). Chronic pain was reported in 4 percent of the patients. Satisfaction was assessed subjectively in the majority of patients and was generally rated as high. The authors concluded treatment of diastasis recti is reliable and long-lasting but could not identify which treatment technique was more reliable. The nonrandomized studies included in this review were found to have a high risk of confounding, which possibly limits internal validity and lowers comparative potential.

In a systematic review, Gormley et al. (2020) reviewed the effect of rectus plication on abdominal strength, function, and postoperative complications. A total of 497 patients from seven articles were included in this review. Mean age was 44.5 years (range 20.5-72) and 94.4% were female. Three articles reported abdominal strength measurements, with two showing significant improvement. Four articles used the SF-36 survey, all demonstrating improvement in physical function subscale postoperatively. Six additional instruments were used to assess functional outcomes, of which four demonstrated significant improvement. The overall complication rate was 17.0%. The authors noted rectus plication is commonly performed during abdominoplasty to improve abdominal form and function. They concluded that while the literature to date is encouraging with respect to functional outcomes, improvements in abdominal strength are less consistent. Heterogeneity in patient population, outcome measures, and comparison groups limit the strength of the authors' conclusions. The authors recommend future research should include a large comparative study as well as a protocol for standardizing outcomes in this population.

Sachs et al (2020) performed an overview of panniculectomy and some of the indications and clinical significance of performing the procedure. The procedure is performed to remove the excess skin and fat incurred from weight gain. This can cause large overhanging abdominal skin known as a pannus which can sometimes cover the thighs, hips and knees. This excess can cause difficulty with daily activities and cause skin infections and rashes like intertrigo due to irritation and sweating. Typically, patients with skin conditions receive medical treatment with topical antifungals, corticosteroids, and antibiotics. How far the pannus extends is graded 1 through 5. Grade 1 is the pannus reaching the mons pubis and grade 5 is the pannus extending to or past the knees. For a patient to qualify for a panniculectomy they usually must fail 3 months of medical treatment for intertrigo, and the pannus must hang below the level of the pubis, and confirmed with photography. A panniculectomy is performed to remove the excess skin and fat to relieve the associated symptoms and restore normal function. Persons who experience dramatic weight loss also can have excess lower abdominal skin which hangs over the groin and pubic areas. This causes issues with walking, discomfort and skin irritation as well. Patients who have lost weight without surgery must maintain stable weight for at least 6 months prior to undergoing a panniculectomy. For those bariatric surgery patients, weight must remain stable for at least 18 months, including the most recent 6 months.

Sosin et al. (2020) conducted a systematic review and meta-analysis to assess the durability, complication profile, and safety of simultaneous ventral hernia repair and panniculectomy (SVHRP) through a large data-driven repository of SVHRP cases. Predefined selection criteria resulted in 76 relevant titles, yielding 16 articles available for meta-analysis. Meta-analysis was used to analyze primary outcomes, identified as surgical-site occurrence and hernia recurrence. Secondary outcomes included review of techniques used and systemic complications, which were analyzed with pooled weighted mean analysis from the collected data. There were 917 patients who underwent an SVHRP (mean age, 52.2 ±7.0 years; mean body mass index, 36.1 ±5.8 kg/m; mean pannus weight, 3.2 kg). The mean surgical-site occurrence rate was 27.9% and the mean hernia recurrence rate was 4.9%. Mean follow-up period was 17.8 ±7.7 months. The most common complications reported were superficial surgical-site infection (15.8%) and seroma formation (11.2%). Systemic complications were less common (7.8%), with a thromboembolic event rate of 1.2%. The overall mortality rate was 0.4%. The authors concluded SVHRP is associated with a high rate of surgical-site occurrence, but surgical-site infection seems to be less prominent than previously anticipated. The authors indicated the low hernia recurrence rate and the safety of this procedure support its current implementation in abdominal wall reconstruction.

In a retrospective cohort study, Diaconu et al. (2019) compared outcomes in obese patients who undergo ventral hernia repair with concurrent panniculectomy versus ventral hernia repair alone. Postoperative complications were compared between patients who underwent concurrent panniculectomy and those who did not. A total of 223 patients were analyzed: 122 in the ventral hernia repair with concurrent panniculectomy group and 101 in the ventral hernia repair-only group. Median follow-up duration was 141 days. Patients in the ventral hernia repair with concurrent panniculectomy group had more surgical-site occurrences (57% versus 40%). Both groups had similar rates of surgical-site occurrences that required an intervention (39% versus 31%) and similar rates of hernia recurrence (23% versus 29%). Multivariate analysis showed that concurrent panniculectomy increased the risk of surgical-site occurrences by two-fold; however, it did not increase the risk of surgical-site occurrences that required an intervention. The authors concluded the addition of a panniculectomy to ventral hernia repair increases surgical-site occurrences but does not increase complications that require an intervention. Limitations of this study include the retrospective nature of its design.

Clinical Practice Guidelines

American Society of Plastic Surgeons (ASPS)

ASPS (2019) recommends when an abdominoplasty or panniculectomy are performed solely to enhance a patient's appearance in the absence of any signs or symptoms of functional abnormalities, the procedure should be considered cosmetic in nature and not a compensable procedure unless specified in the patient's policy. ASPS further recommends that a panniculectomy should be considered a reconstructive procedure when performed to correct or relieve structural defects of the abdominal wall, improve skin health within the fold beneath the pannus, and/or help improve chronic low back pain due to functional incompetence of the anterior abdominal wall. In rare circumstances, plastic surgeons may perform a hernia repair in conjunction with an abdominoplasty or panniculectomy. A true hernia repair involves opening fascia and/or dissection of a hernia sac with return of intraperitoneal contents back to the peritoneal cavity. A true hernia repair should not be confused with diastasis recti repair, which is often part of a standard abdominoplasty.

In a practice parameter, ASPS (2017) focused on the surgical removal of excess skin and fat that occurs in obese patients or remains following massive weight loss. The excess skin that remains after significant weight loss is virtually impossible to correct or improve by exercise, diet, or further weight loss. Those patients who are not surgical candidates are left with very few alternative treatment options. Ideally, body contouring surgery is performed after weight loss has stabilized for two to six months. Post bariatric surgery patients usually reach a stable weight 12 to 18 months after surgery. Panniculectomy could be considered as a functional correction in patients who are of appropriate height and weight, and have a history of problems including panniculitis or chronic back pain that have persisted despite an adequate trial of non-surgical management, or have a functional impairment in activities of daily living/work, etc. ASPS notes a strong relationship between increased BMI and surgical complication across the surgical spectrum.

Society of Obstetricians and Gynecologists of Canada (SOGC)

SOGC clinical practice guideline for gynecologic surgery for patients with obesity (Yong et al., 2019) reviews the evidence for panniculectomy performed concurrently with gynecologic surgeries. The guideline notes that studies in this area have been primarily small, retrospective, and/or non-comparative studies. The authors indicated that panniculectomy can be considered at the time of open hysterectomy in patients with obesity, although it is rarely performed; and when a combined procedure is done, consideration should be given to postoperative antibiotics.

Dermabrasion

Benyo et al. (2021) conducted a systematic review on severe rhinophyma requiring operative management for significant cosmetic deformity or nasal obstruction. The goal was to provide a treatment algorithm for the various surgical techniques utilized in the treatment of severe rhinophyma. After screening 129 potential articles, 26 were deemed eligible for a literature review. Study designs and outcome measures varied; therefore, formal synthesis of data in the form of a meta-analysis could not be performed. The following treatment modalities were included: electrocautery/electrosurgery, cold steel, dermabrasion, $C0^2$ laser, and subunit method. One case series of 12 patients, two case reports, and a narrative review demonstrated the use of dermabrasion for severe rhinophyma. The authors assert that dermabrasion is less frequently reported as the sole method for treating rhinophyma due to excessive bleeding and poor visualization of the surgical field. Dermabrasion is most commonly used after the initial debulking of excess rhinophymatous tissue to smooth the skin surface. Since dermabrasion is generally used in conjunction with other operative techniques such as wire loop electrocautery and cold steel, the authors were unable to directly compare the postoperative characteristics of dermabrasion relative to other surgical modalities. The authors concluded in the treatment of severe rhinophyma, each surgical modality has its own advantages and disadvantages, which must be measured along with severity of disease (i.e., nasal obstruction; cosmetic deformity) when deciding which approach(es) to utilize. The authors recommend a combination of modalities used in a stepwise fashion to appropriately address hemostasis, debulking, contouring, and possible reconstruction; while also minimizing postoperative cosmetic and functional complications. Furthermore, future research to quantify nasal obstruction both pre- and postoperatively in order to evaluate nasal functional impairment is needed to better guide surgical decision-making and establish a treatment algorithm. This review is limited by the number of available studies, small sample size, and lack of control group.

Clarós et al. (2018, included the Benyo systematic review above) described their experience of rhinophyma based on a retrospective case study. Rhinophyma is a rare disease in the older population. Rhinophyma is slowly progressing and can cause functional impairment, such as nasal obstruction. Rhinophyma involves the nose; however, other sites can be affected by this final stage of rosacea. These sites include the chin, the forehead, and the ear. There are many different surgical procedures that have been proposed for the management of this disease, but there has not been a consensus of which procedure constitutes the gold standard. In this case study, twelve cases over a 12-year period were identified with patients of various ethnic origins, mean age of 71 years old, and mostly male predominance. These patients reported a long history of rhinophyma with a mean duration of 10.75 years. The patients were treated with the classical dermabrasion technique with decortication and topical application of fibrin glue onto the skin surface to promote complete healing. No

recurrence was observed in this series and all the patients reported improved quality of life. This study is limited by its retrospective nature, case study design, and small sample size.

Maranda et al. (2018) performed a systematic review on the surgical options for treating leukoderma after burn in order to gain insight into the advantages, disadvantages, and future implications of each surgical technique. The surgical procedures reviewed include dermabrasion with thin split thickness grafting, epidermal cell suspension spray, suction blister epidermal minigrafting, minigrafting, cultured epithelium, noncultured keratinocyte suspension, and chip skin grafting. The authors note leukoderma after burn is often the result of partial- or full- thickness burns and presents as hypopigmentation or depigmentation. Twenty articles, representing 264 patients, met the inclusion criteria and were included in the review. Patient ages ranged from 5 to 65 years. Various ethnicities were represented. The goal of surgical treatment for leukoderma after burn according to the authors is to restore melanocytes and address depigmentation and textural changes in the affected areas. The authors reported six studies demonstrated that dermabrasion with thin split thickness skin grafting provides satisfactory repigmentation results. Dermabrasion techniques, such as diamond burr, electric dermatome, and flash scanned carbon dioxide laser, were employed across studies. Color match of the recipient site was reported as “good” or “excellent” in subjective assessments. No donor or recipient site scarring was reported, which the authors stated is the main advantage of this technique. Disadvantages of this technique is the need for general anesthesia and possible hospitalization. The authors concluded of the seven surgical techniques reviewed for the treatment of post-burn leukoderma, only four of the techniques were analyzed in multiple reports. The authors acknowledge this review is limited by mostly case reports and single-center investigations available for review. Larger, randomized studies, including blinding, are recommended to eliminate potential bias and determine if one surgical technique is superior to another by direct comparison.

Clinical Practice Guidelines

The National Rosacea Society (NRS)

An NRS expert committee developed and published (Odom et al., 2009) an updated classification of rosacea to reflect current insights into its pathogenesis, pathophysiology, and management. The committee recommends rosacea management be tailored to the signs and symptoms of each patient. Rosacea management is often influenced by subtype and severity, while noting patients may experience more than one subtype simultaneously. Standard management options for the surgical treatment of moderate or severe subtype 3 (phymatous) rosacea includes dermabrasion. Clinical features such as skin thickening, irregular surface nodularities, and patulous follicles are often observed in phymatous rosacea. An enlargement of the nose, or rhinophyma, is the most common. Other areas that may be affected include the chin, forehead, cheeks, and ears.

Facial and Maxillofacial Reconstruction

Abukhder et al. (2024) conducted a systematic review on the use of autologous cartilage in the repair of orbital fractures. Due to the heterogeneous nature of the results, a meta-analysis was not able to be performed. A total of 16 articles met inclusion criteria, representing 259 patients who underwent orbital reconstruction with the use of autologous cartilage. Age and gender were not available for all studies. Fracture sites included the orbital floor, medial wall, lateral wall, and orbital roof. Cartilage harvest sites included conchal (n = 148), auricular (n = 22), nasoseptal (n = 72), and costal (n = 17). The most common complications were abnormal or loss of sensation below the orbit (n = 27), double vision (n = 23), and sunken eyes (n = 7). Higher complication rates were seen in the auricular cartilage group, while the nasoseptal cartilage group had the lowest. No failure of graft or donor site morbidity was noted. The authors state the material utilized in reconstruction is an important factor in the management of orbital fractures. Implant material selection is largely dependent on the surgeon's preference; however, the success of the material is also influenced by other factors such as appropriate patient selection and timing of surgery. The current gold standard for complex orbital fractures with large wall defects are prefabricated orbital plates or titanium mesh plates, as they are both rigid and highly malleable, allowing for easier positioning. This qualitative synthesis suggests that autogenous cartilage can be used as an alternative in orbital reconstruction, as it is rapidly incorporated by the host tissue and the graft retains its volume and integrity. The authors concluded numerous alloplastic and autogenous materials may be utilized in the reconstruction and repair of orbital fractures, each with its own set of advantages and disadvantages. Cartilage was considered by the authors to provide sufficient structural support to the orbital contents, and it was easy to harvest, shape, and position. This review is limited by the lack of a comparator group and diverse variables across studies such as size and location of the orbital defect, and the type of cartilage harvested.

Kauke-Navarro et al. (2024) performed a retrospective cohort study to evaluate early outcomes and risk factors for complications after facial alloplastic implant surgery. The American College of Surgeons National Surgical Quality Improvement Program (NSQIP) database was probed to identify patients who underwent combined/isolated alloplastic facial implantation (FI) surgery of the malar/mandibular region based on Current Procedural Technology (CPT) codes. The 30-day postoperative outcomes of 84 patients were analyzed. Within the study population, 19 patients underwent

combined malar, 10 isolated malar, 33 combined mandibular, and 22 isolated mandibular facial implantology (FI) surgery. Comorbidities of importance within the isolated malar and isolated mandibular cohorts included smoking (n = 6; 60%) and hypertension (n = 9; 41%), respectively. Mean patient age ranged from 32 to 52 years, with those receiving malar implants being older in comparison to those receiving mandibular implants. Complications, readmissions, and reoperation rates were low and occurred in patients who underwent augmentation combined with another intervention. The authors found alloplastic augmentation of the zygoma and mandible to be safe. Patients who underwent combined procedures and mandibular augmentation were more likely to experience complications or require inpatient care. Furthermore, most alloplastic augmentations of the zygoma or mandible were combined with other procedures, which suggests that alloplastic facial implants are often used as an adjunct in the treatment of complex craniofacial disorders. This study is limited by its retrospective design and database limitations, including the lack of follow up data available beyond 30 days.

Bouet et al. (2023) conducted a systematic review of the literature to evaluate the existing approaches for craniofacial fibrous dysplasia (CFD). The authors note CFD is a rare bone disorder that can be associated with major cosmetic or functional impairment due to the development of fibro-osseous lesions. A total of 33 articles representing 1154 patients (414 male, 626 female, and 114 patients whose gender was unknown; mean age 21.63 years) were reviewed. The type of CFD was categorized on the basis of skeletal involvement: single bone (monostotic FD; n = 419), several bones (polyostotic FD; n = 239), or part of McCune-Albright syndrome (MAS; n = 310). Across types, the most commonly reported symptoms were deformity, pain, double vision, bulging eyes, and functional impairment. No medical treatment exists to limit the expansion of lesions. The authors reported radical resection showed a lower recurrence rate compared to debulking, but its use should be weighed against the potential morbidity caused by using this technique. In addition, this technique may not be reasonable when lesions involve high-risk areas such as the base of the skull. Both debulking and contouring surgeries are a viable option to complete resection; however, they are associated with high relapse rates. Orbital decompression using a radical technique or debulking is effective in cases exhibiting bulging eyes or dystopia. Based on the results of this review, the authors propose a management algorithm for CRD. When the patient presents with facial asymmetry, functional impairment, damage to other nerves or lesion progression, surgical treatment is indicated. Surgical technique is based on whether or not the lesion can be removed with a low risk of morbidity. The authors concluded that CFD is a rare condition with no clear recommendations for its management. Their review advises that radical surgery of the orbit and other facial bones remains the gold standard whenever feasible. Furthermore, decompression of the optic nerve is only useful in cases where reduced visual acuity is present; preventative optic nerve decompression should not be performed. Monitoring is essential in cases showing asymptomatic, stable disease. Finally, bisphosphonates are useful for pain management. This study is limited by largely retrospective data collection and small sample size due to the rare incidence of CFD.

In a 2023 systematic review and meta-analysis, Bunpu et al. assessed the masticatory function in patients before and following orthognathic surgery, and compared it to normal occlusion, and orthodontic treatment alone. Twenty one studies (11 cohort studies and 10 before- after studies) that met the inclusion criteria were included in the qualitative synthesis, and 17 were included in the meta-analysis. There were 1238 patients included and the follow-up period ranged from 2 weeks to 5 years. Outcomes measured were divided into three groups: (1) the results from the comminution method (any test in which the test food is comminuted into smaller particles, and the particle sizes/ volumes are measured), (2) bite force and (3) occlusal contact area. The results showed that masticatory performance improves with orthognathic surgery but does not reach the same level as normal occlusion, and the severity of the skeletal deformity plays a significant role in the level of improvement. Masticatory performance in patients who underwent orthodontic treatment alone was significantly improved and reached the same level as in normal occlusion patients. The authors concluded that orthognathic surgery improves the level of masticatory function but may not reach that of a normal occlusion. Additional studies with longer term follow up and using subjective results are needed to validate these findings.

Rostamzad et al. (2023) performed a retrospective case series to determine the effects of orbital box osteotomy (OBO), Le Fort III (LFIII), monobloc (MB), and facial bipartition (FB) surgical corrections on ocular outcomes. Sixty-three patients diagnosed with a syndromal craniofacial disorder that previously underwent midface surgery were included. Two patients were treated by OBO, 20 by LFIII, 26 by MB, and 15 by FB. The mean age at surgery was 9.4 years (range 1–22.3 years). The mean follow-up time was 8 months. Pre-operatively, the authors' reported strabismus was present in 39 patients (61.9%), in whom outward deviation was most common (n = 27; 42.9%). Within the entire study population, strabismus significantly worsened postoperatively. Binocular vision was examined in 33 patients pre-operatively, and was found to be absent in nine (27.3%), poor in eight (24.2%), moderate in fifteen (45.5%), and good in one (3.0%). Binocular vision significantly improved postoperatively. Pre-operatively, the mean visual acuity (VA) in the better eye was 0.16 LogMAR (Logarithm of the Minimum Angle of Resolution), and 0.31 LogMAR in the worse eye. Pre-operative astigmatism was present in 46 patients (73.0%) and hypermetropia in 37 patients (58.7%). No statistical difference was found for VA postoperatively, while refractive errors significantly worsened. The authors concluded that midface surgery has a direct and indirect substantial effect on several ocular outcomes. Furthermore, this study emphasizes the importance of

appropriate ophthalmological evaluation in patients with craniofacial disorders undergoing midface surgery. This study is limited by its retrospective, case series design and small sample size.

In a 2021 meta-analysis, Bourry et al. compared the clinical results obtained after primary reconstruction of orbital floor fractures (OFF) using different materials. Nine studies representing 964 patients (75% male, mean age of 31.5 years) with an OFF were included in this analysis. In most studies, the fracture area was unknown. The size of the fractures also varied, some were described as large (> 2cm) or more than 50% of the orbital floor. Others were described as limited in size (< 2cm). Ten materials were used for primary OFF repair. The authors reported after the surgical procedure, 105 patients (11%) had double vision, while 43 patients (4.5%) suffered from sunken eyes. Analysis revealed that less postoperative double vision and sunken eyes were obtained by using polydioxanone (PDS), or a polymer of L-lactic acid and DL-lactic acid (P[L/DL]LA), or porous polyethylene, or titanium mesh compared with the use of autologous bone grafts. The authors concluded the current evidence does not provide a clear recommendation for the type of material that should be used to repair OFF. P(L/DL)LA, PP, and titanium appear to be the best options, irrespective of the substance loss, in terms of postoperative double vision and sunken eyes. Additional comparative and randomized studies are needed to determine the best material for orbit reconstruction.

In a 2020 retrospective case series, Anehosur et al. analyzed cases of masseter muscle hypertrophy and the surgical procedures carried out for their treatment. The primary outcome was the adjunctive procedures genioplasty and coronoidectomy, and their effect on the esthetics and mouth opening of patients postoperatively. The authors noted masseter muscle hypertrophy (MMH) is a rare, benign, usually asymptomatic condition with no gender preference. The cause is unknown; however, it has a high rate of occurrence in the second and third decades of life. Of the five patients included in this case series, four were female with a mean age of 22.6 years. Symptoms included chronic pain, lockjaw, and facial asymmetry. Follow up was performed at 6 months. At this time, all patients were relieved of chronic pain and mouth opening was maintained in conjunction with a strict regimen of physiotherapy. The authors reported surgical debulking of the masseter muscle was the optimal treatment followed by genioplasty, which provided improved esthetics from the square-shaped jaw appearance. Coronoidectomy was helpful in increasing mouth opening in patients with lockjaw. This study is limited by the retrospective and case series nature of its design and small sample size due to the rare incidence of MMH.

Vila et al. (2019) conducted a systematic review to identify the method and rate at which cosmesis is reported after reconstruction from head and neck cancer surgery among adults. The method to assess cosmesis in adult patients > 18 years was the primary outcome. Secondary outcomes were types of instruments used and the rate at which results were reported. Validated instruments used in these studies were compared and assessed. Two hundred thirty nine studies met inclusion criteria. The authors reported 43% (n = 103) used a scale or questionnaire to quantify postoperative cosmetic outcomes. Of these, 28% (n = 66) used a visual analog, 13% (n = 30) used a patient questionnaire, and 3% (n = 7) used both. Only 14% (n = 14) of the 103 studies that used an instrument, used a validated instrument. In order to assess validation, the authors used a modification of criteria developed by the Scientific Advisory Committee of the Medical Outcomes Trust (MOT). The most highly rated instruments were the University of Washington Quality of Life (UWQOL) and the Derriford Appearance Scale. The authors concluded reporting of cosmetic outcomes after head and neck cancer reconstruction varies and is often underreported. Most studies did not report patient feedback, and only a minority used a validated instrument to quantify outcomes. Furthermore, in order to reduce bias, improve reliability, and decrease diversity, the authors recommend the UWQOL to study cosmetic outcomes after head and neck reconstruction. In addition to capturing the patient's own assessment of cosmesis, this instrument measures quality of life and functional domains such as pain, activity, swallowing, chewing, and speech.

Zamboni et al. (2019) performed a systematic review to assess the impact of orthognathic surgery on patient satisfaction, overall quality of life (QOL), and QOL related to oral health among adult patients. Thirty studies were included, 19 were prospective studies, 10 were retrospective, and 1 conducted both a prospective and retrospective analysis of patients. Patients (n = 1,510) were studied with a follow-up period from 1 month to 2.54 years. The primary surgical procedures performed were Le Fort I osteotomy and mandibular bilateral sagittal split osteotomy. Other procedures included bimaxillary osteotomy with or without genioplasty. Patient satisfaction after orthognathic surgery was assessed in ten studies using the visual analogue scale (VAS) and Patient Satisfaction Questionnaire (PSQ). Satisfaction rates exceeded 85% when patients that reported being "very satisfied" or "satisfied" were combined. In order to evaluate QOL before and after orthognathic surgery, various questionnaires were employed. Postoperative complications such as paresthesia, edema, pain, mastication difficulties, and limited mouth opening, were determinants of QOL scores at 1 month post op. Negative surgery related outcomes were found to decrease throughout the follow-up period. One study included in this review suggested that oral health related QOL scores were poorer among older patients. However, the authors noted that the age of the patients, which ranged from 20 to 40 years old, did not appear to have a direct impact on overall QOL outcomes as all studies indicated improvement. Significant gender differences were not identified. The authors concluded orthognathic surgery results in improvements in QOL both physically and psychosocially after surgery and is associated

with high rates of patient satisfaction. There are limitations to this study including a wide variability in terms of study design, follow-up duration, and instruments used to measure QOL.

Clinical Practice Guidelines

American Association of Oral and Maxillofacial Surgeons (AAOMS)

In a clinical paper, the AAOMS (2017) advises reconstructive oral and maxillofacial surgical procedures are based on the principle of restoring the function and form of the affected anatomical structures. Such procedures may include hard- or soft-tissue procedures, or a combination of both. These procedures may also include the use of prosthetic devices implanted on a temporary or permanent basis, tissue-transfer techniques, reduction, revision and/or removal procedures and/or a variety of other options. The choice of the appropriate surgical treatment is based on the type and degree of the deformity, the available surgical options, experience of the surgeon and the needs of the patient. Conditions that require reconstructive oral and maxillofacial surgery include congenital defects (present at the time of birth), developmental defects (occurring after birth) and acquired defects and diseases (including post traumatic, post-surgical and those resulting from a variety of pathologic processes).

Other Lipectomy Including Thigh, Leg, Hip, Buttock, Arm, Forearm/Hand, or Submental Fat Pad

In a retrospective case study, Ibrahiem (2022) assessed a comparison of operative risk, hospital length of stay, complication rate, and patient satisfaction in massive weight loss patients (MWLP) according to the number of surgical procedures performed in the same surgical setting. MWLP (n = 653) who underwent multiple contouring procedures simultaneously in a single surgical procedure were included in the study. Women accounted for 78% of the patients studied. The mean age was 33 years. The patients were divided into 4 groups according to the number of anatomical areas operated on. A total of 1254 body contouring procedures were included in the study with a mean follow-up time of 17 months. The author found that the number of blood transfusions were statically significantly higher in the IV group (22 patients) than in the other three groups (p value = 0.001). There were no blood transfusions in groups I and II. In comparison to other studies, the mean hospital stay was 1.25 days. The overall complication rate (major and minor) was 105 cases (16.07%) in all groups. Patient satisfaction was highest in patients who underwent 2-3 procedures within the same surgical setting compared to patients who underwent +3 procedures. The author concluded performing 2 to 3 combined procedures in the same surgical setting did not significantly increase the overall complication rates in the study, but four or more combined procedures were associated with an increase in the complication rate. Limitations of this study include the retrospective nature of its design.

Jiang et al. (2021) noted many post-bariatric patients have impaired health-related quality of life (HRQoL) due to excess skin following weight loss; however, there is uncertainty as to whether or not body contouring surgery (BCS) improves this impairment. In a systematic review, the authors primary outcome was to summarize existing evidence of the effect of BCS on HRQoL. Secondary outcomes included the prevalence of, desire for, and barriers to BCS. Twenty-four studies, representing 6,867 patients met the inclusion criteria for this review. Eleven studies were cross-sectional, 5 were cohort studies that included both non-BCS (post-bariatric patients having received no BCS) and post-BCS (post-bariatric patients who have received at least one BCS) groups. The remaining 8 studies were single-arm longitudinal studies that included post-bariatric patients who received at least one BCS. Most of the patients were female with a mean age range from 16.5 to 51 years. Only 18.5% of patients from cross-sectional studies underwent BCS, with abdominal BCS (abdominoplasty) being the most common procedure, followed by the breast and thigh. Follow up periods ranged from 3 months to 15 years. This review consisted of 35 different questionnaires or scales on HRQoL measurements. Most of the studies support the positive effect of BCS on HRQoL, although some studies found no improvement in areas. Eight of the studies examined demonstrated significant improvement in physical function and symptoms such as intertriginous rashes and ulcerations, interference with ambulation, and daily activities. The authors concluded that most post-bariatric patients who underwent BCS experienced improvements in their HRQoL, which could be seen in almost every dimension evaluated, including body image, physical, and psychosocial functions. The authors recommend both bariatric and plastic surgeons regard BCS not only as an aesthetic supplement, but also as a vital part of functional recovery in the surgery-mediated weight loss journey and, thus, provide it to more post-bariatric patients. Limitations of this review include the studies being too heterogeneous to be pooled for a quantitative meta-analysis and the lack of high quality studies available.

Marouf A and Mortada H (2021) performed a systematic literature review of the complications of postbariatric body contouring surgeries, as well as a meta-analysis to determine the effects of body mass index (BMI) and the weight of the tissue resected during body contouring on the development of complications. Twenty-five studies (19 retrospective and 6 prospective) that met inclusion criteria were included in the qualitative synthesis, and 9 were included in the meta-analysis. A total of 3834 patients who underwent a body contouring procedure after bariatric surgery were included in this review. The rate of postbariatric body contouring surgical complications in all studies was 31.5%. Abdominoplasty had the highest complication rate, followed by breast contouring and contouring of the extremities. Seroma was the most frequent

complication from all regions of body contouring, followed by wound dehiscence and infection. Other less common complications were fat necrosis, deep vein thrombosis, scar deformity, skin necrosis, and pulmonary embolism. An analysis of risk factors indicated that a BMI < 30 kg/m^2 and low mean weight of resected tissue were associated with fewer complications. The risk of developing complications after body contouring surgery was found to increase by 37% when the patients BMI was ≥ 30 kg/m^2 before body contouring surgery. A higher weight of resected tissue during contouring procedures is an important factor in the development of complications, especially wound complications as larger specimens require the use of pull-on tension sutures and are often associated with increased intraoperative bleeding. The removal of tissue beyond what is necessary should be avoided. The authors were unable to determine the resection weight at which complications begin to increase due to inadequate data across studies. The authors concluded that body contouring procedures are relatively safe. Although complications after body contouring are common, most either resolve spontaneously or require minimal intervention. This study is limited by a lack of randomization and largely retrospective studies used in the analysis.

Clinical Practice Guidelines

American Society of Plastic Surgeons (ASPS)

The ASPS (2017) indicates deformities that result following massive weight loss vary greatly depending on the patient's body type, fat deposition patterns, and the amount of weight gained or lost. These deformities can lead to patient dissatisfaction with appearance as well as additional health problems such as intertrigo and infections of the skin under the overhanging panniculus of the back and abdomen, under the breasts, arms and medial thigh folds. The weight of these skin folds can also cause or exacerbate pain in the back and shoulder girdle regions. Although the anterior abdomen is typically the area of greatest concern and dysfunctionality, other areas such as the waist, hips, back, buttocks, breasts, and arms are also affected following massive weight loss.

Punch Graft Hair Transplant

Stoneburner et al. (2020) conducted a systematic review and meta-analysis of the current literature on the contemporary management of alopecia. Literature on micrografts, minigrafts, mini-micrografts, tissue grafts, tissue flaps and expanders were reviewed. Graft survival and satisfaction within specific populations were evaluated in a meta-analysis. Fifty-seven articles that met inclusion criteria were included in the qualitative synthesis, and 34 were included in the meta-analysis. The authors note hair transplant surgery has experienced innovation and transformation since the introduction of the 4.0-mm punch graft method. Micrografts (1–2 hairs) and minigrafts (3–4 hairs) use has become more frequent. Round punch harvesting has been replaced by linear punches and laser technology. According to the authors, the surgical approach often involves evaluating the type of alopecia, which can be classified as nonscarring and scarring. Within the context of this study, nonscarring alopecia populations (n = 1978, mean age 38.3 years, 70.6% male) included patients with androgenetic alopecia, traction alopecia, telogen effluvium and alopecia areata. Scarring alopecia study populations (n = 883, mean age 33.3 years, 67.2% male) included alopecia secondary to surgery, burns, infections, radiotherapy, and trauma. Patients with central centrifugal cicatricial alopecia and lichen planopilaris were also included in this study population. After a median follow-up of 17.2 months, the pooled rates were as follows for nonscarring alopecia patients: micrografts (graft survival 84.98%; satisfaction 89.70%) versus micrografts and minigrafts (graft survival 93.11%; satisfaction 97%). After a median follow-up of 22 months, the pooled rates were as follows for scarring alopecia patients: micrografts (graft survival 88.66%; satisfaction 97.80%) versus micrografts and minigrafts (graft survival 86.25%; satisfaction 88.70%). The authors concluded surgical hair restoration through the use of micrografts alone, and micrografts and minigrafts together, was found to have very high rates of graft survival and satisfaction in patients with both nonscarring and scarring alopecia. Limitations include the lack of available studies designed with controls and randomization to evaluate surgical hair restoration.

U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Many cosmetic and reconstructive interventions are surgical procedures and are not subject to FDA approval. However, devices and instruments used during the procedures may require FDA approval. Refer to the following website for additional information: https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm. Accessed 04/16/2024.

References

Abukhder M, Onions E, Flaherty E, et al. A systematic literature review and narrative synthesis on the use of autologous cartilage in the repair of orbital fractures. Ann Med Surg (Lond). 2024 Jan 3;86(2):968-974.

American Association of Oral and Maxillofacial Surgeons. Clinical paper for reconstructive oral and maxillofacial surgery. 2017. Available at: https://www.aaoms.org/docs/practice_resources/clinical_resources/reconstructive_surgery.pdf. Accessed 06/11/2024.

American Society of Plastic Surgeons. ASPS recommended insurance coverage criteria for third-party payers-panniculectomy. Mar 2019. Available at: https://www.plasticsurgery.org/documents/Health-Policy/Reimbursement/insurance-2019-panniculectomy.pdf. Accessed 06/11/2024.

American Society of Plastic Surgeons. Practice parameter for surgical treatment of skin redundancy for obese and massive weight loss patients. Jun 2017. Available at: https://www.plasticsurgery.org/documents/Health-Policy/Guidelines/guideline-2017-skin-redundancy.pdf. Accessed 06/11/2024.

Anehosur V, Mehra A, Kumar N, et al. Management of masseter muscle hypertrophy and role of adjunctive surgical procedures. Craniomaxillofac Trauma Reconstr. 2020 Apr;5:1-7.

Benyo S, Saadi RA, Walen S, et al. A systematic review of surgical techniques for management of severe rhinophyma. Craniomaxillofac Trauma Reconstr. 2021 Dec;14(4):299-307.

Bouet B, Schlund M, De Massary M, et al. Craniofacial fibrous dysplasia: Systematic review of facial management. J Stomatol Oral Maxillofac Surg. 2023 Dec;124(6S2):101660.

Bourry M, Hardouin JB, Fauvel F, et al. Clinical evaluation of the efficacy of materials used for primary reconstruction of orbital floor defects: Meta-analysis. Head Neck. 2021 Feb;43(2):679-690.

Bunpu P, Changsiripun C. Assessment of masticatory performance in patients undergoing orthognathic surgery: A systematic review and meta-analysis. J Oral Rehabil. 2023 Jul;50(7):596-616.

Clarós P, Sarr MC, Nyada FB, et al. Rhinophyma: Our experience based on a series of 12 cases. Eur Ann Otorhinolaryngol, Head Neck Dis. 2018;17-20.

Diaconu SC, McNichols CHL, AlFadil S, et al. Postoperative outcomes in obese patients that undergo ventral hernia repair versus ventral hernia repair with concurrent panniculectomy. Plast Reconstr Surg. 2019 Apr;143(4):1211-1219.

Elhage SA, Marturano MN, Deerenberg EB, et al. Impact of panniculectomy in complex abdominal wall reconstruction: A propensity matched analysis in 624 patients. Surg Endosc. 2021 Sep;35(9):5287-5294.

Gebran SG, Wasicek PJ, Ngaage LM, et al. Panniculectomy at the time of bariatric surgery: a propensity score-matched analysis of outcomes in the MBSAQIP database. Surg Obes Relat Dis. 2021 Jan 1;17(1):177-184.

Gormley J, Copeland A, Augustine H, et al. Impact of rectus diastasis repair on abdominal strength and function: A systematic review. Cureus. 2020 Dec 29;12(12):e12358.

Ibrahiem SMS. Investigating the safety of multiple body contouring procedures in massive weight loss patients. Aesthetic Plast Surg. 2022 Dec;46(6):2891-2902.

Jiang Z, Zhang G, Huang J, et al. A systematic review of body contouring surgery in post-bariatric patients to determine its prevalence, effects on quality of life, desire, and barriers. Obes Rev. 2021 May;22(5):e13201.

Kalmar CL, Park BC, Kassis S, et al. Functional panniculectomy vs cosmetic abdominoplasty: Multicenter analysis of risk factors and complications. J Plast Reconstr Aesthet Surg. 2022 Sep;75(9):3541-3550.

Kauke-Navarro M, Knoedler L, Deniz C, Knoedler S, Safi AF. Early outcomes and risk factors for complications after facial alloplastic implant surgery: An ACS-NSQIP study. J Plast Reconstr Aesthet Surg. 2024 Mar;90:209-214.

Maranda EL, Wang MX, Shareef S, et al. Surgical management of leukoderma after burn: A review. Burns. 2018 Mar;44(2):256-262.

Marouf A, Mortada H. Complications of body contouring surgery in postbariatric patients: A systematic review and meta-analysis. Aesthetic Plast Surg. 2021 Dec;45(6):2810-2820.

Nag S, Patel T, Gaughan JP, et al. Panniculectomy performed in conjunction with gynecologic surgery in obese and morbidly obese patients: A national surgical quality improvement program analysis and systematic review of the literature. Ann Plast Surg. 2021 Nov 1;87(5):600-605.

Odom R, Dahl M, Dover J, et al. Standard management options for rosacea, part 2: Options according to subtype. Cutis 2009;84:97-104.

Olsson A, Kiwanuka O, Sandblom G, et al. Evaluation of functional outcomes following rectus diastasis repair-an up-to-date literature review. Hernia. 2021 Aug;25(4):905-914.

Rondinelli RD, Genovese E, Katz RT, et al. *AMA Guides to the Evaluation of Permanent Impairment.* 6th ed. 2008.

Rostamzad P, Pleumeekers MM, Versnel SL, et al. Effect of midface surgery on ocular outcomes in patients with orbital and midface malformations. J Clin Med. 2023 Jun 5;12(11):3862.

Sachs D, Murray J. Panniculectomy. National Institutes of Health (NIH). Updated February 2020. Available at: https://www.ncbi.nlm.nih.gov/books/NBK499822/. Accessed 06/19/2024.

Sosin M, Termanini KM, Black CK, et al. Simultaneous ventral hernia repair and panniculectomy: A systematic review and meta-analysis of outcomes. Plast Reconstr Surg. 2020 Apr;145(4):1059-1067.

Stoneburner J, Shauly O, Carey J, et al. Contemporary management of alopecia: A systematic review and meta-analysis for surgeons. Aesthetic Plast Surg. 2020 Feb;44(1):97-113.

Van Kerckhoven L, Nevens T, Van De Winkel N, et al. Treatment of rectus diastasis: should the midline always be reinforced with mesh? A systematic review. J Plast Reconstr Aesthet Surg. 2021 Aug;74(8):1870-1880.

Vila PM, Ramsey T, Yaeger LH, et al. Reporting of cosmesis in head and neck reconstruction: A systematic review. Otolaryngol Head Neck Surg. 2019 Apr;160(4):573-579.

Wu S, Coombs DM, Gurunian R. Liposuction: Concepts, safety, and techniques in body-contouring surgery. Cleve Clin J Med. 2020 Jun;87(6):367-375.

Yong PJ, Thurston J, Singh SS, et al. Guideline No. 386-Gynaecologic surgery for patient with obesity. J Obstet Gynaecol Can. 2019 Sept 1; 41(9):1356-1370.

Zamboni R, de Moura FRR, Brew MC, et al. Impacts of orthognathic surgery on patient satisfaction, overall quality of life, and oral health-related quality of life: A systematic literature review. Int J Dent. 2019 Jun 16;2019:2864216.

Policy History/Revision Information

Date	Summary of Changes

09/01/2024	**Title Change/Template Update**
	• Reorganized and renamed policy; combined content previously included in the:
	  ○ UnitedHealthcare Medicare Advantage Coverage Summary titled *Cosmetic and Reconstructive Procedures*
	  ○ UnitedHealthcare Medicare Advantage Policy Guideline titled *Cosmetic and Reconstructive Services and Procedures*
	• Transferred content to new template and changed policy type classification to “Medical Policy”
	• Added *Clinical Evidence*, *FDA*, and *References* sections
	• Updated *Instructions for Use*
	• Removed *Questions and Answers (Q&A)* section
	Related Policies
	• Added reference link to the:
	  ○ UnitedHealthcare Commercial Medical Policy titled:
	  ▪ *Breast Reconstruction*
	  ▪ *Gynecomastia Surgery*
	  ▪ *Light and Laser Therapy*
	  ▪ *Liposuction for Lipedema*
	  ▪ *Panniculectomy and Body Contouring Procedures*
	  ▪ *Pectus Deformity Repair*
	  ○ UnitedHealthcare Medicare Advantage Medical Policy titled *Ear, Nose, and Throat Procedures*
	  ○ UnitedHealthcare Medicare Advantage Coverage Summary titled *Durable Medical Equipment (DME), Prosthetics, Orthotics (Non-Foot Orthotics), Nutritional Therapy, and Medical Supplies Grid*
	• Removed reference link to the UnitedHealthcare Commercial Medical Policy titled *Rhinoplasty and Other Nasal Surgeries*
	Coverage Rationale
	• Removed content/language addressing:
	  ○ Blepharoplasty (refer to the Medicare Coverage Database for applicable coverage guidelines)
	  ○ Breast Reduction Surgery (Reductive Mammoplasty) (refer to the Medicare Coverage Database for applicable coverage guidelines)
	  ○ Chemical peel (CPT codes 15788, 15789, 15792, and 15793)

Date	Summary of Changes
	○ Dermal injections for facial lipodystrophy syndrome (LDS) (HCPCS codes G0429, Q2026, and Q2028) ○ Ear piercing (CPT code 69090) ○ Gender Dysphoria Treatment (refer to the UnitedHealthcare Medicare Advantage Medical Policy titled *Gender Dysphoria and Gender Reassignment Surgery*) ○ Mastopexy (CPT Code 19316) (refer to the Medicare Coverage Database for applicable coverage guidelines) ○ Reduction mammoplasty (CPT code 19318) ○ Surgery for rhinophyma (CPT code 30120) (refer to the UnitedHealthcare Medicare Advantage Medical Policy titled *Ear, Nose, and Throat Procedures*) ○ Treatment of Actinic Keratosis (refer to the Medicare Coverage Database for applicable coverage guidelines) ○ Documentation requirements ○ Services related to and required as a result of services which are not covered under Medicare ***Abdominal Lipectomy/Panniculectomy*** • Revised language to indicate: ○ Medicare does not have a National Coverage Determination (NCD) for abdominal lipectomy/Panniculectomy ○ Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable; for specific LCDs/LCAs, refer to the table [in the *Centers for Medicare & Medicaid (CMS) Related Documents* section of the policy] ○ For coverage guidelines for states/territories with no LCDs/LCAs: ▪ Abdominal lipectomy/Panniculectomy is considered reconstructive, and therefore reasonable and necessary, when: – The pannus or panniculus hangs below the level of the symphysis pubis causing one or more of the following conditions: inability to walk normally due to pannus size, chronic pain, ulceration created by the abdominal skin fold, or intertrigo dermatitis – The above symptoms have been present for at least three months and are refractory to usual standard medical therapy ▪ If the procedure is being performed following significant weight loss, in addition to meeting the criteria noted above, there should be evidence that the individual has maintained a stable weight for at least 6 months; if the weight loss is the result of bariatric surgery, abdominal lipectomy/Panniculectomy should not be performed until at least 18 months after bariatric surgery and only when weight has been stable for at least the most recent 6 months ▪ Abdominal lipectomy/Panniculectomy is considered not reasonable and necessary when performed primarily for any of the following indications (this list may not be all-inclusive): – Improving appearance; or – Repairing abdominal wall laxity or Diastasis Recti; or – When performed in conjunction with abdominal or gynecological procedures (e.g., abdominal hernia repair, hysterectomy, obesity surgery) unless criteria for Panniculectomy and Abdominoplasty are met separately ▪ Abdominal lipectomy/Panniculectomy is considered not reasonable and necessary for minimizing the risk of hernia formation or recurrence – There is no evidence that pannus contributes to hernia formation – The primary cause of hernia formation is an abdominal wall defect or weakness, not a pulling effect from a large or redundant pannus ***Autologous Soft Tissue and Fat Grafting*** • Revised language to indicate: ○ Medicare does not have a NCD for autologous soft tissue and fat grafting ○ LCDs/LCAs exist for gender dysphoria and compliance with these policies is required where applicable; for specific LCDs/LCAs, refer to the UnitedHealthcare Medicare Advantage Medical Policy titled *Gender Dysphoria and Gender Reassignment Surgery*

Date	Summary of Changes
	○ For coverage guidelines other than gender dysphoria, refer to the UnitedHealthcare Commercial Medical Policy titled *Cosmetic and Reconstructive Procedures* ***Breast Reconstruction Following Mastectomy*** • Removed content/language addressing the following services: ○ Breast tissue expansion (CPT code 19357) ○ Myocutaneous flaps for breast reconstruction (CPT codes 19361, 19364, 19367, 19368, 19369) • Revised language for implantable breast prosthesis to indicate: ○ Medicare does not have NCD for implantable breast prosthesis ○ LCDs/LCAs do not exist ○ For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled *Breast Reconstruction* ***Cervicoplasty*** • Added language to indicate: ○ Medicare does not have a NCD for cervicoplasty ○ LCDs/LCAs exist and compliance with these policies is required where applicable; for specific LCDs/LCAs, refer to the table [in the *Centers for Medicare & Medicaid (CMS) Related Documents* section of the policy] ○ For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled *Cosmetic and Reconstructive Procedures* ***Chemical Exfoliation for Acne*** • Added language to indicate: ○ Medicare does not have a NCD for chemical exfoliation for acne ○ LCDs/LCAs exist and compliance with these policies is required where applicable; for specific LCDs/LCAs, refer to the table [in the *Centers for Medicare & Medicaid (CMS) Related Documents* section of the policy] ○ For coverage guidelines for states/territories with no LCDs/LCAs, chemical exfoliation for acne is considered cosmetic, and therefore not reasonable and necessary ***Dermabrasion*** • Revised language to indicate: ○ Medicare does not have a NCD for dermabrasion ○ LCDs/LCAs exist and compliance with these policies is required where applicable; for specific LCDs/LCAs, refer to the table [in the *Centers for Medicare & Medicaid (CMS) Related Documents* section of the policy] ○ For coverage guidelines for states/territories with no LCDs/LCAs: ▪ Dermabrasion is considered reconstructive, and therefore reasonable and necessary, when performed for either of the following: – The treatment of rhinophyma – When correcting defects resulting from traumatic injury, surgery, or disease ▪ Dermabrasion performed for post-acne scarring is considered cosmetic and therefore not reasonable and necessary ***Ear Graft*** • Revised langauge to indicate: ○ Medicare does not have a NCD for ear graft ○ LCDs/LCAs exist and compliance with these policies is required where applicable; for specific LCDs/LCAs, refer to the table [in the *Centers for Medicare & Medicaid (CMS) Related Documents* section of the policy] ○ For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled *Cosmetic and Reconstructive Procedures* ***Electrolysis*** • Added language to indicate: ○ Medicare does not have a NCD for electrolysis ○ LCDs/LCAs exist and compliance with these policies is required where applicable; for specific LCDs/LCAs, refer to the table [in the *Centers for Medicare & Medicaid (CMS) Related Documents* section of the policy]

Date	Summary of Changes
	○ For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled *Cosmetic and Reconstructive Procedures* ***Facial and Maxillofacial Reconstruction*** • Revised coverage guidelines for states/territories with no LCDs/LCAs to indicate: ○ Reconstructive surgeries of the head and neck are reasonable and necessary to repair injuries due to trauma, congenital anomalies, or tumors ○ Corrective facial surgery is reasonable and necessary when there is a Functional Impairment or when the member has a severe disfigurement which merits individual consideration for corrective surgery ***Formation of Direct/Tubed Pedicle*** • Added language to indicate: ○ Medicare does not have a NCD for formation of direct/tubed pedicle ○ LCDs/LCAs do not exist ○ For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled *Cosmetic and Reconstructive Procedures* ***Gynecomastia Treatment*** • Removed reference link to the *Medicare Coverage Database* ***Insertion of Tissue Expander for Other Than Breast*** • Removed reference link to the *Medicare Coverage Database* ***Light and Laser Therapy for Rosacea and Rhinophyma*** • Added notation to indicate LCDs may exist for indications other than rosacea and rhinophyma and compliance with these policies is required where applicable • Removed reference link to the *Medicare Coverage Database* ***Liposuction for Lipedema*** • Removed reference link to the *Medicare Coverage Database* ***Midface Flap (i.e., Zygomaticofacial Flap)*** • Added language to indicate: ○ Medicare does not have a NCD for midface flap (i.e., zygomaticofacial flap) ○ LCDs/LCAs exist and compliance with these policies is required where applicable; for specific LCDs/LCAs, refer to the table [in the *Centers for Medicare & Medicaid (CMS) Related Documents* section of the policy] ○ For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled *Cosmetic and Reconstructive Procedures* ***Myocutaneous Flaps for Head and Neck*** • Revised language to indicate: ○ Medicare does not have a NCD for myocutaneous flaps for head and neck ○ LCDs/LCAs exist and compliance with these policies is required where applicable; for specific LCDs/LCAs, refer to the table [in the *Centers for Medicare & Medicaid (CMS) Related Documents* section of the policy] ○ For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled *Cosmetic and Reconstructive Procedures* ***Myocutaneous Flaps for Trunk and Extremities*** • Removed reference link to the *Medicare Coverage Database* ***Other Lipectomy Including Thigh, Leg, Hip, Buttock, Arm, Forearm/Hand, or Submental Fat Pad*** • Modified content heading • Revised language to indicate: ○ Medicare does not have a NCD for other lipectomy including thigh, leg, hip, buttock, arm, forearm/hand, or submental fat pad ○ LCDs/LCAs exist and compliance with these policies is required where applicable; for specific LCDs/LCAs, refer to the table [in the *Centers for Medicare & Medicaid (CMS) Related Documents* section of the policy]

Date	Summary of Changes
	○ For coverage guidelines for states/territories with no LCDs/LCAs, other lipectomy including thigh, leg, hip, buttock, arm, forearm/hand, or submental fat pad is considered reconstructive, and therefore reasonable and necessary, when: ▪ Performed to alleviate complicating factors such as either of the following: – Ulceration created by the skin fold – Intertrigo dermatitis ▪ The above symptoms have been present for at least three months and are refractory to usual standard medical therapy ***Otoplasty*** • Added language to indicate: ○ Medicare does not have a NCD for otoplasty ○ LCDs/LCAs exist and compliance with these policies is required where applicable; for specific LCDs/LCAs, refer to the table [in the *Centers for Medicare & Medicaid (CMS) Related Documents* section of the policy] ○ For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled *Cosmetic and Reconstructive Procedures* ***Pectus Deformity Repair*** • Removed reference link to the *Medicare Coverage Database* ***Punch Graft Hair Transplant*** • Added language to indicate: ○ Medicare does not have a NCD for punch graft hair transplant ○ LCDs/LCAs exist and compliance with these policies is required where applicable; for specific LCDs/LCAs, refer to the table [in the *Centers for Medicare & Medicaid (CMS) Related Documents* section of the policy] ○ For coverage guidelines for states/territories with no LCDs/LCAs, refer to the coverage rationale [listed in the policy] • Replaced language indicating "punch graft hair transplant *may be* considered reconstructive when it is performed for eyebrow(s) or symmetric hairline replacement following a burn injury, trauma, or tumor removal" with "punch graft hair transplant *is* considered reconstructive, *and therefore reasonable and necessary*, when it is performed for eyebrow(s) or symmetric hairline replacement following a burn injury, trauma, or tumor removal" ***Removal of Tissue Expander Without Insertion of Implant*** • Removed reference link to the *Medicare Coverage Database* ***Rhytidectomy*** • Revised language to indicate: ○ Medicare does not have a NCD for rhytidectomy ○ LCDs/LCAs exist and compliance with these policies is required where applicable; for specific LCDs/LCAs, refer to the table [in the *Centers for Medicare & Medicaid (CMS) Related Documents* section of the policy] ○ For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled *Cosmetic and Reconstructive Procedures* ***Subcutaneous Injection of Filling Material*** • Added language to indicate: ○ Medicare does not have a NCD for subcutaneous injection of filling material ○ LCDs/LCAs exist and compliance with these policies is required where applicable; for specific LCDs/LCAs, refer to the table [in the *Centers for Medicare & Medicaid (CMS) Related Documents* section of the policy] ○ For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled *Cosmetic and Reconstructive Procedures* ***Suction Assisted Lipectomy of Extremities*** • Removed reference link to the *Medicare Coverage Database* ***Suction Assisted Lipectomy of Head and Neck*** • Removed reference link to the *Medicare Coverage Database*

Date	Summary of Changes

	Suction Assisted Lipectomy of Trunk
	• Removed reference link to the *Medicare Coverage Database*
	Tattooing
	• Revised language to indicate:
	  ○ Medicare does not have a NCD for tattooing
	  ○ LCDs/LCAs exist and compliance with these policies is required where applicable; for specific LCDs/LCAs, refer to the table [in the *Centers for Medicare & Medicaid (CMS) Related Documents* section of the policy]
	  ○ For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled *Cosmetic and Reconstructive Procedures*
	Toe Polydactyly Reconstruction
	• Removed reference link to the *Medicare Coverage Database*
	Unlisted Craniofacial and Maxillofacial Procedure
	• Modified content heading
	Applicable Codes
	CPT Codes
	Abdominal Lipectomy/Panniculectomy
	• Removed instruction to refer to the UnitedHealthcare Medicare Advantage Policy Guideline titled *Gender Dysphoria and Gender Reassignment Surgery (NCD 140.9)* for CPT codes 15830 and 15847
	Adjacent Tissue Transfer
	• Removed instruction to refer to the UnitedHealthcare Medicare Advantage Policy Guideline titled *Gender Dysphoria and Gender Reassignment Surgery (NCD 140.9)* for CPT codes 14000, 14001, and 14041
	Autologous Soft Tissue and Fat Grafting
	• Removed instruction to refer to the UnitedHealthcare Medicare Advantage Policy Guideline titled *Gender Dysphoria and Gender Reassignment Surgery (NCD 140.9)* for CPT codes 15769, 15771, 15772, 15773, and 15774
	Biologic Implant
	• Removed list of applicable codes: 15777
	Breast Reconstruction Following Mastectomy
	• Updated list of applicable CPT codes (previously located in the *Coverage Rationale s*ection); removed CPT codes 19357, 19361, 19364, 19367, 19368, and 19369
	Breast Surgery
	• Removed list of applicable codes: 19316, 19325, and 19355
	Canthopexy
	• Removed list of applicable codes: 21280 and 21282
	Chemical Peel
	• Removed list of applicable codes: 15788, 15789, 15792, and 15793
	Dermabrasion
	• Removed instruction to refer to the UnitedHealthcare Medicare Advantage Policy Guideline titled *Gender Dysphoria and Gender Reassignment Surgery (NCD 140.9)* for CPT codes 15780, 15781, 15782, and 15783
	Punch Graft Hair Transplant
	• Modified content heading
	• Removed instruction to refer to the UnitedHealthcare Medicare Advantage Policy Guideline titled *Gender Dysphoria and Gender Reassignment Surgery (NCD 140.9)* for CPT codes 15775 and 15776
	Myocutaneous Flaps
	• Removed 15576, 15750, 15757, and 15758
	• Removed instruction to refer to the UnitedHealthcare Medicare Advantage Policy Guideline titled *Gender Dysphoria and Gender Reassignment Surgery (NCD 140.9)* for CPT codes 15734 and 15738

Date	Summary of Changes

	Facial and Maxillofacial Reconstruction
	• Modified content heading
	• Removed instruction to refer to the UnitedHealthcare Medicare Advantage Policy Guideline titled *Gender Dysphoria and Gender Reassignment Surgery (NCD 140.9)* for CPT codes 21120, 21121, 21122, 21123, 21125, 21127, 21137, 21138, 21139, 21172, 21175, 21179, 21180, 21208, 21209, and 21270
	Other Lipectomy Including Thigh, Leg, Hip, Buttock, Arm, Forearm/Hand, or Submental Fat Pad
	• Modified content heading
	• Removed instruction to refer to the UnitedHealthcare Medicare Advantage Policy Guideline titled *Gender Dysphoria and Gender Reassignment Surgery (NCD 140.9)* for CPT codes 15832, 15833, 15834, 15835, 15836, 15837, 15838, and 15839
	Reduction Mammoplasty
	• Removed list of applicable codes: 19318
	Rhinoplasty/Nasal Reconstructive Surgery
	• Removed list of applicable codes: 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30468, and 30520
	Suction Assisted Lipectomy of Extremities/Liposuction for Lipedema
	• Removed instruction to refer to the UnitedHealthcare Medicare Advantage Policy Guideline titled *Gender Dysphoria and Gender Reassignment Surgery (NCD 140.9)* for CPT code 15877
	Surgery for Rhinophyma
	• Removed list of applicable codes: 30120
	Cosmetic (Possible Provisional Coverage)
	• Removed list of applicable codes: 36468
	Cosmetic and Non-Covered
	• Removed 15878, 15879, and 69090
	• Removed instruction to refer to the UnitedHealthcare Medicare Advantage Policy Guideline titled *Gender Dysphoria and Gender Reassignment Surgery (NCD 140.9)* for CPT codes 11950, 11951, 11952, 11954, 15819, 15824, 15825, 15826, 15828, 15829, 15876, and 17380
	HCPCS Codes
	Dermal Injections
	• Removed list of applicable codes: G0429, Q2026, and Q2028
	ICD Procedure Codes
	Breast Surgery
	• Removed list of applicable codes: 0HST0ZZ, 0HSU0ZZ, 0HSV0ZZ, 0H0T0ZZ, 0H0U0ZZ, and 0H0V0ZZ
	Diagnosis Codes
	For Abdominal Lipectomy/Panniculectomy (CPT Codes 15830 and 15847)
	• Added notation to indicate:
	  ○ Dual diagnosis reporting is required to support the service as medically reasonable and necessary
	  ○ ICD-10 diagnosis code L98.7 should be reported as the primary diagnosis with ICD-10 codes E65, R26.2, or Z74.09 reported as the secondary diagnosis
	• Added E65, L98.7, R26.2, and Z74.09
	For Breast Surgery (CPT Codes 19325 and 19355)
	• Removed list of applicable codes: C44.501, C44.511, C44.521, C44.591, C50.011, C50.012, C50.021, C50.022, C50.111, C50.112, C50.121, C50.122, C50.211, C50.212, C50.221, C50.222, C50.311, C50.312, C50.321, C50.322, C50.411, C50.412, C50.421, C50.422, C50.511, C50.512, C50.521, C50.522, C50.611, C50.612, C50.621, C50.622, C50.811, C50.812, C50.821, C50.822, C50.911, C50.912, C50.921, C50.922, C79.2, C79.81, C84.7A, D04.5, D05.01, D05.02, D05.11, D05.12, D05.81, D05.82, D05.91, D05.92, D22.5, D23.5, D24.1, D24.2, D48.61, D48.62, N60.01, N60.02, N60.11, N60.12, N60.21, N60.22, N60.31, N60.32, N60.41, N60.42, N60.81, N60.82, N60.91, N60.92, N61.1, N64.1, N64.89, N65.0, N65.1, T21.31XA, T21.31XD, T21.31XS, T21.71XA, T21.71XD, T21.71XS, T85.41XA, T85.41XD, T85.41XS, T85.42XA, T85.42XD, T85.42XS, T85.43XA, T85.43XD, T85.43XS,

Date	Summary of Changes
	T85.44XA, T85.44XD, T85.44XS, T85.49XA, T85.49XD, T85.49XS, T85.79XA, T85.79XD, T85.79XS, T85.818A, T85.818D, T85.818S, T85.828A, T85.828D, T85.828S, T85.838A, T85.838D, T85.838S, T85.848A, T85.848D, T85.848S, T85.858A, T85.858D, T85.858S, T85.868A, T85.868D, T85.868S, T85.898A, T85.898D, T85.898S, Z15.01, Z42.1, Z44.30, Z44.31, Z44.32, Z45.811, Z45.812, Z45.819, Z48.3, Z80.3, Z85.3, Z90.11, Z90.12, Z90.13, and Z98.82 For Chemical Peel (CPT Codes 15788, 15789, 15792, and 15793) • Removed list of applicable codes: L57.0 For Mastopexy (CPT Code 19316 and ICD-10 Procedure Codes 0HST0ZZ, 0HSU0ZZ, and 0HSV0ZZ) • Removed list of applicable codes: C44.501, C44.511, C44.521, C44.591, C50.011, C50.012, C50.021, C50.022, C50.111, C50.112, C50.121, C50.122, C50.211, C50.212, C50.221, C50.222, C50.311, C50.312, C50.321, C50.322, C50.411, C50.412, C50.421, C50.422, C50.511, C50.512, C50.521, C50.522, C50.611, C50.612, C50.621, C50.622, C50.811, C50.812, C50.821, C50.822, C50.911, C50.912, C50.921, C50.922, C79.2, C79.81, C84.7A, D04.5, D05.01, D05.02, D05.11, D05.12, D05.81, D05.82, D05.90, D05.91, D05.92, D22.5, D23.5, D24.1, D24.2, D48.61, D48.62, L26, L30.4, L53.8, L54, L92.0, L95.1, L98.2, M25.511, M25.512, M54.2, M54.6, M54.89, M54.9, N60.01, N60.02, N60.11, N60.12, N60.21, N60.22, N60.31, N60.32, N60.41, N60.42, N60.81, N60.82, N60.91, N60.92, N61.1, N62, N64.1, N64.4, N64.89, N65.0, N65.1, R21, T21.31XA, T21.31XD, T21.31XS, T21.71XA, T21.71XD, T21.71XS, T85.41XA, T85.41XD, T85.41XS, T85.42XA, T85.42XD, T85.42XS, T85.43XA, T85.43XD, T85.43XS, T85.44XA, T85.44XD, T85.44XS, T85.49XA, T85.49XD, T85.49XS, T85.79XA, T85.79XD, T85.79XS, T85.818A, T85.818D, T85.818S, T85.828A, T85.828D, T85.828S, T85.838A, T85.838D, T85.838S, T85.848A, T85.848D, T85.848S, T85.858A, T85.858D, T85.858S, T85.868A, T85.868D, T85.868S, T85.898A, T85.898D, T85.898S, Z15.01, Z42.1, Z44.30, Z44.31, Z44.32, Z45.811, Z45.812, Z45.819, Z48.3, Z80.3, Z85.3, Z90.11, Z90.12, Z90.13, and Z98.82 For Facial and Maxillofacial Reconstruction (CPT Codes 21120, 21121, 21122, 21123, 21125, 21127, 21137, 21138, 21139, 21172, 21175, 21179, 21180, 21181, 21182, 21183, 21184, 21208, 21209, 21230, 21255, 21256, 21260, 21261, 21263, 21267, 21268, 21270, 21275, 21295, and 21296) • Modified content heading • Added S01.01XA, S01.01XD, S01.01XS, S01.02XA, S01.02XD, S01.02XS, S01.03XA, S01.03XD, S01.03XS, S01.04XA, S01.04XD, S01.04XS, and S01.05XA For Other Lipectomy Including Thigh, Leg, Hip, Buttock, Arm, Forearm/Hand, or Submental Fat Pad (CPT Codes 15832, 15833, 15834, 15835, 15836, 15837, 15838, and 15839) • Modified content heading For Punch Graft Hair Transplant (CPT Codes 15775 and 15776) • Modified content heading For Reduction Mammoplasty (CPT Code 19318 and ICD-10 Procedure Codes 0H0T0ZZ, 0H0U0ZZ, and 0H0V0ZZ) • Removed list of applicable codes: C50.011, C50.012, C50.111, C50.112, C50.211, C50.212, C50.311, C50.312, C50.411, C50.412, C50.511, C50.512, C50.611, C50.612, C50.811, C50.812, C50.911, C50.912, D05.90, D05.91, D05.92, L26, L30.4, L53.8, L54, L92.0, L95.1, L98.2, M25.511, M25.512, M54.2, M54.6, M54.89, M54.9, N62, N64.4, N65.0, N65.1, R21, Z48.3, and Z85.3 For Rhinoplasty (CPT Codes 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, and 30468) • Removed list of applicable codes: C30.0, C41.0, C43.30, C43.31, C43.39, C44.300, C44.301, C44.309, C44.310, C44.311, C44.319, C44.320, C44.321, C44.329, C44.390, C44.391, C44.399, C76.0, D03.30, D03.39, D04.30, D04.39, D14.0, D16.4, D22.30, D22.39, D23.30, D23.39, J32.0, J32.1, J32.2, J32.3, J32.4, J32.8, J32.9, J34.0, J34.1, J34.2, J34.89, J34.9, Q30.0, Q30.8, Q35.1, Q35.3, Q35.5, Q35.7, Q35.9, Q36.0, Q36.1, Q36.9, Q37.0, Q37.1, Q37.2, Q37.3, Q37.4, Q37.5, Q67.0, Q67.1, Q67.2, Q67.3, Q67.4, R04.0, R09.81, S02.2XXA, S02.2XXB, S02.2XXD, S02.2XXG, S02.2XXK, and S02.2XXS For Surgery for Rhinophyma (CPT Code 30120)

Date	Summary of Changes

	• Removed list of applicable codes: L71.1
	Definitions
	• Added definition of:
	  ○ Diastasis Recti
	  ○ Suction-Assisted Lipectomy
	• Removed definition of:
	  ○ American Society of Plastic Surgeons' Gynecomastia Scale
	  ○ Macromastia (Breast Hypertrophy)
	  ○ Non-Surgical Interventions
	  ○ Ratio of Weight to Grams Excised
	  ○ Schnur Scale
	Centers for Medicare and Medicaid Services (CMS) Related Documents
	• Updated list of documents available in the *Medicare Coverage Database* to reflect the most current information
	• Added list of applicable *Medicare Administrative Contractors (MACs) With Corresponding States/Territories*
	• Added notation to indicate the Wisconsin Physicians Service Insurance Company (WPS) Contract Number 05901 applies only to WPS Legacy Mutual of Omaha MAC A Providers
	• Removed reference link to:
	  ○ *Chapter 32, § 260 Dermal Injections for Treatment of Facial Lipodystrophy Syndrome (LDS)*
	  ○ *Medicare Contractor Beneficiary and Provider Communications Manual, Chapter 5 Correct Coding Initiative, CMS Website*
	  ○ Social Security Act (Title XVIII) Standard References:
	  ▪ *§ 1862 (a)(1)(A) Medically Reasonable & Necessary, (a)(10) Cosmetic Surgery*
	  ▪ *§ 1833 (e) Incomplete Claim*
	Supporting Information
	• Archived previous policy versions MCS022.10 and MPG065.14

Instructions for Use

The Medicare Advantage Policy documents are generally used to support UnitedHealthcare coverage decisions. It is expected providers retain or have access to appropriate documentation when requested to support coverage. This document may be used as a guide to help determine applicable:

- Medical necessity coverage guidelines; including documentation requirements, and/or
- Medicare coding or billing requirements.

Medicare Advantage Policies are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates. This Policy is provided for informational purposes and does not constitute medical advice. It is intended to serve only as a general reference and is not intended to address every aspect of a clinical situation. Physicians and patients should not rely on this information in making health care decisions. Physicians and patients must exercise their independent clinical discretion and judgment in determining care. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes this policy. For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the Administrative Guide.

Medicare Advantage Policies are developed as needed, are regularly reviewed, and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policies at any time by publishing a new version on this website. Medicare source materials used to develop these policies may include, but are not limited to, CMS statutes, regulations, National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), and manuals. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. The information presented in this Policy is believed to be accurate and current as of the date of publication. Where there is a conflict between this document and Medicare source

materials, the Medicare source materials apply. Medicare Advantage Policies are the property of UnitedHealthcare. Unauthorized copying, use, and distribution of this information are strictly prohibited.

UnitedHealthcare follows Medicare coverage guidelines found in statutes, regulations, NCDs, and LCDs to determine coverage. The clinical coverage criteria governing certain items or services referenced in this Medical Policy have not been fully established in applicable Medicare guidelines because there is an absence of any applicable Medicare statutes, regulations, NCDs, or LCDs setting forth coverage criteria and/or the applicable NCDs or LCDs include flexibility that explicitly allows for coverage in circumstances beyond the specific indications that are listed in an NCD or LCD. As a result, in these circumstances, UnitedHealthcare applies internal coverage criteria as referenced in this Medical Policy. The internal coverage criteria in this Medical Policy was developed through an evaluation of the current relevant clinical evidence in acceptable clinical literature and/or widely used treatment guidelines. UnitedHealthcare evaluated the evidence to determine whether it was of sufficient quality to support a finding that the items or services discussed in the policy might, under certain circumstances, be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Providers are responsible for submission of accurate claims. Medicare Advantage Policies are intended to ensure that coverage decisions are made accurately. UnitedHealthcare Medicare Advantage Policies use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

For members in UnitedHealthcare Medicare Advantage plans where a delegate manages utilization management and prior authorization requirements, the delegate’s requirements need to be followed.