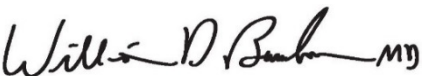


**Prior Authorization Review Panel  
MCO Policy Submission**

A separate copy of this form must accompany each policy submitted for review.  
Policies submitted without this form will not be considered for review.

<b>Plan:</b> AmeriHealth Caritas Pennsylvania	<b>Submission Date:</b> October 30, 2019
<b>Policy Number:</b> CCP.1184	<b>Effective Date:</b> October 1, 2015 <b>Revision Date:</b> October 1, 2019
<b>Policy Name:</b> Cosmetic and plastic surgery	
<p><b>Type of Submission – Check all that apply:</b></p> <p> <input type="checkbox"/> New Policy  <input checked="" type="checkbox"/> Revised Policy*  <input type="checkbox"/> Annual Review – No Revisions  <input type="checkbox"/> Statewide PDL         </p>	
<p><b>*All revisions to the policy <u>must</u> be highlighted using track changes throughout the document.</b></p> <p><b>Please provide any clarifying information for the policy below:</b></p> <p style="color: red;">Please see revisions below using tracked changes.</p>	
<b>Name of Authorized Individual (Please type or print):</b>  William D. Burnham, MD	<b>Signature of Authorized Individual:</b>  



## Clinical Policy Title: Cosmetic and plastic surgery

Clinical Policy Number: CCP.1184

**Effective Date:** October 1, 2015  
**Initial Review Date:** August 19, 2015  
**Most Recent Review Date:** October 1, 2019  
**Next Review Date:** September 2020

Policy contains:

- Cosmetic surgery.
- Plastic (reconstructive) surgery.

**ABOUT THIS POLICY:** AmeriHealth Caritas Pennsylvania has developed clinical policies to assist with making coverage determinations. AmeriHealth Caritas Pennsylvania's clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of "medically necessary," and the specific facts of the particular situation are considered by AmeriHealth Caritas Pennsylvania when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. AmeriHealth Caritas Pennsylvania's clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. AmeriHealth Caritas Pennsylvania's clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, AmeriHealth Caritas Pennsylvania will update its clinical policies as necessary. AmeriHealth Caritas Pennsylvania's clinical policies are not guarantees of payment.

The purpose of this policy is to supplement coverage guidance for surgical procedures with cosmetic aspects that may not be contained in a separate clinical policy.

### Coverage policy

AmeriHealth Caritas Pennsylvania considers plastic (also called reconstructive) surgery to be clinically proven and, therefore, medically necessary when **both** of the following criteria are met:

- The need for the surgical procedure is clinically proven.
- The goal of surgery is to correct functional impairment of a body area caused by a congenital defect, developmental abnormality, trauma, burns, infection, tumors, or disease.

See Local Coverage Determinations L35090, L33428, L34698, L35163.

### **Limitations:**

Surgery performed to improve body appearance in the absence of a functional impairment is considered cosmetic and, therefore, not medically necessary.

All requests for coverage of plastic surgery of a non-Medicare member require prior review by a Medical Director on a case-by-case basis, except for those procedures addressed in another clinical policy or required by state or federal authorities.

**For Medicare members only:**

AmeriHealth Caritas Pennsylvania considers plastic surgery procedures to be clinically proven and, therefore, medically necessary for medical indications identified in the applicable National Coverage Determinations, Local Coverage Determinations, and Local Coverage Articles listed later in this policy.

These claims are reviewed by medical staff and considered on a case-by-case basis. Medical records are requested by the contractor to determine medical necessity. See **Documentation Requirements** for each National Coverage Determination, Local Coverage Determination, and Local Coverage Article.

**Alternative covered services:**

- Prescription drug therapy may be appropriate for certain conditions.
- Behavioral health services.

**Background**

While both cosmetic surgery and plastic surgery deal with improving a patient's body, the overarching philosophies guiding the training, research, and goals for patient outcomes are different (American Board of Cosmetic Surgery, 2015; American Society of Plastic Surgery, 2015). Cosmetic surgical procedures, techniques, and principles are entirely focused on reshaping normal structures of the body to improve aesthetic appeal, symmetry, and proportion in a person's appearance. Because the treated areas function properly, cosmetic surgery is elective. Cosmetic surgery is practiced by doctors from a variety of medical fields, including plastic surgeons (American Board of Cosmetic Surgery, 2015; American Society of Plastic Surgery, 2015).

Plastic surgery is a surgical specialty dedicated to correcting functional impairment of the face and body caused by congenital defects, developmental abnormalities, trauma, burns, infection, tumors, and disease (American Board of Cosmetic Surgery, 2015; American Society of Plastic Surgery, 2015). A functional impairment is a direct and measurable reduction in physical performance of an organ or body part. Surgery is generally performed to improve function, but may also be done to approximate a normal appearance. While many plastic surgeons choose to complete additional training and perform cosmetic surgery, the basis of their surgical training remains reconstructive surgery (American Board of Cosmetic Surgery, 2015; American Society of Plastic Surgery, 2015).

The field of plastic surgery continuously strives for innovation to provide the highest quality of care. Evidence-based medicine integrates the best research evidence with clinical expertise and patient values, but, until recently, its adoption was slow within the specialty of plastic surgery (Burns, 2011; Chung, 2009). As a result, both established and novel practices are often adopted without sufficient data supporting their safety or efficacy (Agha, 2013; Ayeni, 2012; Chung, 2009). The American Society of Plastic Surgery actively

promotes the use of evidence-based medicine to encourage publication of higher-quality evidence from well-designed randomized controlled trials, cohort studies, case-control studies, systematic reviews, and, if possible, meta-analyses of plastic surgery technologies and treatments (Burns, 2011; Chung, 2009). Going forward, this will ensure improvement in the best available evidence on which decisions permitting use of plastic surgical procedures can be based.

## **Searches**

We searched PubMed and the databases of:

- UK National Health Services Centre for Reviews and Dissemination.
- Agency for Healthcare Research and Quality and other evidence-based practice centers.
- The Centers for Medicare & Medicaid Services.
- The Cochrane Library.

We conducted searches on August 9, 2019. Search terms were: “plastic surgery” and "reconstructive surgical procedures.”

We included descriptive articles, guidelines, and regulatory documents relevant to this policy.

## **Policy updates**

In 2018, we added one peer-reviewed reference to the policy. The policy ID changed from 16.03.08 to CCP.1184.

In 2019, we added two guidelines and updated one guideline, and added six peer-reviewed references. The topic of scar revision was removed from this policy.

## **References**

### **Professional society guidelines/other:**

American Society of Plastic Surgeons Home page. <http://www.plasticsurgery.org/>. Accessed August 12, 2019.

American Society of Plastic Surgeons. Evidence-based clinical practice guideline: Autologous breast reconstruction with DIEP or pedicled TRAM abdominal flaps. 2017. <https://www.plasticsurgery.org/for-medical-professionals/quality/evidence-based-clinical-practice-guidelines>. Accessed August 12, 2019.

American Society of Plastic Surgeons. Evidence-based clinical practice guideline: Reduction mammoplasty update. [2011 version has been archived; update in progress, 2019]. <https://www.plasticsurgery.org/for-medical-professionals/quality/evidence-based-clinical-practice-guidelines>. Accessed September 23, 2019.

American Society of Plastic Surgeons. Evidence-based clinical practice guideline: Reconstruction after skin cancer resection. [Breast reconstruction with expanders & implants, 2013, has been archived. New guideline in process.] <https://www.plasticsurgery.org/for-medical-professionals/quality/evidence-based-clinical-practice-guidelines>. Accessed September 23, 2019.

Committee on Adolescent Healthcare, American College of Obstetricians and Gynecologists. Committee Opinion No. 686: Breast and labial surgery in adolescents. 2017. Reaffirmed 2019 with interim update. <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Adolescent-Health-Care/Breast-and-Labial-Surgery-in-Adolescents>. Accessed September 23, 2019.

Cosmetic Surgery vs. Plastic Surgery. <http://www.americanboardcosmeticsurgery.org/patient-resources/cosmetic-surgery-vs-plastic-surgery/>. Accessed August 12, 2019.

### **Peer-reviewed references:**

Agha RA, Camm CF, Edison E, Orgill DP. The methodological quality of randomized controlled trials in plastic surgery needs improvement: a systematic review. *J Plast Reconstr Aesthet Surg*. 2013; 66(4): 447-452. Doi: 10.1016/j.bjps.2012.11.005.

Ayeni O, Dickson L, Ignacy TA, Thoma A. A systematic review of power and sample size reporting in randomized controlled trials within plastic surgery. *Plast Reconstr Surg*. 2012;130(1):78e-86e. Doi: 10.1097/PRS.0b013e318254b1d1.

Barone M, Cogliandro A, Salzillo R, Tambone V, Persichetti P. The role of appearance: definition of appearance-pain (app-pain) and systematic review of patient-reported outcome measures used in literature. *Aesthetic Plast Surg*. 2018;42(5):1399-1409 . Doi: 10.1007/s00266-018-1158-2.

Burns PB, Rohrich RJ, Chung KC. The levels of evidence and their role in evidence-based medicine. *Plast Reconstr Surg*. 2011;128(1):305-310. Doi: 10.1097/PRS.0b013e318219c171.

Chung KC, Swanson JA, Schmitz D, Sullivan D, Rohrich RJ. Introducing evidence-based medicine to plastic and reconstructive surgery. *Plast Reconstr Surg*. 2009;123(4):1385-1389. Doi: 10.1097/PRS.0b013e31819f25ff.

Daar DA, Abdou SA, Robinson IS, Levine JP, Thanik V. Disparities in postmastectomy breast reconstruction: a systematic review of the literature and modified framework for advancing research toward intervention. *Ann Plast Surg*. 2018;81(4):495-502. Doi: 10.1097/sap.0000000000001503.

Kowalski E, Chung KC. The outcomes movement and evidence-based medicine in plastic surgery. *Clin Plast Surg*. 2013;40(2):241-247. Doi: 10.1016/j.cps.2012.10.001.

McGuire C, Samargandi OA, Corkum J, Retrouvey H, Bezuhly M. Meta-analyses in plastic surgery: can we trust their results? *Plast Reconstr Surg*. 2019;144(2):519-530. Doi: 10.1097/prs.0000000000005880.

Morzycki AD, Hudson AS, Samargandi OA, Bezuhly M, Williams JG. Reporting adverse events in plastic surgery: a systematic review of randomized controlled trials. *Plast Reconstr Surg*. 2019;143(1):199e-208e. Doi: 10.1097/prs.0000000000005101.

Rifkin WJ, Yang JH, DeMitchell-Rodriguez E, Kantar RS, Diaz-Siso JR, Rodriguez ED. Levels of evidence in plastic surgery research: a 10-year bibliometric analysis of 18,889 publications from four major journals. *Aesthet Surg J*. 2019. pii: sjz156. [epub ahead of print] Doi: 10.1093/asj/sjz156.

Toma T, Harling L, Athanasiou T, Darzi A, Ashrafian H. Does body contouring after bariatric weight loss enhance quality of life? A systematic review of qol studies. *Obes Surg*. 2018;28(10):3333–3341. Doi: 10.1007/s11695-018-3323-8.

Tran BNN, Johnson AR, Shen C, Lee BT, Lee ES. Closed-incision negative-pressure therapy efficacy in abdominal wall reconstruction in high-risk patients: a meta-analysis. *J Surg Res*. 2019;241:63-71. Doi: 10.1016/j.jss.2019.03.033.

**National Coverage Determinations:**

140.4 Plastic Surgery to Correct "Moon Face"

National Benefit Category Analyses: Reconstructive Treatments for Facial Lipodystrophy Syndrome

A53793 Gender Reassignment Services for Gender Dysphoria

A54602 Removal of Benign Skin Lesions

**Local Coverage Determinations:**

L34194 Blepharoplasty, Eyelid Surgery, and Brow Lift

L36286 Blepharoplasty, Eyelid Surgery, and Brow Lift

L34528 Blepharoplasty, Blepharoptosis and Brow Lift

L34411 Blepharoplasty, Eyelid Surgery, and Brow Lift

L35090 Cosmetic and Reconstructive Surgery

L33428 Cosmetic and Reconstructive Surgery

L34698 Cosmetic and Reconstructive Surgery

L35163 Plastic Surgery.

L33939 Reduction Mammoplasty

L35004 Surgery: Blepharoplasty

L34028 Upper Eyelid and Brow Surgical Procedures

### **InterQual**

InterQual 2018.1, CP Procedures, Hand, Plastic and Reconstructive Surgery:

Breast implant removal; Breast reconstruction; Facial nerve repair; Local flap; Panniculectomy, abdominal; Reduction mammoplasty, female; Reduction mammoplasty, female; (adolescent); Reduction mammoplasty, male; Reduction mammoplasty, male (adolescent); Scar contracture release; Skin graft; Skin substitute graft.

### **Commonly submitted codes**

Below are the most commonly submitted codes for the service(s)/item(s) subject to this policy. This is not an exhaustive list of codes. Providers are expected to consult the appropriate coding manuals and bill accordingly.

<b>CPT Code</b>	<b>Description</b>	<b>Comment</b>
11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions	
11300 - 11313	Shaving of epidermal or dermal lesions	
11400 -11446	Excision of benign lesions	
11920 - 11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation	
12011	Simple repair of superficial wounds of face, ears, eyelids, nose, lips, and/or mucous membranes; 2.5 cm or less	
12051	Layer closure of wounds of face, ears, eyelids, nose, lips, and/or mucous membranes; 2.5 cm or less	
15220 - 15221	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs	
15780 - 15782	Dermabrasion; total face (e.g., for acne scarring, fine wrinkling, rhytids, general keratosis); segmental, face; or regional, other than face	
15788 - 15793	Chemical peel	
15820 - 15823	Blepharoplasty	
15830	Excision, excessive skin and subcutaneous tissue (including lipectomy); abdomen infraumbilical panniculectomy	
15840 - 15845	Graft for facial nerve paralysis	
15877	Suction assisted lipectomy; trunk [covered for medically necessary breast reconstruction and hyperhidrosis only]	
17106 - 17108	Destruction of cutaneous vascular proliferative lesions	

CPT Code	Description	Comment
19318 - 19350, 19357 - 19396	Repair and/or reconstruction of breast	
20926	Tissue grafts, other	
21740 - 21743	Reconstructive repair of pectus excavatum or carinatum	
30120	Excision or surgical planing of skin of nose for rhinophyma	
30150	Rhinectomy; partial	
30160	Rhinectomy; total	
30420, 30435, 30450, 30460, 30462	Rhinoplasty	
30520	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft	
40500	Vermilionectomy	
40510	Excision of lip; transverse wedge excision with primary closure	
40520	Excision of lip; V-excision with primary direct linear closure	
40525	Excision of lip; V-excision with primary direct linear closure	
40527	Excision of lip; full thickness, reconstruction with cross lip flap (Abbe-Estlander)	
40530	Resection of lip, more than one-fourth, without reconstruction	
54660	Insertion of testicular prosthesis (separate procedure)	

ICD 10 Code	Description	Comment
B20	Human immunodeficiency virus [HIV] disease [covered for facial lipodystrophy syndrome due to antiretroviral therapy in HIV-infected persons]	
C00.0 - D49.9	Neoplasms	
E88.1	Lipodystrophy, not elsewhere classified	
L57.0	Actinic keratosis	
L71.1	Rhinophyma	
L74.510 - L74.519	Primary focal hyperhidrosis	
L91.0	Hypertrophic scar [Keloid scar]	
N60.11 - N60.19	Diffuse cystic mastopathy	
Q16.0 - Q16.9	Congenital malformations of ear causing impairment of hearing	
Q36.0 - Q36.9	Cleft lip	
Q82.5	Congenital non-neoplastic nevus	
S01.501+ - S01.512+	Unspecified open wound of lip and oral cavity	
S01.531+ - S01.552+	Puncture wound of lip and oral cavity without foreign body	
S01.90x+ - S01.95x+	Open wound of unspecified part of head	
S02.2xx+ - S02.2xx+	Fracture of nasal bones	
S09.8xx+ - S09.93x+	Other specified injuries of head	
T33.011+ - T34.99x+	Superficial frostbite and frostbite with tissue necrosis	
Z21	Asymptomatic human immunodeficiency virus [HIV] infection status [HIV] infection status	
Z85.3	Personal history of malignant neoplasm of breast	
Z90.10 - Z90.13	Acquired absence of breast	



<b>HCPCS Level II Code</b>	<b>Description</b>	<b>Comment</b>
<b>G0429</b>	Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome (LDS) (e.g., as a result of highly active antiretroviral therapy)	
<b>L8040 - L8049</b>	Nasal, midfacial, orbital, upper facial, hemi-facial, auricular, partial facial, nasal septal, and maxillofacial prostheses	
<b>L8600</b>	Implantable breast prosthesis, silicone or equal	
<b>L8610</b>	Ocular implant	
<b>Q2026</b>	Injection, Radiesse, 0.1 ml	
<b>Q2028</b>	Injection, sculptra, 0.5 mg	