Clinical Policy Bulletin: Cosmetic Surgery

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Policy

Introduction

Aetna plans exclude coverage of cosmetic surgery that is not medically necessary, but generally provide coverage when the surgery is needed to improve the functioning of a body part or otherwise medically necessary even if the surgery also improves or changes the appearance of a portion of the body. Additionally, many Aetna plans specify that certain procedures are not considered to be cosmetic surgery (e.g., surgery to correct the result of injury, post-mastectomy breast reconstruction, surgery needed to treat certain congenital defects such as cleft lip or cleft palate). Please check benefit plan descriptions for details.

This policy statement supplements plan coverage language by identifying procedures that Aetna considers medically necessary despite cosmetic aspects, and other cosmetic procedures that Aetna considers not medically necessary. Please note that, while this policy statement addresses many common procedures, it does not address all procedures that might be considered to be cosmetic surgery excluded from coverage. Aetna reserves the right to deny coverage for other procedures that are cosmetic and not medically necessary.

Clinical Statements

The following procedures are considered cosmetic in nature:

Aesthetic operations on umbilicus
Breast augmentation (breast implants and pectoral implants) (for medical necessity criteria for breast reconstruction, see CPB 0185 - Breast Reconstructive Surgery) (see also CPB 0142 - Breast Implant Removal)
Breast lift (mastopexy)
Buttock lift or augmentation
Cheek implant (malar implant/augmentation)
Chin implant (genioplasty, mentoplasty)

Correction of diastasis recti abdominis (see CPB 0211 - Abdominoplasty, Suction Lipectomy, and Ventral Hernia Repair)
Correction of inverted nipple
Ear or body piercing
Electrolysis or laser hair removal
Excision of excessive skin of thigh (thigh lift, thighplasty), leg, hip, buttock, arm (arm lift, brachioplasty), forearm or hand, submental fat pad, or other areas (see CPB 0211 - Abdominoplasty, Suction Lipectomy, and Ventral Hernia Repair)
Gynecomastia surgery (see CPB 0017 - Breast Reduction Surgery and Gynecomastia Surgery)
Lacrimal gland resuspension for lacrimal gland prolapse
Mesotherapy (injection of various substances into the tissue beneath the skin to sculpt body contours by lysing subcutaneous fat)
Neck Tucks
Removal of frown lines
Removal of spider angiomata
Removal of supernumerary nipples (polymastia)
Salabrasion
Surgery to correct moon face
Surgery to correct tuberous breast deformity
Surgical depigmentation (e.g., laser treatment) of nevus of Ito or Ota
Tattoo removal
Treatment with small gel-particle hyaluronic acid (e.g., Restylane) and large gel-particle hyaluronic acid (e.g., Perlane) to improve the skin's contour and/or reduce depressions due to acne, injury, scars, or wrinkles
Vaginal rejuvenation procedures (clitoral reduction, designer vaginoplasty, hymenoplasty, re-virgination, G-spot amplification, pubic liposuction or lift, reduction of labia minora, labia majora surgery/reshaping, and vaginal tightening, not an all-inclusive list)

The following procedures are considered medically necessary when criteria are met. The requesting physicians may be required to submit documentation, including photographs, letters documenting medical necessity, chart records, etc.

Blepharoplasty: Considered medically necessary when criteria in CPB 0084 - Ptosis Surgery, are met.
Breast reduction: Considered medically necessary when criteria in CPB 0017 - Breast Reduction Surgery and Gynecomastia Surgery, are met.
Chemical peels (chemical exfoliation): Considered medically necessary when criteria in CPB 0251 - Dermabrasion, Chemical Peels, and Acne Surgery are met.
Collagen implant (e.g., Zyderm): Considered cosmetic except as a treatment for urinary incontinence when medical necessity criteria in CPB 0223 - Urinary Incontinence Treatments are met.
Dermabrasion: Considered medically necessary when criteria in CPB 0251 - Dermabrasion, Chemical Peel, and Acne Surgery are met.
Dermal injections of FDA-approved fillers (e.g., poly-L-lactic acid dermal injection (Sculptra) or calcium hydroxylapatite dermal injection (Radiesse)) for HIV lipoatrophy: Considered medically necessary for treating facial lipodystrophy syndrome due to antiretroviral therapy in HIV-infected

persons; considered cosmetic for all other indications. Retreatments with FDA-approved fillers are considered medically necessary for facial lipodystrophy syndrome due to antiretroviral therapy in HIV-infected persons.

Earlobe repair: Repair (e.g., tear) of a traumatic injury is considered medically necessary. Earlobe repair to close a stretched pierce hole, in the absence of a traumatic injury, is considered cosmetic.

Excision or shaving of rhinophyma for the treatment of bleeding or infection refractory to medical therapy (i.e. the need for repeated cautery of bleeding telangiectasias or frequent courses of antibiotics for pustular eruptions). Excision or shaving of rhinophyma is considered cosmetic when the afore-mentioned criteria are not met.

Keloids: Repair of keloids is considered medically necessary if they cause pain or a functional limitation. Note: For repair of keloids that do not cause pain or functional impairment, exceptions to cosmetic surgery exclusion may apply. Please check benefit plan descriptions. See also CPB 0551 - Radiation Treatment for Selected Nononcologic Indications.

Lipectomy or liposuction and autologous fat grafting are considered medically necessary for breast reconstruction according to the medical necessity criteria in CPB 0185 - Breast Reconstruction Surgery.

Lipomas: Excision is considered medically necessary if lipomas are tender and inhibit the member's ability to perform daily activities due to the lipomas' location on body parts that are subject to regular touch or pressure.

Otoplasty/Pinnaplasty: Considered medically necessary when performed to improve hearing by directing sound in the ear canal, whether the ears are absent or deformed from trauma, surgery, disease, or congenital defect. Otoplasty to correct large or protruding ears (bat ears) is considered cosmetic when the surgery will not improve hearing.

Panniculectomy: Considered medically necessary when criteria are met, as set forth in CPB 0211 - Abdominoplasty, Suction Lipectomy, and Ventral Hernia Repair.

Phalloplasty for transgender (female to male) surgery: Consideded medically necessary when criteria are met, as set forth in CPB 0615 - Gender Reassignment Surgery.

Pulsed-dye laser treatment and excision of port wine stains and other hemangiomas: Considered medically necessary when lesions are located on the face and neck. Also, removal of symptomatic scrotal hemangiomas and symptomatic cavernous hemangiomas is considered medically necessary. See also CPB 0559 - Pulsed Dye Laser Treatment.

Rhinoplasty: Considered medically necessary for indications set forth in CPB 0005 - Septoplasty and Rhinoplasty.

Rhytidectomy (including meloplasty, face lift): Considered medically necessary when there is functional impairment that cannot be corrected without surgery.

Scar revision: Repair of scars that result from surgery is considered medically necessary if they cause symptoms or functional impairment. Note: Exceptions to cosmetic surgery exclusion may apply to repair of scars that do not cause pain or functional impairment. Please check benefit plan descriptions.

Septoplasty: Considered medically necessary when criteria are met, as set forth in CPB 0005 - Septoplasty and Rhinoplasty.
Skin tag removal: Considered medically necessary when located in an area of friction with documentation of repeated irritation and bleeding.
Tattoo: Considered medically necessary in conjunction with reconstructive breast surgery post-mastectomy, and for marking for radiation therapy. See CPB 0185 - Breast Reconstructive Surgery.
Ventral hernia repair: Considered medically necessary when criteria are met, as set forth in CPB 0211 - Abdominoplasty, Suction Lipectomy, and Ventral Hernia Repair.

Implantation and attachment of prostheses

Note: Most Aetna plans cover prosthetic devices that temporarily or permanently replace all or part of an external body part that is lost or impaired as a result of disease, injury or congenital defect. The surgical implantation or attachment of covered prosthetics is covered, regardless of whether the covered prosthetic is functional (i.e., regardless of whether the prosthetic improves or restores a bodily function). The following surgical implantations are covered when medical necessity criteria for the prosthetic device are met, even though the prosthetic device does not correct a functional deficit.

The following prostheses are considered medically necessary when criteria are met:

Breast reconstruction: See CPB 0185 - Breast Reconstructive Surgery.
Ear (auricular) prostheses: See CPB 0620 - Facial Prostheses, External.
Eye (ocular) prostheses: See CPB 0619 - Eye Prosthesis.
Facial prosthesis. See CPB 0620 - Facial Prostheses, External.
Hair transplant: Considered medically necessary when performed to correct permanent hair loss that is clearly caused by disease or injury. Hair transplants performed to correct male pattern baldness or age-related hair thinning in women are considered cosmetic
Testicular prostheses: Considered medically necessary for replacement of congenitally absent testes, or testes lost due to disease, injury, or surgery.

See also the following CPBs that address other procedures that may be considered cosmetic:

CPB 0050 - Varicose Veins
CPB 0095 - Orthognathic Surgery
CPB 0113 - Botulinum Toxin
CPB 0251 - Dermabrasion, Chemical Peels, and Acne Surgery
CPB 0272 - Pectus Excavatum and Poland's Syndrome: Surgical Correction
CPB 0310 - Thoracoscopic Sympathectomy
CPB 0419 - Graves' Ophthalmopathy Treatments
CPB 0422 - Vitiligo
CPB 0427 - Carbon Dioxide Laser for Actinic Lesions and Other Selected Indications
CPB 0547 - Rosacea
CPB 0566 - Strabismus Repair

CPB 0633 - Benign Skin Lesion Removal.

Background

Mest and Humble (2009) evaluated the long-term safety, duration of effect, and satisfaction with serial injections of poly-l-lactic acid (PLLA) for HIV-associated facial lipoatrophy. In this single-site, open-label, re-treatment study, 65 HIV-positive patients were treated with injectable PLLA every 5 weeks (until optimal re-correction). Presenting degree of lipoatrophy based on the James scale (1 = mild, 4 = severe) was reviewed. Skin thickness was measured at fixed points with calipers. Patients completed a post-retreatment satisfaction questionnaire. Nearly 10 % of patients had persistent correction greater than 36 months, based on patient report. Approximately 50 % required 3 or fewer re-treatments to maintain satisfactory correction (determined by patient and physician). Milder facial lipoatrophy (james scale score 1 to 2) on initial presentation required fewer re-treatments and had more sustained correction. Time to first re-treatment varied according to James scale score: 1 (21.4 months) and 4 (13.0 months). The majority of patients required or asked for 4 re-treatments or less over a 24-month period. The mean patient satisfaction score was 4.9 (1 = dissatisfied, 5 = very satisfied) at study end. No serious adverse events were reported. The authors concluded that injectable PLLA is a safe and effective long-term treatment option for HIV-associated lipoatrophy.

The cosmetic surgery exclusion precludes payment for any surgical procedure directed at improving appearance. The condition giving rise to the patient's pre-operative appearance is generally not a consideration. The only exception to the exclusion is surgery for the prompt repair of an accidental injury or for the improvement of a malformed body member which coincidentally serves some cosmetic purpose. Since surgery to correct a condition of "moon face" which developed as a side effect of cortisone therapy does not meet the exception to the exclusion, it is not covered under Medicare (§1862(a)(10) of the Act).

An UpToDate review on “Overview of breast disorders in children and adolescents” (Banikarim and De Silva, 2012) states that “Tuberous breast is a variant of breast development in which the base of the breast is limited and the nipple and areola are overdeveloped. The etiology is unknown. If the breast examination is otherwise normal, the patient may be referred for cosmetic surgery. The available surgical options vary depending on the location of the hypoplastic breast tissue …. Teenagers may seek breast augmentation for reconstructive purposes related to congenital defects (e.g., amastia, severe breast asymmetry, tuberous breast) or for purely aesthetic reasons”.

Fodd and Drug Administration-approved for the correction of moderate-to-severe facial wrinkles and folds, small gel-particle hyaluronic acid (SGP-HA, Restylane, Medicis Aesthetics, Inc., Scottsdale, AZ) and large gel-particle hyaluronic acid (LGP-HA, Perlane, Medicis Aesthetics, Inc., Scottsdale, AZ) were studied to evaluate their safety for the correction of oral commissures, marionette lines, upper perioral rhytides and naso-labial folds (NLFs). Brandt et al (2011) examined the safety of SGP-HA and LGP-HA in treating facial wrinkles and folds around the mouth; the secondary objective was to evaluate the effectiveness of these

products. This open-label, 4-week study at 2 U.S. centers evaluated SGP-HA and LGP-HA in patients who intended to undergo intradermal injection for correction of perioral wrinkles and folds. At screening, a 5-grade Wrinkle Severity Rating Scale (WSRS) was used to evaluate the baseline appearance of bilateral NLFs, and a 6-grade Wrinkle Severity (WS) scale was used to evaluate the appearance of bilateral oral commissures, marionette lines and upper perioral rhytides. To qualify, each patient must have had moderate-to-severe wrinkles at 1 pair of marionette lines and upper perioral rhytides. Each wrinkle was treated to optimal correction with either SGP-HA or LGP-HA at the discretion of the treating investigator. All reported local and systemic adverse events (AEs) were recorded. At 2 weeks after treatment or touch-up, the treating investigator and the patient assessed appearance using the Global Aesthetic Improvement Scale (GAIS). A total of 20 patients with a mean age of 59.6 years (range of 49 to 65) were treated with an average of 5.58 +/- 1.15 ml of HA for the entire perioral area. Treatment areas included NLFs, marionette lines, oral commissures and perioral rhytides; 18 of 20 patients received both SGP-HA and LGP-HA. Product was injected into the mid or deep dermis using primarily linear threading and multiple punctate pools. Patients experienced a total of 66 treatment-emergent AEs (TEAEs); each patient experienced at least 1 TEAE. The reported events in decreasing order of occurrence were bruising, tenderness, swelling, redness, headache and discomfort. Bruising was more common in the NLFs and marionette lines than in the oral commissures and perioral rhytides. Tenderness occurred more often in the perioral rhytides than in the other areas. The maximum intensity of all TEAEs was considered mild. Most TEAEs resolved within 7 days, with an average duration of 4 days. No serious TEAEs occurred during the study; 100 % of GAIS evaluations by both investigators and patients indicated improvement, regardless of filler used or area treated. The authors concluded that both SGP-HA and LGP-HA were found to be safe and effective for the correction of perioral wrinkles and folds, with few differences among treatment areas. Both investigator and patient GAIS evaluations indicated aesthetic improvement after SGP-HA and LGP-HA treatment in the perioral area.

Cohen et al (2013) systematically reviewed published evidence for aesthetic use of SGP-HA and LGP-HA. Clinical data on anatomic area, level of evidence, patient population, trial design, endpoints, efficacy, and safety were extracted from PubMed. A total of 53 primary clinical reports were analyzed. The highest-quality efficacy evidence was for the NLFs, with 10 randomized, blind, split-face, comparative trials. Several randomized, blind trials supported treatment of the glabella, lips, and hands. Lower-level evidence (from studies with non-randomized, open-label, or retrospective designs) was recorded for the naso-jugal folds (tear troughs), upper eyelids, nose, infra-orbital hollows, oral commissures, marionette lines, perioral rhytides, temples, and cheeks. Common AEs across anatomic areas were pain, bruising, swelling, and redness. Serious AEs were uncommon (8 events in 8 patients of 4,605 total patients) and were considered to be unrelated (7 events) or probably unrelated (1 event) to treatment. The authors concluded that the safety and effectiveness of SGP-HA and LGP-HA are well-established for NLFs; evidence for the glabella, lips, and hands is more limited. Preliminary reports in other anatomic regions suggested effectiveness without major complications.

While products containing a hyaluronic acid gel (e.g., Perlane and Restylane) are available to improve the contours of the skin, the presence of depressions and/or wrinkles is not a functional impairment. Thus, the use of SGP- HA and LGP-HA for improvement of the skin's contour and/or reduce depressions due to acne, injury, scars, or wrinkles is cosmetic.

CPT Codes / HCPCS Codes / ICD-9 Codes

CPT codes covered if selection criteria are met:

11200

11300 - 11313

11400 -11446

11920 - 11922

11950 - 11954

12011

12051

15220 - 15221

15780 - 15782

15788 - 15793

15820 - 15823

15830

15840 - 15845

15877

17106 - 17108

17360

19318 -
19350, 19357
- 19396

20926

21740 -
21743

30120

30420, 30435,
30450, 30460,
30462

30520

37785

51715

54660

67901 -
67909

CPT codes not covered for indications listed in the CPB:

+ 11201

15775 -
15776

15783

15786 -
15787

15819

15824 -
15829

15832 -
15839

+ 15847

15876

15878 -
15879

17110

17111

17380

19120

19300

19316

19355

21120-
21123

21125-
21127

21137-
21139

21270

21280

21282

26590

30400-
30410

30430

31830

49250

49560-
49561

49565-
49566

+ 49568

56620

56800

56805

56810

57291 -
57292

57335

69090

69300

HCPCS codes covered if selection criteria are met:

C9800	Dermal injection procedure(s) for facial lipodystrohy syndrome (LDS) and provision of Radiesse or Sculptra dermal filler, including all items and supplies
D5914	Auricular prosthesis
D5916	Ocular prosthesis
D7995	Synthetic graft - mandible or facial bones, by report
G0429	Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome (LDS) (e.g., as a result of highly active antiretroviral therapy)
L8000 - L8039	Breast prostheses
L8040 - L8049	Nasal, midfacial, orbital, upper facial, hemi-facial, auricular, partial facial, nasal septal, and maxillofacial prostheses
L8600	Implantable breast prosthesis, silicone or equal
L8603	Injectable bulking agent, collagen implant, urinary tract, 2.5 ml syringe, includes shipping and necessary supplies
L8610	Ocular implant
Q2026	Injection, Radiesse, 0.1 ml
Q2028	Injection, sculptra, 0.5 mg
Q3031	Collagen skin test
S2075	Laparoscopy, surgical; repair incisional or ventral hernia
S2077	Laparoscopy, surgical; implantation of mesh or other prosthesis for incisional or ventral hernia repair (List separately in addition to code for incisional or ventral hernia repair)
V2623 - V2629	Prosthetic eye

HCPCS codes not covered for indications listed in the CPB:

D5919	Facial prosthesis
D5925	Facial augmentation implant prosthesis

S8948	Application of a modality (requiring constant provider attendance) to one or more areas; low-level laser; each 15 minutes

ICD-9 codes covered if selection criteria are met:

042	Human immunodeficiency virus [HIV] disease [covered for facial lipodystrophy syndrome due to antiretroviral therapy in HIV-infected persons]
140.0 â€“ 209.36	Malignant neoplasms [covered for tattooing for radiation therapy only]
198.81	Secondary malignant neoplasm of breast
214.0 - 214.8	Lipoma
228.01	Hemangioma of skin and subcutaneous tissue
233.0	Carcinoma in situ of breast
599.84	Other specified disorders of urethra
610.1	Diffuse cystic mastopathy
625.6	Stress incontinence, female
695.3	Rosacea [rhinophyma]
701.4	Keloid scar
701.9	Other hypertrophic and atrophic conditions of skin
702.0	Actinic keratosis
705.21	Primary focal hyperhidrosis
706.0 - 706.1	Acne
744.00 - 744.09	Anomalies of ear causing hearing impairment
749.10 - 749.14	Cleft lip
757.32	Vascular hamartomas
788.30 - 788.39	Urinary incontinence
V08	Asymptomatic human immunodeficiency virus [HIV] infection status [covered for facial lipodystrophy syndrome due to antiretroviral therapy in HIV-infected persons]
V10.3	Personal history of malignant neoplasm of breast

V45.71	Acquired absence of breast

ICD-9 codes not covered for indications listed in the CPB:

216.3	Benign neoplasm of skin [nevus of Ota]
216.6	Benign neoplasm of skin [nevus of Ito]
302.0 - 302.9	Sexual and gender identity disorders
611.79	Other signs and symptoms of breast [inverted nipple]
624.3	Hypertrophy of labia
676.00 - 676.04	Other disorders of the breast associated with childbirth and disorders of lactation, retracted nipple [inverted nipple]
676.30 - 676.34	Other disorders of the breast associated with childbirth and disorders of lactation, other and unspecified disorder of breast [inverted nipple]
701.8	Other specified hypertrophic and atrophic condition of skin [wrinkling of skin]
704.1	Hirsutism
728.84	Diastasis of muscle
754.82	Pectus carinatum
757.6	Specified congenital anomalies of breast [inverted nipple] [supernumerary nipple (polymastia)]

Other ICD-9 codes related to the CPB:

272.6	Lipodystrophy
278.00 - 278.02	Overweight and obesity
278.1	Localized adiposity
374.30 - 374.34	Ptosis of eyelid
380.32	Acquired deformities of auricle or pinna
448.1	Nevus, non-neoplastic
524.04	Mandibular hypoplasia
551.20 - 551.29, 552.20 - 552.29,	Ventral hernia

553.20 - 553.29	
611.1	Hypertrophy of breast
704.00 - 704.09	Alopecia
709.2	Scar conditions and fibrosis of skin
743.00	Clinical anophthalmos
743.61	Congenital ptosis
744.21 - 744.3	Other and unspecified anomalies of ear
752.8	Other specified anomalies of genital organs
756.0	Anomalies of skull and face bones
756.79	Other congenital anomalies of abdominal wall
905.0 - 909.9	Late effects of injuries, poisonings, toxic effects, and other external causes
959.09	Injury of face and neck
E931.7	Antiviral drugs causing adverse effects in therapeutic use
V15.5	Personal history of injury
V45.77	Acquired absence of genital organs
V45.78	Acquired absence of eye
V49.60 - V49.77	Upper and lower limb amputation status
V50.1	Other plastic surgery for unacceptable cosmetic appearance

The above policy is based on the following references:

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