



MASSACHUSETTS

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Medical Policy Plastic Surgery

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Policy Number: 068

BCBSA Reference Number: N/A

Related Policies

- Benign Skin Lesions, #[707](#)
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Policy¹

Please note

- *Subscriber certificates exclude coverage for cosmetic services*
- *This policy describes those situations where plastic surgery services are considered medically necessary in order to restore physical function, or to correct a physical problem resulting from accidents, injuries, or birth defects*
- *For all procedures only the initial reconstructive repair is covered, unless the procedure is normally done in stages.*

Services Described in this Policy

- [Complications of plastic surgery](#)
- [Congenital deformities](#)
- [Reconstructive Surgery](#)
- [Skin Treatments](#)
- [Eyes](#)
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Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity

CONGENITAL AND DEVELOPMENTAL DEFORMITIES IN CHILDREN

Congenital and developmental deformities in children may be considered **MEDICALLY NECESSARY** when the defects are severe or debilitating including but not limited to:

- Deforming hemangiomas
- Pectus excavatum*
- Syndactyly
- Macrodactyly.

*See below for further specifics regarding each body part.

The child does not have to have been covered under BCBSMA at the time of birth.

RECONSTRUCTIVE SURGERY

Reconstructive surgery may be considered **MEDICALLY NECESSARY** when it is performed to:

- Improve or give back bodily function, **OR**
- Correct a functional impairment that was caused by
 - an accidental injury, **OR**
 - a birth defect, **OR**
 - a prior surgical procedure or disease, **OR**
- Correct scarring after accidental face and neck injuries.

HIV-associated lipodystrophy

Per State Mandate² Chapter 233 of the Acts of 2016, An Act Relative to HIV Associated Lipodystrophy Syndrome Treatment, the following services are covered. Coverage is subject to a statement from a treating provider that the treatment is necessary for correcting, repairing or ameliorating the effects of HIV associated lipodystrophy syndrome.

- Medical or drug treatments to correct or repair disturbances of body composition caused by HIV associated lipodystrophy syndrome including, but are not limited to:
 - Reconstructive surgery, such as suction assisted lipectomy, other restorative procedures and
 - Dermal injections or fillers for reversal of facial lipoatrophy syndrome.

COMPLICATIONS OF PLASTIC SURGERY

Complications following a cosmetic surgery procedure may be considered **MEDICALLY NECESSARY** when the treatment of the complication itself is medically necessary to restore bodily function or correct a physical impairment.

HAIR

Hair removal, including electrolysis and laser, may be considered **MEDICALLY NECESSARY** if ingrown hairs are responsible for 2 or more painful cysts. Electrolysis and/or laser hair removal must be performed by a licensed and/or certified provider.

Hair removal, including electrolysis and laser, may be considered **MEDICALLY NECESSARY** after treatment of a pilonidal cyst to prevent recurrence.

Hair transplants may be considered **MEDICALLY NECESSARY** for the treatment of scarring or baldness (alopecia) due to disease, trauma, previous therapy, or congenital scalp disorders.

SKIN TREATMENT

Dermabrasion may be **MEDICALLY NECESSARY** for dermal restoration after previous surgery or injury.

Pulsed dye laser treatments of hypertrophic scars may be considered **MEDICALLY NECESSARY** for the treatment of symptomatic hypertrophic scars when there is documented functional impairment.

Removal of excess skin may be considered **MEDICALLY NECESSARY** after significant weight loss in individuals with stable weight with recurrent documented rashes or non-healing ulcers, or when there is a documented functional impairment, such as significant difficulty with activities of daily living.

Rhytidectomy may be considered **MEDICALLY NECESSARY** for the correction of functional impairment from facial nerve palsy.

Treatment of scars, either by surgery or intralesional steroid injection, may be considered **MEDICALLY NECESSARY** when the scar tissue interferes with normal bodily function or when the scar causes pain.

Tattooing of the areola as part of nipple reconstruction following a covered mastectomy is considered **MEDICALLY NECESSARY**.

Tattoo Removal or Application for indications other than the above listed criteria is considered **NOT MEDICALLY NECESSARY**.

Lipoma removal may be considered **MEDICALLY NECESSARY** when the lipoma is painful and causes functional limitations with activities of daily living based on its location.

NOSE

Rhinoplasty may be considered **MEDICALLY NECESSARY** when there is airway obstruction due to deformities, disease, congenital abnormality, or previous therapy that does not respond to septoplasty alone.

Reconstructive rhinoplasty may be considered **MEDICALLY NECESSARY** for a causally related accidental injury.

EARS

Otoplasty may be considered **MEDICALLY NECESSARY** for unilateral or bilateral congenital absence of the ear (anotia) or severe microtia (for example, grade III).

FACE

Cleft Lip/Cleft Palate Repair is considered **MEDICALLY NECESSARY** for members <18 years of age.³

Facial plastic surgery may be considered **MEDICALLY NECESSARY**:

- for initial restoration of appearance after accidental injury,
- to restore bodily function or correct a functional impairment caused by:
 - An accident, **OR**
 - A birth defect, **OR**
 - A prior surgical procedure (even if the original procedure was cosmetic, as long as the complication resulted in physical functional impairment), **OR**
 - Disease.

Orthognathic Surgery

[Click here for MP #179, Orthognathic Surgery](#)

CHEST/TORSO/ABDOMEN

Congenital chest wall deformity may be considered **MEDICALLY NECESSARY** to correct pectus excavatum when there is:

- A Haller index of 3.2 or greater (which is suggested to be a future predictor of cardiovascular compromise), **OR**
- Risk of impending cardiovascular or respiratory compromise due to the magnitude of deformity, based upon the requesting physician's clinical judgment.

Congenital chest wall deformity may be considered **MEDICALLY NECESSARY** to correct pectus carinatum when there is:

- Risk of impending cardiovascular or respiratory compromise due to the magnitude of deformity, based upon the requesting physician's clinical judgment.

Diastasis Recti repair is considered **NOT MEDICALLY NECESSARY**.

Liposuction or **Lipectomy** is considered **MEDICALLY NECESSARY** when the purpose of the procedure is to remove fat in order to correct a functional impairment that was caused by:

- An accidental injury, **OR**
- A birth defect, **OR**
- A prior surgical procedure, **OR**
- Disease, including, but not limited to lipedema.

An initial **panniculectomy** may be considered **MEDICALLY NECESSARY** after significant weight loss, in individuals with stable weight, when there is:

- Recurrent documented rashes or non-healing ulcers, **OR**
- A functional impairment, such as significant difficulty with walking.

Abdominoplasty is considered **cosmetic** and **NOT MEDICALLY NECESSARY**.

MUSCULOSKELETAL

Musculoskeletal transplants may be considered **MEDICALLY NECESSARY**:

- As an initial repair after accidental injury, **OR**
- To restore bodily function or correct a functional impairment caused by: an accidental injury; a birth defect; or a prior surgical procedure or disease.

GENITAL SURGERY

Genital surgery for adolescent and adult intersex individuals whose anatomy does not conform to typical binary notions of male or female and/or is not congruent with their gender identity may be considered **MEDICALLY NECESSARY** in the context of the following diagnoses/conditions:

- Congenital adrenal hyperplasia where individuals may be born with variations in genitalia
- Mayer-Rokitansky-Küster-Hauser (MRKH) syndrome
- 5-alpha-reductase deficiency, in which low levels of an enzyme, 5-alpha-reductase, cause incomplete masculinization of the genitals in male infants
- Partial androgen insensitivity, in which cells do not respond normally to testosterone and related hormones, causing incomplete masculinization of the genitals in male infants
- Penile agenesis, in which male infants are born without a penis
- Complete androgen insensitivity, in which cells do not respond at all to testosterone and related hormones, causing a vagina and labia to form in infants with XY chromosomes
- Klinefelter syndrome, in which XY infants are born with an extra X chromosome (XXY), which typically causes incomplete masculinization and other anomalies
- Turner syndrome (including turner mosaicism) in which infants are born with one, rather than two, X chromosomes, may have some cells with a Y chromosome, and can present with genital variations.
- Vaginal agenesis, in which infants who have labia (and may have a uterus) are born without a vagina.
- Ovotesticular/testicular differences of sex development where individuals may be born with variations in genitalia
- Mixed Gonadal dysgenesis where individuals may be born with variations in genitalia
- 17 beta HSD deficiency where individuals may be born with variations in genitalia.

Labioplasty may be considered **MEDICALLY NECESSARY** for the treatment of recurrent documented rashes, non-healing ulcers, or functional impairment in basic activities of daily living.

Plastic surgery or reconstructive surgery for indications other than the above listed criteria is **NOT MEDICALLY NECESSARY**.

Prior Authorization Information

Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

| Procedure | Commercial Managed Care (HMO and POS) | Commercial PPO and EPO | Commercial Indemnity | Medicare HMO Blue SM | Medicare PPO Blue SM |
|---|---------------------------------------|------------------------|----------------------|--|---------------------------------|
| Hair removal | No | No | No | No | No |
| Hair transplants | No | No | No | No | No |
| Dermabrasion | Yes | Yes | Yes | Yes | Yes |
| Pulsed dye laser txs of hypertrophic scars | No | No | No | No | No |
| Removal of excess skin | No | No | No | No | No |
| Tattooing of areola as part of nipple reconstruction following a covered mastectomy | No | No | No | No | No |
| Labiaplasty | No | No | No | No | No |
| Genital surgery for intersex individuals | Yes | Yes | Yes | Yes | No |
| Scars | No | No | No | Yes | No |
| Rhinoplasty | Yes | Yes | Yes | Yes (including septoplasty when combined with rhinoplasty) | Yes |
| Cleft lip, cleft palate or both repair | No | No | No | No | No |

| | | | | | |
|---------------------------------|-----|-----|-----|-----|-----|
| Facial plastic surgery | No | No | No | No | No |
| Otoplasty | No | No | No | No | No |
| Rhytidectomy | No | No | No | No | No |
| Congenital chest wall deformity | No | No | No | No | No |
| Diastasis recti repair | No | No | No | No | No |
| Lipectomy, liposuction | Yes | Yes | No | No | No |
| Panniculectomy | Yes | Yes | Yes | Yes | Yes |
| Musculoskeletal transplants | No | No | No | No | No |

Requesting Prior Authorization Using Authorization Manager

Providers will need to use [Authorization Manager](#) to submit initial authorization requests for services. Authorization Manager, available 24/7, is the quickest way to review authorization requirements, request authorizations, submit clinical documentation, check existing case status, and view/print the decision letter. For commercial members, the requests must meet medical policy guidelines.

To ensure the service request is processed accurately and quickly:

- Enter the facility's NPI or provider ID for where services are being performed.
- Enter the appropriate surgeon's NPI or provider ID as the servicing provider, *not* the billing group.

Authorization Manager Resources

Refer to our [Authorization Manager](#) page for tips, guides, and video demonstrations.

CPT Codes / HCPCS Codes / ICD-10 Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The above medical necessity criteria MUST be met for the following codes to be covered for Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity:

CPT Codes: Hair Removal

| CPT codes: | Code Description |
|------------|---|
| 17380 | Electrolysis epilation, each 30 minutes |

ICD-10 Procedure Codes

| ICD-10-PCS procedure codes: | Code Description |
|------------------------------------|---------------------------------------|
| 0HSDXZZ | Extraction of Hair, External Approach |

CPT Codes: Hair Transplants

| CPT codes: | Code Description |
|-------------------|--|
| 15775 | Punch graft for hair transplant; 1 to 15 punch grafts |
| 15776 | Punch graft for hair transplant; more than 15 punch grafts |

ICD-10 Procedure Codes

| ICD-10-PCS procedure codes: | Code Description |
|------------------------------------|--|
| 0HRSX7Z | Replacement Of Hair With Autologous Tissue Substitute, External Approach |

CPT Codes: HIV-associated lipodystrophy

| CPT codes: | Code Description |
|-------------------|--|
| 15770 | Graft; derma-fat-fascia |
| 15825 | Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap) |
| 15828 | Rhytidectomy; cheek, chin, and neck |
| 15829 | Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap |
| 15838 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad |
| 15839 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area |
| 15876 | Suction assisted lipectomy; head and neck |
| 15877 | Suction assisted lipectomy; trunk |

HCPCS Codes

| HCPCS codes: | Code Description |
|---------------------|---|
| Q2026 | Injection, Radiesse, 0.1 ml |
| Q2028 | Injection, sculptra, 0.5 mg |
| G0429 | Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome (LDS) (e.g., as a result of highly active antiretroviral therapy) |

ICD-10 Procedure Codes

| ICD-10-PCS procedure codes: | Code Description |
|------------------------------------|---|
| 0J010ZZ | Alteration of Face Subcutaneous Tissue and Fascia, Open Approach |
| 0J013ZZ | Alteration of Face Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0W020ZZ | Alteration of Face, Open Approach |
| 0W023ZZ | Alteration of Face, Percutaneous Approach |
| 0W024ZZ | Alteration of Face, Percutaneous Endoscopic Approach |
| 0W060ZZ | Alteration of Neck, Open Approach |
| 0W063ZZ | Alteration of Neck, Percutaneous Approach |
| 0W064ZZ | Alteration of Neck, Percutaneous Endoscopic Approach |
| 0J040ZZ | Alteration of Anterior Neck Subcutaneous Tissue and Fascia, Open Approach |
| 0J043ZZ | Alteration of Anterior Neck Subcutaneous Tissue and Fascia, Percutaneous Approach |

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|---------|--|
| 0J050ZZ | Alteration of Posterior Neck Subcutaneous Tissue and Fascia, Open Approach |
| 0J053ZZ | Alteration of Posterior Neck Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J070ZZ | Alteration of Back Subcutaneous Tissue and Fascia, Open Approach |
| 0J073ZZ | Alteration of Back Subcutaneous Tissue and Fascia, Percutaneous Approach |

CPT Codes: Dermabrasion

| CPT codes: | Code Description |
|------------|--|
| 15780 | Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis) |
| 15781 | Dermabrasion; segmental, face |
| 15782 | Dermabrasion; regional, other than face |
| 15783 | Dermabrasion; superficial, any site (eg, tattoo removal) |

ICD-10 Procedure Codes

| ICD-10-PCS procedure codes: | Code Description |
|-----------------------------|---|
| 0HD0XZZ | Extraction of Scalp Skin, External Approach |
| 0HD1XZZ | Extraction of Face Skin, External Approach |
| 0HD4XZZ | Extraction of Neck Skin, External Approach |
| 0HD5XZZ | Extraction of Chest Skin, External Approach |
| 0HD6XZZ | Extraction of Back Skin, External Approach |
| 0HD7XZZ | Extraction of Abdomen Skin, External Approach |
| 0HD8XZZ | Extraction of Buttock Skin, External Approach |
| 0HDAXZZ | Extraction of Genitalia Skin, External Approach |
| 0HDBXZZ | Extraction of Right Upper Arm Skin, External Approach |
| 0HDCXZZ | Extraction of Left Upper Arm Skin, External Approach |
| 0HDDXZZ | Extraction of Right Lower Arm Skin, External Approach |
| 0HDEXZZ | Extraction of Left Lower Arm Skin, External Approach |
| 0HDFXZZ | Extraction of Right Hand Skin, External Approach |
| 0HDGXZZ | Extraction of Left Hand Skin, External Approach |
| 0HDHXZZ | Extraction of Right Upper Leg Skin, External Approach |
| 0HDJXZZ | Extraction of Left Upper Leg Skin, External Approach |
| 0HDKXZZ | Extraction of Right Lower Leg Skin, External Approach |
| 0HDLXZZ | Extraction of Left Lower Leg Skin, External Approach |
| 0HDMXZZ | Extraction of Right Foot Skin, External Approach |
| 0HDNXZZ | Extraction of Left Foot Skin, External Approach |

CPT Codes: Pulsed Dye Laser Treatments

| CPT codes: | Code Description |
|------------|---|
| 17110 | Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettment), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions |
| 17111 | Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettment), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions |

ICD-10 Procedure Codes

| ICD-10-PCS procedure codes: | Code Description |
|--|--|
| 0H50XZD | Destruction of Scalp Skin, Multiple, External Approach |
| 0H50XZZ | Destruction of Scalp Skin, External Approach |
| 0H51XZD | Destruction of Face Skin, Multiple, External Approach |
| 0H51XZZ | Destruction of Face Skin, External Approach |
| 0H54XZD | Destruction of Neck Skin, Multiple, External Approach |
| 0H54XZZ | Destruction of Neck Skin, External Approach |
| 0H55XZD | Destruction of Chest Skin, Multiple, External Approach |
| 0H55XZZ | Destruction of Chest Skin, External Approach |
| 0H56XZD | Destruction of Back Skin, Multiple, External Approach |
| 0H56XZZ | Destruction of Back Skin, External Approach |
| 0H57XZD | Destruction of Abdomen Skin, Multiple, External Approach |
| 0H57XZZ | Destruction of Abdomen Skin, External Approach |
| 0H58XZD | Destruction of Buttock Skin, Multiple, External Approach |
| 0H58XZZ | Destruction of Buttock Skin, External Approach |
| 0H59XZD | Destruction of Perineum Skin, Multiple, External Approach |
| 0H59XZZ | Destruction of Perineum Skin, External Approach |
| 0H5AXZD | Destruction of Genitalia Skin, Multiple, External Approach |
| 0H5AXZZ | Destruction of Genitalia Skin, External Approach |
| 0H5BXZD | Destruction of Right Upper Arm Skin, Multiple, External Approach |
| 0H5BXZZ | Destruction of Right Upper Arm Skin, External Approach |
| 0H5CXZD | Destruction of Left Upper Arm Skin, Multiple, External Approach |
| 0H5CXZZ | Destruction of Left Upper Arm Skin, External Approach |
| 0H5DXZD | Destruction of Right Lower Arm Skin, Multiple, External Approach |
| 0H5DXZZ | Destruction of Right Lower Arm Skin, External Approach |
| 0H5EXZD | Destruction of Left Lower Arm Skin, Multiple, External Approach |
| 0H5EXZZ | Destruction of Left Lower Arm Skin, External Approach |
| 0H5FXZD | Destruction of Right Hand Skin, Multiple, External Approach |
| 0H5FXZZ | Destruction of Right Hand Skin, External Approach |
| 0H5GXZD | Destruction of Left Hand Skin, Multiple, External Approach |
| 0H5GXZZ | Destruction of Left Hand Skin, External Approach |
| 0H5HXZD | Destruction of Right Upper Leg Skin, Multiple, External Approach |
| 0H5HXZZ | Destruction of Right Upper Leg Skin, External Approach |
| 0H5JXZD | Destruction of Left Upper Leg Skin, Multiple, External Approach |
| 0H5JXZZ | Destruction of Left Upper Leg Skin, External Approach |
| 0H5KXZD | Destruction of Right Lower Leg Skin, Multiple, External Approach |
| 0H5KXZZ | Destruction of Right Lower Leg Skin, External Approach |
| 0H5LXZD | Destruction of Left Lower Leg Skin, Multiple, External Approach |
| 0H5LXZZ | Destruction of Left Lower Leg Skin, External Approach |
| 0H5MXZD | Destruction of Right Foot Skin, Multiple, External Approach |
| 0H5MXZZ | Destruction of Right Foot Skin, External Approach |
| 0H5NXZD | Destruction of Left Foot Skin, Multiple, External Approach |
| 0H5NXZZ | Destruction of Left Foot Skin, External Approach |
| 0J500ZZ | Destruction of Scalp Subcutaneous Tissue and Fascia, Open Approach |
| 0J503ZZ | Destruction of Scalp Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J510ZZ | Destruction of Face Subcutaneous Tissue and Fascia, Open Approach |
| 0J513ZZ | Destruction of Face Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J540ZZ | Destruction of Anterior Neck Subcutaneous Tissue and Fascia, Open Approach |

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| 0J543ZZ | Destruction of Anterior Neck Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J550ZZ | Destruction of Posterior Neck Subcutaneous Tissue and Fascia, Open Approach |
| 0J553ZZ | Destruction of Posterior Neck Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J560ZZ | Destruction of Chest Subcutaneous Tissue and Fascia, Open Approach |
| 0J563ZZ | Destruction of Chest Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J570ZZ | Destruction of Back Subcutaneous Tissue and Fascia, Open Approach |
| 0J573ZZ | Destruction of Back Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J580ZZ | Destruction of Abdomen Subcutaneous Tissue and Fascia, Open Approach |
| 0J583ZZ | Destruction of Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J590ZZ | Destruction of Buttock Subcutaneous Tissue and Fascia, Open Approach |
| 0J593ZZ | Destruction of Buttock Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J5B0ZZ | Destruction of Perineum Subcutaneous Tissue and Fascia, Open Approach |
| 0J5B3ZZ | Destruction of Perineum Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J5C0ZZ | Destruction of Pelvic Region Subcutaneous Tissue and Fascia, Open Approach |
| 0J5C3ZZ | Destruction of Pelvic Region Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J5D0ZZ | Destruction of Right Upper Arm Subcutaneous Tissue and Fascia, Open Approach |
| 0J5D3ZZ | Destruction of Right Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J5F0ZZ | Destruction of Left Upper Arm Subcutaneous Tissue and Fascia, Open Approach |
| 0J5F3ZZ | Destruction of Left Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J5G0ZZ | Destruction of Right Lower Arm Subcutaneous Tissue and Fascia, Open Approach |
| 0J5G3ZZ | Destruction of Right Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J5H0ZZ | Destruction of Left Lower Arm Subcutaneous Tissue and Fascia, Open Approach |
| 0J5H3ZZ | Destruction of Left Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J5J0ZZ | Destruction of Right Hand Subcutaneous Tissue And Fascia, Open Approach |
| 0J5J3ZZ | Destruction of Right Hand Subcutaneous Tissue And Fascia, Percutaneous Approach |
| 0J5K0ZZ | Destruction of Left Hand Subcutaneous Tissue And Fascia, Open Approach |
| 0J5K3ZZ | Destruction of Left Hand Subcutaneous Tissue And Fascia, Percutaneous Approach |
| 0J5L0ZZ | Destruction of Right Upper Leg Subcutaneous Tissue and Fascia, Open Approach |
| 0J5L3ZZ | Destruction of Right Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J5M0ZZ | Destruction of Left Upper Leg Subcutaneous Tissue and Fascia, Open Approach |
| 0J5M3ZZ | Destruction of Left Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J5N0ZZ | Destruction of Right Lower Leg Subcutaneous Tissue and Fascia, Open Approach |
| 0J5N3ZZ | Destruction of Right Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J5P0ZZ | Destruction of Left Lower Leg Subcutaneous Tissue and Fascia, Open Approach |
| 0J5P3ZZ | Destruction of Left Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J5Q0ZZ | Destruction of Right Foot Subcutaneous Tissue and Fascia, Open Approach |
| 0J5Q3ZZ | Destruction of Right Foot Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J5R0ZZ | Destruction of Left Foot Subcutaneous Tissue and Fascia, Open Approach |
| 0J5R3ZZ | Destruction of Left Foot Subcutaneous Tissue and Fascia, Percutaneous Approach |

CPT Codes: Removal of Excess Skin

| CPT codes: | Code Description |
|------------|--|
| 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 |

ICD-10 Procedure Codes

| ICD-10-PCS procedure codes: | Code Description |
|-----------------------------|---|
| 0J040ZZ | Alteration of Anterior Neck Subcutaneous Tissue and Fascia, Open Approach |
| 0J043ZZ | Alteration of Anterior Neck Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J050ZZ | Alteration of Posterior Neck Subcutaneous Tissue and Fascia, Open Approach |
| 0J053ZZ | Alteration of Posterior Neck Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J060ZZ | Alteration of Chest Subcutaneous Tissue and Fascia, Open Approach |
| 0J063ZZ | Alteration of Chest Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J070ZZ | Alteration of Back Subcutaneous Tissue and Fascia, Open Approach |
| 0J073ZZ | Alteration of Back Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J080ZZ | Alteration of Abdomen Subcutaneous Tissue and Fascia, Open Approach |
| 0J083ZZ | Alteration of Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J090ZZ | Alteration of Buttock Subcutaneous Tissue and Fascia, Open Approach |
| 0J093ZZ | Alteration of Buttock Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J0D0ZZ | Alteration of Right Upper Arm Subcutaneous Tissue and Fascia, Open Approach |
| 0J0D3ZZ | Alteration of Right Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J0F0ZZ | Alteration of Left Upper Arm Subcutaneous Tissue and Fascia, Open Approach |
| 0J0F3ZZ | Alteration of Left Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J0G0ZZ | Alteration of Right Lower Arm Subcutaneous Tissue and Fascia, Open Approach |
| 0J0G3ZZ | Alteration of Right Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J0H0ZZ | Alteration of Left Lower Arm Subcutaneous Tissue and Fascia, Open Approach |
| 0J0H3ZZ | Alteration of Left Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J0L0ZZ | Alteration of Right Upper Leg Subcutaneous Tissue and Fascia, Open Approach |
| 0J0L3ZZ | Alteration of Right Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J0M0ZZ | Alteration of Left Upper Leg Subcutaneous Tissue and Fascia, Open Approach |
| 0J0M3ZZ | Alteration of Left Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J0N0ZZ | Alteration of Right Lower Leg Subcutaneous Tissue and Fascia, Open Approach |
| 0J0N3ZZ | Alteration of Right Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach |

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|---------|--|
| 0J0P0ZZ | Alteration of Left Lower Leg Subcutaneous Tissue and Fascia, Open Approach |
| 0J0P3ZZ | Alteration of Left Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0X0207Z | Alteration of Right Shoulder Region with Autologous Tissue Substitute, Open Approach |
| 0X020JZ | Alteration of Right Shoulder Region with Synthetic Substitute, Open Approach |
| 0X020ZZ | Alteration of Right Shoulder Region, Open Approach |
| 0X023ZZ | Alteration of Right Shoulder Region, Percutaneous Approach |
| 0X024ZZ | Alteration of Right Shoulder Region, Percutaneous Endoscopic Approach |
| 0X030JZ | Alteration of Left Shoulder Region with Synthetic Substitute, Open Approach |
| 0X030ZZ | Alteration of Left Shoulder Region, Open Approach |
| 0X033ZZ | Alteration of Left Shoulder Region, Percutaneous Approach |
| 0X034ZZ | Alteration of Left Shoulder Region, Percutaneous Endoscopic Approach |
| 0X040ZZ | Alteration of Right Axilla, Open Approach |
| 0X043ZZ | Alteration of Right Axilla, Percutaneous Approach |
| 0X044ZZ | Alteration of Right Axilla, Percutaneous Endoscopic Approach |
| 0X050ZZ | Alteration of Left Axilla, Open Approach |
| 0X053ZZ | Alteration of Left Axilla, Percutaneous Approach |
| 0X054ZZ | Alteration of Left Axilla, Percutaneous Endoscopic Approach |
| 0X060ZZ | Alteration of Right Upper Extremity, Open Approach |
| 0X063ZZ | Alteration of Right Upper Extremity, Percutaneous Approach |
| 0X064ZZ | Alteration of Right Upper Extremity, Percutaneous Endoscopic Approach |
| 0X070ZZ | Alteration of Left Upper Extremity, Open Approach |
| 0X073ZZ | Alteration of Left Upper Extremity, Percutaneous Approach |
| 0X074ZZ | Alteration of Left Upper Extremity, Percutaneous Endoscopic Approach |
| 0X080ZZ | Alteration of Right Upper Arm, Open Approach |
| 0X083ZZ | Alteration of Right Upper Arm, Percutaneous Approach |
| 0X084ZZ | Alteration of Right Upper Arm, Percutaneous Endoscopic Approach |
| 0X090ZZ | Alteration of Left Upper Arm, Open Approach |
| 0X093ZZ | Alteration of Left Upper Arm, Percutaneous Approach |
| 0X094ZZ | Alteration of Left Upper Arm, Percutaneous Endoscopic Approach |
| 0X0B0ZZ | Alteration of Right Elbow Region, Open Approach |
| 0X0B3ZZ | Alteration of Right Elbow Region, Percutaneous Approach |
| 0X0B4ZZ | Alteration of Right Elbow Region, Percutaneous Endoscopic Approach |
| 0X0C0ZZ | Alteration of Left Elbow Region, Open Approach |
| 0X0C3ZZ | Alteration of Left Elbow Region, Percutaneous Approach |
| 0X0C4ZZ | Alteration of Left Elbow Region, Percutaneous Endoscopic Approach |
| 0X0D0ZZ | Alteration of Right Lower Arm, Open Approach |
| 0X0D3ZZ | Alteration of Right Lower Arm, Percutaneous Approach |
| 0X0D4ZZ | Alteration of Right Lower Arm, Percutaneous Endoscopic Approach |
| 0X0F0ZZ | Alteration of Left Lower Arm, Open Approach |
| 0X0F3ZZ | Alteration of Left Lower Arm, Percutaneous Approach |
| 0X0F4ZZ | Alteration of Left Lower Arm, Percutaneous Endoscopic Approach |
| 0X0G0ZZ | Alteration of Right Wrist Region, Open Approach |
| 0X0G3ZZ | Alteration of Right Wrist Region, Percutaneous Approach |
| 0X0G4ZZ | Alteration of Right Wrist Region, Percutaneous Endoscopic Approach |
| 0X0H0ZZ | Alteration of Left Wrist Region, Open Approach |
| 0X0H3ZZ | Alteration of Left Wrist Region, Percutaneous Approach |
| 0X0H4ZZ | Alteration of Left Wrist Region, Percutaneous Endoscopic Approach |
| 0Y000ZZ | Alteration of Right Buttock, Open Approach |
| 0Y003ZZ | Alteration of Right Buttock, Percutaneous Approach |

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| 0Y004ZZ | Alteration of Right Buttock, Percutaneous Endoscopic Approach |
| 0Y010ZZ | Alteration of Left Buttock, Open Approach |
| 0Y013ZZ | Alteration of Left Buttock, Percutaneous Approach |
| 0Y014ZZ | Alteration of Left Buttock, Percutaneous Endoscopic Approach |
| 0Y090ZZ | Alteration of Right Lower Extremity, Open Approach |
| 0Y093ZZ | Alteration of Right Lower Extremity, Percutaneous Approach |
| 0Y094ZZ | Alteration of Right Lower Extremity, Percutaneous Endoscopic Approach |
| 0Y0B0ZZ | Alteration of Left Lower Extremity, Open Approach |
| 0Y0B3ZZ | Alteration of Left Lower Extremity, Percutaneous Approach |
| 0Y0B4ZZ | Alteration of Left Lower Extremity, Percutaneous Endoscopic Approach |
| 0Y0C0ZZ | Alteration of Right Upper Leg, Open Approach |
| 0Y0C3ZZ | Alteration of Right Upper Leg, Percutaneous Approach |
| 0Y0C4ZZ | Alteration of Right Upper Leg, Percutaneous Endoscopic Approach |
| 0Y0D0ZZ | Alteration of Left Upper Leg, Open Approach |
| 0Y0D3ZZ | Alteration of Left Upper Leg, Percutaneous Approach |
| 0Y0D4ZZ | Alteration of Left Upper Leg, Percutaneous Endoscopic Approach |
| 0Y0F0ZZ | Alteration of Right Knee Region, Open Approach |
| 0Y0F3ZZ | Alteration of Right Knee Region, Percutaneous Approach |
| 0Y0F4ZZ | Alteration of Right Knee Region, Percutaneous Endoscopic Approach |
| 0Y0G0ZZ | Alteration of Left Knee Region, Open Approach |
| 0Y0G3ZZ | Alteration of Left Knee Region, Percutaneous Approach |
| 0Y0G4ZZ | Alteration of Left Knee Region, Percutaneous Endoscopic Approach |
| 0Y0H0ZZ | Alteration of Right Lower Leg, Open Approach |
| 0Y0H3ZZ | Alteration of Right Lower Leg, Percutaneous Approach |
| 0Y0H4ZZ | Alteration of Right Lower Leg, Percutaneous Endoscopic Approach |
| 0Y0J0ZZ | Alteration of Left Lower Leg, Open Approach |
| 0Y0J3ZZ | Alteration of Left Lower Leg, Percutaneous Approach |
| 0Y0J4ZZ | Alteration of Left Lower Leg, Percutaneous Endoscopic Approach |
| 0Y0K0ZZ | Alteration of Right Ankle Region, Open Approach |
| 0Y0K3ZZ | Alteration of Right Ankle Region, Percutaneous Approach |
| 0Y0K4ZZ | Alteration of Right Ankle Region, Percutaneous Endoscopic Approach |
| 0Y0L0ZZ | Alteration of Left Ankle Region, Open Approach |
| 0Y0L3ZZ | Alteration of Left Ankle Region, Percutaneous Approach |
| 0Y0L4ZZ | Alteration of Left Ankle Region, Percutaneous Endoscopic Approach |

CPT Codes: Labiaplasty

| CPT codes: | Code Description |
|------------|----------------------------|
| 56620 | Vulvectomy simple; partial |

ICD-10 Procedure Codes

| ICD-10-PCS procedure codes: | Code Description |
|-----------------------------|---------------------------------------|
| 0UBM0ZZ | Excision of Vulva, Open Approach |
| 0UBMXZZ | Excision of Vulva, External Approach |
| 0UTM0ZZ | Resection of Vulva, Open Approach |
| 0UTMXZZ | Resection of Vulva, External Approach |

CPT Codes: Scars

| CPT codes: | Code Description |
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| 11900 | Injection, intralesional; up to and including 7 lesions |
| 11901 | Injection, intralesional; more than 7 lesions |

ICD-10 Procedure Codes

| ICD-10-PCS procedure codes: | Code Description |
|------------------------------------|---|
| 3E013GC | Introduction of Other Therapeutic Substance into Subcutaneous Tissue, Percutaneous Approach |

CPT Codes: Rhinoplasty

| CPT codes: | Code Description |
|-------------------|---|
| 30400 | Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip |
| 30410 | Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip |
| 30420 | Rhinoplasty, primary; including major septal repair |
| 30430 | Rhinoplasty, secondary; minor revision (small amount of nasal tip work) |
| 30435 | Rhinoplasty, secondary; intermediate revision (bony work with osteotomies) |
| 30450 | Rhinoplasty, secondary; major revision (nasal tip work and osteotomies) |

ICD-10 Procedure Codes

| ICD-10-PCS procedure codes: | Code Description |
|------------------------------------|--|
| 09QM0ZZ | Repair Nasal Septum, Open Approach |
| 09QM3ZZ | Repair Nasal Septum, Percutaneous Approach |
| 09QM4ZZ | Repair Nasal Septum, Percutaneous Endoscopic Approach |
| 09RK07Z | Replacement of Nose with Autologous Tissue Substitute, Open Approach |
| 09RM07Z | Replacement of Nasal Septum with Autologous Tissue Substitute, Open Approach |
| 09RM0JZ | Replacement of Nasal Septum with Synthetic Substitute, Open Approach |
| 09RM0KZ | Replacement of Nasal Septum with Nonautologous Tissue Substitute, Open Approach |
| 09RM37Z | Replacement of Nasal Septum with Autologous Tissue Substitute, Percutaneous Approach |
| 09RM3JZ | Replacement of Nasal Septum with Synthetic Substitute, Percutaneous Approach |
| 09RM3KZ | Replacement of Nasal Septum with Nonautologous Tissue Substitute, Percutaneous Approach |
| 09RM47Z | Replacement of Nasal Septum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 09RM4JZ | Replacement of Nasal Septum with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 09RM4KZ | Replacement of Nasal Septum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 09SM0ZZ | Reposition Nasal Septum, Open Approach |
| 09SM4ZZ | Reposition Nasal Septum, Percutaneous Endoscopic Approach |
| 09UK07Z | Supplement Nose with Autologous Tissue Substitute, Open Approach |
| 09UM07Z | Supplement Nasal Septum with Autologous Tissue Substitute, Open Approach |
| 09UM0JZ | Supplement Nasal Septum with Synthetic Substitute, Open Approach |
| 09UM0KZ | Supplement Nasal Septum with Nonautologous Tissue Substitute, Open Approach |
| 09UM37Z | Supplement Nasal Septum with Autologous Tissue Substitute, Percutaneous Approach |
| 09UM3JZ | Supplement Nasal Septum with Synthetic Substitute, Percutaneous Approach |

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| 09UM3KZ | Supplement Nasal Septum with Nonautologous Tissue Substitute, Percutaneous Approach |
| 09UM47Z | Supplement Nasal Septum with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 09UM4JZ | Supplement Nasal Septum with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 09UM4KZ | Supplement Nasal Septum with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0NRB07Z | Replacement of Nasal Bone with Autologous Tissue Substitute, Open Approach |
| 0NRB0JZ | Replacement of Nasal Bone with Synthetic Substitute, Open Approach |
| 0NRB0KZ | Replacement of Nasal Bone with Nonautologous Tissue Substitute, Open Approach |
| 0NRB37Z | Replacement of Nasal Bone with Autologous Tissue Substitute, Percutaneous Approach |
| 0NRB3JZ | Replacement of Nasal Bone with Synthetic Substitute, Percutaneous Approach |
| 0NRB3KZ | Replacement of Nasal Bone with Nonautologous Tissue Substitute, Percutaneous Approach |
| 0NRB47Z | Replacement of Nasal Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0NRB4JZ | Replacement of Nasal Bone with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 0NRB4KZ | Replacement of Nasal Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0NUB07Z | Supplement Nasal Bone with Autologous Tissue Substitute, Open Approach |
| 0NUB0JZ | Supplement Nasal Bone with Synthetic Substitute, Open Approach |
| 0NUB0KZ | Supplement Nasal Bone with Nonautologous Tissue Substitute, Open Approach |
| 0NUB37Z | Supplement Nasal Bone with Autologous Tissue Substitute, Percutaneous Approach |
| 0NUB3JZ | Supplement Nasal Bone with Synthetic Substitute, Percutaneous Approach |
| 0NUB3KZ | Supplement Nasal Bone with Nonautologous Tissue Substitute, Percutaneous Approach |
| 0NUB47Z | Supplement Nasal Bone with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0NUB4JZ | Supplement Nasal Bone with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 0NUB4KZ | Supplement Nasal Bone with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |

CPT Codes: Congenital Chest Wall Deformity

| CPT codes: | Code Description |
|------------|--|
| 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 |

ICD-10 Procedure Codes

| ICD-10-PCS procedure codes: | Code Description |
|-----------------------------|---|
| 0WU80JZ | Supplement Chest Wall with Synthetic Substitute, Open Approach |
| 0WU84JZ | Supplement Chest Wall with Synthetic Substitute, Percutaneous Endoscopic Approach |

CPT Codes: Panniculectomy

| CPT codes: | Code Description |
|-------------------|---|
| 15830 | Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy |

ICD-10 Procedure Codes

| ICD-10-PCS procedure codes: | Code Description |
|------------------------------------|---|
| 0J080ZZ | Alteration of Abdomen Subcutaneous Tissue And Fascia, Open Approach |
| 0J083ZZ | Alteration of Abdomen Subcutaneous Tissue And Fascia, Percutaneous Approach |

CPT Codes: Lipectomy/Liposuction

| CPT codes: | Code Description |
|-------------------|---|
| 15876 | Suction assisted lipectomy; head and neck |
| 15877 | Suction assisted lipectomy; trunk |
| 15878 | Suction assisted lipectomy; upper extremity |
| 15879 | Suction assisted lipectomy; lower extremity |

ICD-10 Procedure Codes

| ICD-10-PCS procedure codes: | Code Description |
|------------------------------------|---|
| 0J040ZZ | Alteration of Anterior Neck Subcutaneous Tissue and Fascia, Open Approach |
| 0J043ZZ | Alteration of Anterior Neck Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J050ZZ | Alteration of Posterior Neck Subcutaneous Tissue and Fascia, Open Approach |
| 0J053ZZ | Alteration of Posterior Neck Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J060ZZ | Alteration of Chest Subcutaneous Tissue and Fascia, Open Approach |
| 0J063ZZ | Alteration of Chest Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J070ZZ | Alteration of Back Subcutaneous Tissue and Fascia, Open Approach |
| 0J073ZZ | Alteration of Back Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J080ZZ | Alteration of Abdomen Subcutaneous Tissue and Fascia, Open Approach |
| 0J083ZZ | Alteration of Abdomen Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J090ZZ | Alteration of Buttock Subcutaneous Tissue and Fascia, Open Approach |
| 0J093ZZ | Alteration of Buttock Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J0D0ZZ | Alteration of Right Upper Arm Subcutaneous Tissue and Fascia, Open Approach |
| 0J0D3ZZ | Alteration of Right Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J0F0ZZ | Alteration of Left Upper Arm Subcutaneous Tissue and Fascia, Open Approach |
| 0J0F3ZZ | Alteration of Left Upper Arm Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J0G0ZZ | Alteration of Right Lower Arm Subcutaneous Tissue and Fascia, Open Approach |
| 0J0G3ZZ | Alteration of Right Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J0H0ZZ | Alteration of Left Lower Arm Subcutaneous Tissue and Fascia, Open Approach |
| 0J0H3ZZ | Alteration of Left Lower Arm Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J0L0ZZ | Alteration of Right Upper Leg Subcutaneous Tissue and Fascia, Open Approach |
| 0J0L3ZZ | Alteration of Right Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach |

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| 0J0M0ZZ | Alteration of Left Upper Leg Subcutaneous Tissue and Fascia, Open Approach |
| 0J0M3ZZ | Alteration of Left Upper Leg Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J0N0ZZ | Alteration of Right Lower Leg Subcutaneous Tissue and Fascia, Open Approach |
| 0J0N3ZZ | Alteration of Right Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0J0P0ZZ | Alteration of Left Lower Leg Subcutaneous Tissue and Fascia, Open Approach |
| 0J0P3ZZ | Alteration of Left Lower Leg Subcutaneous Tissue and Fascia, Percutaneous Approach |

CPT Codes: Rhytidectomy

| CPT codes: | Code Description |
|------------|---|
| 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 |

ICD-10 Procedure Codes

| ICD-10-PCS procedure codes: | Code Description |
|-----------------------------|---|
| 0J010ZZ | Alteration of Face Subcutaneous Tissue and Fascia, Open Approach |
| 0J013ZZ | Alteration of Face Subcutaneous Tissue and Fascia, Percutaneous Approach |
| 0W0207Z | Alteration of Face with Autologous Tissue Substitute, Open Approach |
| 0W020JZ | Alteration of Face with Synthetic Substitute, Open Approach |
| 0W020KZ | Alteration of Face with Nonautologous Tissue Substitute, Open Approach |
| 0W020ZZ | Alteration of Face, Open Approach |
| 0W0237Z | Alteration of Face with Autologous Tissue Substitute, Percutaneous Approach |
| 0W023JZ | Alteration of Face with Synthetic Substitute, Percutaneous Approach |
| 0W023KZ | Alteration of Face with Nonautologous Tissue Substitute, Percutaneous Approach |
| 0W023ZZ | Alteration of Face, Percutaneous Approach |
| 0W0247Z | Alteration of Face with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0W024JZ | Alteration of Face with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 0W024KZ | Alteration of Face with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0W024ZZ | Alteration of Face, Percutaneous Endoscopic Approach |
| 0W0607Z | Alteration of Neck with Autologous Tissue Substitute, Open Approach |
| 0W060JZ | Alteration of Neck with Synthetic Substitute, Open Approach |
| 0W060KZ | Alteration of Neck with Nonautologous Tissue Substitute, Open Approach |
| 0W060ZZ | Alteration of Neck, Open Approach |
| 0W0637Z | Alteration of Neck with Autologous Tissue Substitute, Percutaneous Approach |
| 0W063JZ | Alteration of Neck with Synthetic Substitute, Percutaneous Approach |
| 0W063KZ | Alteration of Neck with Nonautologous Tissue Substitute, Percutaneous Approach |
| 0W063ZZ | Alteration of Neck, Percutaneous Approach |
| 0W0647Z | Alteration of Neck with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 0W064JZ | Alteration of Neck with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 0W064KZ | Alteration of Neck with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |

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| 0W064ZZ | Alteration of Neck, Percutaneous Endoscopic Approach |
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CPT Codes: Otoplasty

| CPT codes: | Code Description |
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| 69300 | Otoplasty, protruding ear, with or without size reduction |

ICD-10 Procedure Codes

| ICD-10-PCS procedure codes: | Code Description |
|-----------------------------|---|
| 090007Z | Alteration of Right External Ear with Autologous Tissue Substitute, Open Approach |
| 09000JZ | Alteration of Right External Ear with Synthetic Substitute, Open Approach |
| 09000KZ | Alteration of Right External Ear with Nonautologous Tissue Substitute, Open Approach |
| 09000ZZ | Alteration of Right External Ear, Open Approach |
| 090037Z | Alteration of Right External Ear with Autologous Tissue Substitute, Percutaneous Approach |
| 09003JZ | Alteration of Right External Ear with Synthetic Substitute, Percutaneous Approach |
| 09003KZ | Alteration of Right External Ear with Nonautologous Tissue Substitute, Percutaneous Approach |
| 09003ZZ | Alteration of Right External Ear, Percutaneous Approach |
| 090047Z | Alteration of Right External Ear with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 09004JZ | Alteration of Right External Ear with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 09004KZ | Alteration of Right External Ear with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 09004ZZ | Alteration of Right External Ear, Percutaneous Endoscopic Approach |
| 0900X7Z | Alteration of Right External Ear with Autologous Tissue Substitute, External Approach |
| 0900XJZ | Alteration of Right External Ear with Synthetic Substitute, External Approach |
| 0900XKZ | Alteration of Right External Ear with Nonautologous Tissue Substitute, External Approach |
| 0900XZZ | Alteration of Right External Ear, External Approach |
| 090107Z | Alteration of Left External Ear with Autologous Tissue Substitute, Open Approach |
| 09010JZ | Alteration of Left External Ear with Synthetic Substitute, Open Approach |
| 09010KZ | Alteration of Left External Ear with Nonautologous Tissue Substitute, Open Approach |
| 09010ZZ | Alteration of Left External Ear, Open Approach |
| 090137Z | Alteration of Left External Ear with Autologous Tissue Substitute, Percutaneous Approach |
| 09013JZ | Alteration of Left External Ear with Synthetic Substitute, Percutaneous Approach |
| 09013KZ | Alteration of Left External Ear with Nonautologous Tissue Substitute, Percutaneous Approach |
| 09013ZZ | Alteration of Left External Ear, Percutaneous Approach |
| 090147Z | Alteration of Left External Ear with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 09014JZ | Alteration of Left External Ear with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 09014KZ | Alteration of Left External Ear with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 09014ZZ | Alteration of Left External Ear, Percutaneous Endoscopic Approach |
| 0901X7Z | Alteration of Left External Ear with Autologous Tissue Substitute, External Approach |

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| 0901XJZ | Alteration of Left External Ear with Synthetic Substitute, External Approach |
| 0901XKZ | Alteration of Left External Ear with Nonautologous Tissue Substitute, External Approach |
| 0901XZZ | Alteration of Left External Ear, External Approach |
| 090207Z | Alteration of Bilateral External Ear with Autologous Tissue Substitute, Open Approach |
| 09020JZ | Alteration of Bilateral External Ear with Synthetic Substitute, Open Approach |
| 09020KZ | Alteration of Bilateral External Ear with Nonautologous Tissue Substitute, Open Approach |
| 09020ZZ | Alteration of Bilateral External Ear, Open Approach |
| 090237Z | Alteration of Bilateral External Ear with Autologous Tissue Substitute, Percutaneous Approach |
| 09023JZ | Alteration of Bilateral External Ear with Synthetic Substitute, Percutaneous Approach |
| 09023KZ | Alteration of Bilateral External Ear with Nonautologous Tissue Substitute, Percutaneous Approach |
| 09023ZZ | Alteration of Bilateral External Ear, Percutaneous Approach |
| 090247Z | Alteration of Bilateral External Ear with Autologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 09024JZ | Alteration of Bilateral External Ear with Synthetic Substitute, Percutaneous Endoscopic Approach |
| 09024KZ | Alteration of Bilateral External Ear with Nonautologous Tissue Substitute, Percutaneous Endoscopic Approach |
| 09024ZZ | Alteration of Bilateral External Ear, Percutaneous Endoscopic Approach |
| 0902X7Z | Alteration of Bilateral External Ear with Autologous Tissue Substitute, External Approach |
| 0902XJZ | Alteration of Bilateral External Ear with Synthetic Substitute, External Approach |
| 0902XKZ | Alteration of Bilateral External Ear with Nonautologous Tissue Substitute, External Approach |
| 0902XZZ | Alteration of Bilateral External Ear, External Approach |

CPT Codes: Cleft Lip/Palate

| CPT codes: | Code Description |
|------------|---|
| 40700 | Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral |
| 40701 | Plastic repair of cleft lip/nasal deformity; primary bilateral, 1-stage procedure |
| 40702 | Plastic repair of cleft lip/nasal deformity; primary bilateral, 1 of 2 stages |
| 40720 | Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure |
| 40761 | Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle |
| 42200 | Palatoplasty for cleft palate, soft and/or hard palate only |
| 42205 | Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only |
| 42210 | Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft) |
| 42215 | Palatoplasty for cleft palate; major revision |
| 42220 | Palatoplasty for cleft palate; secondary lengthening procedure |
| 42225 | Palatoplasty for cleft palate; attachment pharyngeal flap |

ICD-10 Procedure Codes

| ICD-10-PCS procedure codes: | Code Description |
|-----------------------------|---------------------------------|
| 0CQ00ZZ | Repair Upper Lip, Open Approach |

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| 0CQ03ZZ | Repair Upper Lip, Percutaneous Approach |
| 0CQ0XZZ | Repair Upper Lip, External Approach |
| 0CQ10ZZ | Repair Lower Lip, Open Approach |
| 0CQ13ZZ | Repair Lower Lip, Percutaneous Approach |
| 0CQ1XZZ | Repair Lower Lip, External Approach |
| 0CQ20ZZ | Repair Hard Palate, Open Approach |
| 0CQ23ZZ | Repair Hard Palate, Percutaneous Approach |
| 0CQ2XZZ | Repair Hard Palate, External Approach |
| 0CQ30ZZ | Repair Soft Palate, Open Approach |
| 0CQ33ZZ | Repair Soft Palate, Percutaneous Approach |
| 0CQ3XZZ | Repair Soft Palate, External Approach |
| 0CR207Z | Replacement of Hard Palate with Autologous Tissue Substitute, Open Approach |
| 0CR20JZ | Replacement of Hard Palate with Synthetic Substitute, Open Approach |
| 0CR20KZ | Replacement of Hard Palate with Nonautologous Tissue Substitute, Open Approach |
| 0CR237Z | Replacement of Hard Palate with Autologous Tissue Substitute, Percutaneous Approach |
| 0CR23JZ | Replacement of Hard Palate with Synthetic Substitute, Percutaneous Approach |
| 0CR23KZ | Replacement of Hard Palate with Nonautologous Tissue Substitute, Percutaneous Approach |
| 0CR2X7Z | Replacement of Hard Palate with Autologous Tissue Substitute, External Approach |
| 0CR2XJZ | Replacement of Hard Palate with Synthetic Substitute, External Approach |
| 0CR2XKZ | Replacement of Hard Palate with Nonautologous Tissue Substitute, External Approach |
| 0CR307Z | Replacement of Soft Palate with Autologous Tissue Substitute, Open Approach |
| 0CR30JZ | Replacement of Soft Palate with Synthetic Substitute, Open Approach |
| 0CR30KZ | Replacement of Soft Palate with Nonautologous Tissue Substitute, Open Approach |
| 0CR337Z | Replacement of Soft Palate with Autologous Tissue Substitute, Percutaneous Approach |
| 0CR33JZ | Replacement of Soft Palate with Synthetic Substitute, Percutaneous Approach |
| 0CR33KZ | Replacement of Soft Palate with Nonautologous Tissue Substitute, Percutaneous Approach |
| 0CR3X7Z | Replacement of Soft Palate with Autologous Tissue Substitute, External Approach |
| 0CR3XJZ | Replacement of Soft Palate with Synthetic Substitute, External Approach |
| 0CR3XKZ | Replacement of Soft Palate with Nonautologous Tissue Substitute, External Approach |
| 0CS20ZZ | Reposition Hard Palate, Open Approach |
| 0CS2XZZ | Reposition Hard Palate, External Approach |
| 0CS30ZZ | Reposition Soft Palate, Open Approach |
| 0CS3XZZ | Reposition Soft Palate, External Approach |
| 0CU207Z | Supplement Hard Palate with Autologous Tissue Substitute, Open Approach |
| 0CU20JZ | Supplement Hard Palate with Synthetic Substitute, Open Approach |
| 0CU20KZ | Supplement Hard Palate with Nonautologous Tissue Substitute, Open Approach |
| 0CU237Z | Supplement Hard Palate with Autologous Tissue Substitute, Percutaneous Approach |
| 0CU23JZ | Supplement Hard Palate with Synthetic Substitute, Percutaneous Approach |
| 0CU23KZ | Supplement Hard Palate with Nonautologous Tissue Substitute, Percutaneous Approach |
| 0CU2X7Z | Supplement Hard Palate with Autologous Tissue Substitute, External Approach |
| 0CU2XJZ | Supplement Hard Palate with Synthetic Substitute, External Approach |
| 0CU2XKZ | Supplement Hard Palate with Nonautologous Tissue Substitute, External Approach |
| 0CU307Z | Supplement Soft Palate with Autologous Tissue Substitute, Open Approach |
| 0CU30JZ | Supplement Soft Palate with Synthetic Substitute, Open Approach |

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| 0CU30KZ | Supplement Soft Palate with Nonautologous Tissue Substitute, Open Approach |
| 0CU337Z | Supplement Soft Palate with Autologous Tissue Substitute, Percutaneous Approach |
| 0CU33JZ | Supplement Soft Palate with Synthetic Substitute, Percutaneous Approach |
| 0CU33KZ | Supplement Soft Palate with Nonautologous Tissue Substitute, Percutaneous Approach |
| 0CU3X7Z | Supplement Soft Palate with Autologous Tissue Substitute, External Approach |
| 0CU3XJZ | Supplement Soft Palate with Synthetic Substitute, External Approach |
| 0CU3XKZ | Supplement Soft Palate with Nonautologous Tissue Substitute, External Approach |

The following CPT code is considered not medically necessary for **Commercial Members: Managed Care (HMO and POS), PPO, Indemnity, Medicare HMO Blue and Medicare PPO Blue:**

CPT Code: Abdominoplasty

| CPT codes: | Code Description |
|------------|--|
| 15847 | Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure) |

Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

Policy History

| Date | Action |
|---------|---|
| 12/2023 | Policy clarified. New medically necessary statement added for hair removal to prevent pilonidal cyst recurrence. |
| 9/2023 | Policy clarified to include prior authorization requests using Authorization Manager. |
| 8/2023 | <p>Policy clarified. Prior authorization (PA) table was updated to indicate that PA is required for liposuction/lipectomy for:</p> <ul style="list-style-type: none"> • Commercial PPO and EPO • Commercial Managed Care (HMO and POS). <p>The PA table was also updated to include a separate column for Commercial Indemnity.</p> <p>Policy clarified. Medically necessary statements on Liposuction or Lipectomy updated to state: including, but not limited to lipedema under Disease (last bullet).</p> |
| 3/2023 | <p>Policy revised. New medically necessary statement on lipoma removal. Clarified coding information. Effective 3/1/2023</p> <p>Policy clarified. The following surgical procedures were transferred to the new medical policy #179, Orthognathic Surgery.</p> <ul style="list-style-type: none"> • Mandibular or maxillary osteotomy/plasty for prognathism or micrognathism with documented severe handicapping malocclusion. • Other osteotomy/plasty for congenital conditions that cause severe facial or cranio-facial deformities including but not limited to Crouzon's syndrome, Treacher Collin's dysostosis, or Romberg's disease. • Mentoplasty |

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|---------|---|
| | Cleft Lip/Cleft Palate Repair statement for members <18 years of age clarified. |
| 11/2022 | Clarified prior authorization information |
| 6/2022 | Prior authorization information clarified for PPO Plans. Effective 6/1/2022. |
| 9/2021 | Policy updated to include medically necessary language for adolescent and adult intersex individuals whose anatomy does not conform to typical binary notions of male or female and/or is not congruent with their gender identity. Effective 9/2021. |
| 1/2021 | Medicare information removed. See MP #132 Medicare Advantage Management for local coverage determination and national coverage determination reference. |
| 3/2020 | Medically necessary statement on removal of excess skin clarified to include functional impairment, such as significant difficulty with activities of daily living. |
| 5/2019 | Age criteria to correct pectus excavatum and pectus carinatum removed. Effective 5/1/2019. |
| 12/2018 | Abdominoplasty is considered cosmetic and not medically necessary. Effective 12/1/2018. |
| 8/2018 | Medically necessary statements regarding State Mandate Chapter 233 of the Acts of 2016, An Act Relative to HIV Associated Lipodystrophy Syndrome Treatment clarified. 8/10/2018 |
| 6/2018 | Clarified coding information. |
| 9/2017 | Medically necessary criteria for tattooing of the areola as part of nipple reconstruction clarified. Not medically necessary tattoo removal or application criteria clarified. 9/1/2017 |
| 2/2017 | Clarified coding information. |
| 1/2017 | Clarified coding information. |
| 11/2016 | Policy updated to include mandated coverage for reconstructive services to correct or repair disturbances of body composition caused by HIV associated lipodystrophy syndrome. Effective 11/8/2016. |
| 5/2016 | Liposuction criteria updated to indicate when it is medically necessary. Clarified coding information. Effective 5/1/2016. |
| 11/2015 | Policy #460 Laser Treatment of Port Wine Stains retired. 11/1/2015 |
| 1/2016 | Chest wall deformity medically necessary criteria clarified. Effective 1/1/2016. |
| 10/2015 | Medical policy ICD-10 remediation: Formatting, editing and coding updates. <ul style="list-style-type: none"> ○ Blepharoplasty, Blepharoptosis Repair and Brow Ptosis Repair - new medical policy describing medically necessary and not medically necessary indications transferred to policy #740, Blepharoplasty, Blepharoptosis Repair and Brow Ptosis Repair. 10/1/2015 ○ Chemical Peels - new medically necessary statements transferred to policy #732, Chemical Peels. 10/1/2015 ○ Destruction of Actinic Keratoses - medically necessary statement retired. This treatment is considered medically necessary. 10/1/2015 ○ Excision or Shaving of Rhinophyma - ongoing medically necessary indications transferred to policy #462, Nonpharmacologic Treatment of Rosacea. 10/1/2015 ○ Injection of Acne Cysts - medically necessary statement retired. This treatment is considered medically necessary. 10/1/2015 ○ Laser Treatment of Active Acne - ongoing investigational statement transferred to policy #461, Treatment of Active Acne. 10/1/2015 ○ Nonpharmacologic Treatment of Rosacea - ongoing medically necessary and investigational indications transferred to policy #462, Nonpharmacologic Treatment of Rosacea. 10/1/2015 ○ Orthodontics and Dental Services - statements retired. Coverage for orthodontic services is determined by subscriber certificate and through dental plan. 10/1/2015 ○ Wigs and Hair Prosthesis - statement removed. Coverage is determined by the subscriber certificate. 10/1/2015 |

References

1. Parrett BM, Donelan MB. Pulsed dye laser in burn scars: Current concepts and future directions. *Burns* (2009), doi: 10.1016/j.burns.2009.08.015
2. Donelan MB, Parrett BM, Sheridan, RL. Pulsed Dye Laser Therapy and Z-Plasty for Facial Burn Scars: The Alternative to Excision. *Ann Plast Surg* 2008 May; 60 (5) 480-6.
3. Haedersdal M, Togsverd-Bo K, Wiegell SR et al. Long-pulsed dye laser versus long-pulsed dye laser-assisted photodynamic therapy for acne vulgaris: a randomized controlled trial. *J Am Acad Dermatol* 2008; 58(3):387-94.
4. American Psychological Association. (2006). Answers to your questions about individuals with intersex conditions. Retrieved from <http://www.apa.org/topics/lgbt/intersex.aspx>

Endnotes

¹ Based on expert local opinion

² Based on State Mandate [Chapter 233 of the Acts of 2016, An Act Relative to HIV Associated Lipodystrophy Syndrome Treatment. Effective August 10, 2016.](#)

³ Based on subscriber certificate