



CLINICAL MEDICAL POLICY	
Policy Name:	Cosmetic Procedures
Policy Number:	MP-082-MD-PA
Responsible Department(s):	Medical Management
Provider Notice/Issue Date:	03/01/2024; 11/01/2022; 12/17/2021; 10/19/2020; 12/09/2019
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Products:	Highmark Wholecare SM Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 15

Policy History

Date	Activity
04/01/2024	Provider Effective date
01/30/2024	PARP Approval
11/15/2023	QI/UM Committee review
11/15/2023	Annual Review: No changes to clinical criteria. Updated 'Summary of Literature' and 'Reference Sources' sections. Added 'Governing Bodies Approval' section.
08/01/2023	Provider Effective date
05/31/2023	PARP Approval
04/19/2023	QI/UM Committee review
04/19/2023	Urgent Revision: Added medical necessity criteria under 'Procedures' section for 'Mammoplasty, Reduction/Breast Reduction' surgery. Added CPT code 19318 (<i>Breast reduction</i>) to Coding Requirements section.
12/01/2022	Provider Effective date
10/13/2022	PARP Approval
08/17/2022	QI/UM Committee review
08/17/2022	Annual Review: Per PARP guidance, mastectomy for gynecomastia is now considered medically necessary under certain conditions. The medical necessity guidelines for mastectomy for gynecomastia will be listed in full under Highmark Wholecare medical policy "MP-052-MD-PA - <i>Breast Reconstructive & Gynecomastia Surgery</i> ". Added the following statement to the 'Limitations' section: <i>Any surgery to improve body appearance in the absence of functional impairment is considered cosmetic in nature, and therefore not medically necessary.</i> Removed deleted CPT code 20926, replaced with the following CPT codes: 15271, 15272, 15769, 15771, 15772, & 15777, per AMA guidance. Updated 'Summary of Literature' and 'Reference Sources' sections.

01/17/2022	Provider Effective Date
11/17/2021	PARP Approval
08/18/2021	QI/UM Committee review
08/18/2021	Annual Review: No changes to clinical criteria. Updated Summary of Literature and Reference Sources sections.
02/25/2019	Initial policy developed

Disclaimer

Highmark WholecareSM medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

Policy Statement

Highmark WholecareSM does not provide coverage under the medical-surgical benefits of the Company's Medicaid products for cosmetic procedures for adults.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

(Current applicable Pennsylvania HealthChoices Agreement Section V. Program Requirements, B. Prior Authorization of Services, 1. General Prior Authorization Requirements.)

Definitions

Prior Authorization Review Panel (PARP) - A panel of representatives from within the PA Department of Human Services who have been assigned organizational responsibility for the review, approval and denial of all PH-MCO Prior Authorization policies and procedures.

Cosmetic Services – Services and procedures that may be surgical or nonsurgical, performed primarily to reshape normal, healthy structures of the body in order to improve the patient's appearance and self-esteem.

Physical Functional Impairment – A condition in which the normal or proper action of a body part is damaged. This may include, but is not limited to, problems with ambulation, communication, respiration, swallowing, vision, or skin integrity. A physical functional impairment affects the ability to participate in activities of daily living. A physical functional impairment does not include an individual's emotional well-being or mental health.

Belt Lipectomy (i.e., "lower body lift") – A surgery that removes excess skin and/or fat from the thighs, hips, buttocks and abdomen. The procedure involves removing a "belt" of tissue from around the circumference of the lower trunk.

Cervicoplasty (neck lift and neck rejuvenation) – A set of procedures that enhance the appearance of the neck. These procedures may include liposuction to remove excess fat from neck, platysmaplasty to tighten or remove sagging neck muscle bands.

Chemical Peel – Induces controlled skin injury through the application of caustic substances to the skin.

Clitoral Hoodoplasty - a surgical intervention which transforms the clitoral prepuce to more pleasing appearance with preservation of function. The clitoral prepuce is the overlying skin fold over the clitoris, also is known as clitoral hood or clitoral foreskin. There are two distinct types of clitoral hoodoplasty: restorative clitoral hoodoplasty and reductive clitoral hoodoplasty.

Cryotherapy – A treatment that uses a method of localized freezing temperatures to deaden an irritated nerve.

Dermabrasion (salabrasion) – A group of medical procedures using physical scrubbing methods to remove the outer layer of the skin.

Electrosurgery – A treatment that refers to the cutting and coagulation of tissue using high-frequency electrical current. Advanced electrosurgical devices, include: LigaSure device, PlasmaKinetic tissue management system, and EnSeal.

Hymenoplasty (i.e. hymen repair) – A treatment for a torn hymen. Repair of a torn hymen may be performed for a variety of personal reasons, including for religious or cultural conformity.

Mons pubis pexy - The Mons Pubis often sags with age or weight gain. It can be elevated and reduced in height and width. The resulting scars are usually hidden within the pubic hair. A bulging, prominent mons can be made flatter using liposuction.

Panniculus – The subcutaneous fat or a layer of fat underlying the dermis (also referred to as pannus, fat apron, or abdominal apron). The layer of fat and dermis hangs from the front of the abdomen.

Panniculectomy – The surgical excision to remove a panniculus.

Rhytidectomy – A surgical procedure intended to adjust the appearance of the face by removing excess skin and tightening the underlying muscles.

Suction-assisted Lipectomy (SAL) – A method of removing unwanted fatty deposits from specific areas of the face and body. The surgeon makes a small incision and inserts a cannula attached to a vacuum device that suctions out the fat.

Telangiectasias – A condition characterized by small, red or blue spider-web marks close to the surface of the skin caused by permanent dilation of small blood vessels. These blood vessels look like thick red lines and may occur in any part of the body, but most commonly are seen on the legs, torso and face; commonly called spider veins.

Medical Necessity - A service or benefit is medically necessary if it is compensable under the MA program and if it meets any one of the following standards:

- The service or benefit will, or is reasonably expected to prevent the onset of an illness, condition, or disability

- The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental, or developmental effects of an illness, condition, injury, or disability.
- The service or benefit will assist the member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the member and those functional capacities that are appropriate for members of the same age.

Procedures

1. The following procedures are considered cosmetic. This list is not intended to be all inclusive. Please refer to the individual medical policy if indicated for a specific procedure.

Cosmetic Procedures	
Trunk and Extremity Procedures	
Abdominoplasty	Cosmetic for most indications, refer to medical policy MP-041-MD-PA
Cool sculpting (may also be known as cryolipolysis or fat freezing)	Cosmetic for all indications
Lipectomy (thigh, leg, hip, buttock, arm, forearm or hand, submental fat pad, other areas, head and neck) (e.g. liposuction, buttock lift, thigh lift, thighplasty, arm lift, brachioplasty)	Cosmetic for all indications
Lipectomy, trunk	Cosmetic for most indications, refer to medical policy MP-041-MD-PA
Mesotherapy (injection of various substances into the tissue beneath the skin of the stomach, thighs, buttocks, hips, legs and arms)	Cosmetic for all indications
Panniculectomy	Cosmetic for most indications, refer to medical policy MP-041-MD-PA
Head Procedures	
Cervicoplasty (neck lift)	Cosmetic for all indications
Otoplasty	Cosmetic for all indications
Platysmal tightening (platysmal flap, P-flap) (facelift)	Cosmetic for all indications
Rhytidectomy procedures	Cosmetic for all indications
Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap (facelift)	Cosmetic for all indications
Reduction forehead; contouring only	Cosmetic for all indications
Reduction forehead; contouring and application of contouring material or bone graft (includes obtaining autograft)	Cosmetic for all indications
Reduction forehead; contouring and setback of anterior frontal sinus wall	Cosmetic for all indications
Breast Procedures	
Mastectomy for gynecomastia	Cosmetic for most indications; refer to medical policy MP-052-MD-PA

Skin Procedures	
Acne Surgery	Cosmetic for all indications
Cryotherapy for benign skin lesions	Cosmetic for all indications
Chemical Peel	Cosmetic for all indications
Cryotherapy for acne	Cosmetic for all indications
Dermabrasion (acne scarring, fine wrinkles, rhytids, and tattoo removal)	Cosmetic for all indications
Ear or Body Piercing	Cosmetic for all indications
Electrolysis or hair removal	Cosmetic for all indications
Electrosurgery for benign skin lesions	Cosmetic for all indications
Excision or correction of glabella frown lines	Cosmetic for all indications
Hair transplants	Cosmetic for all indications
Mesotherapy (injection of various substances into the tissue beneath the skin of the face)	Cosmetic for all indications
Removal of skin tags, papillomas, and warts	Cosmetic for most indications; see exceptions below
Scar Revisions	Cosmetic for all indications
Tattoo removal	Cosmetic for all indications
Treatment of spider veins or superficial telangiectasias	Cosmetic for all indications
Treatment for vitiligo	Cosmetic for all indications
Genital Procedures	
Labiaplasty (Labial reduction)	Cosmetic for most indications, refer to medical policies MP-033-MD-PA and MP-095-MD-PA
Other Aesthetic Alterations and Vaginal Rejuvenation procedures of the female genitalia: <ul style="list-style-type: none"> • Thermal therapy for vaginal rejuvenation; (e.g. radiofrequency [ThermiVa and Viveve] and laser) • Re-virgination (e.g. hymenoplasty); • Labia majora surgery/reshaping • G-spot amplification; • Mons Pubis Pexy, pubic liposuction or lift 	Cosmetic for all indications

2. Exceptions

Cosmetic and reconstructive procedures may be considered medically necessary for ANY of the following indications:

- A. When a functional or physical impairment causes deviation from normal function of a tissue or organ related to a medical condition, accidental injury, congenital defect, birth abnormality or complication, and the requested procedure can reasonably be expected to restore functions and/or resolve the associated medical complications; OR
- B. For post mastectomy breast reconstruction; OR
- C. For the removal of a plantar wart; OR
- D. For the use of actinotherapy as a treatment for eczema.

3. Limitations

- Cosmetic surgery performed to treat psychiatric or emotional problems is considered not medically necessary.
- If a non-covered cosmetic surgery is performed in the same operative period as a covered surgical procedure, benefits will be provided for the covered surgical procedure only.
- Any surgery to improve body appearance in the absence of functional impairment is considered cosmetic in nature, and therefore not medically necessary.

Note: This policy may not apply to all reconstructive-cosmetic procedures for indications that are addressed in other procedure-specific policies.

Note: A panniculectomy is a form of “fat removal” that may be covered based on a set of criteria for massive weight loss (MWL) succeeding bariatric surgery. Highmark Wholecare has a policy developed to address the medical necessity of panniculectomies (refer to MP-041-MD-PA). The policy also considers abdominoplasty performed alone or in conjunction with panniculectomy as cosmetic and not considered medically necessary.

4. Post-payment Audit Statement

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark WholecareSM at any time pursuant to the terms of your provider agreement.

5. Place of Service

The proper place of service for any cosmetic procedures is outpatient.

6. Related Policies

- MP-033-MD-PA Gender Transition
- MP-041-MD-PA Panniculectomy/Abdominoplasty/Lipectomy
- MP-052-MD-PA Breast Reconstructive Surgery
- MP-095-MD-PA Labiaplasty

Governing Bodies Approval

The Centers for Medicare and Medicaid (CMS) has published the following guidance:

- Local Coverage Determination (LCD) Cosmetic and Reconstructive Surgery (L35090)
- Local Coverage Determination (LCD) Removal of Benign Skin Lesions (L34938)
- Local Coverage Article (LCA) Billing and Coding: Cosmetic and Reconstructive Surgery (A56587)
- Local Coverage Article (LCA) Billing and Coding: Removal of Benign Skin Lesions (A57113)

Summary of Literature

Cosmetic and reconstructive procedures can include procedures ranging from purely cosmetic to purely reconstructive. The American Medical Association (AMA) and the American Society of Plastic Surgeons (ASPS) have agreed upon the following definitions:

- Cosmetic procedures are those that are performed to reshape normal structures of the body in order to improve the patient's appearance and self-esteem.
- Reconstructive procedures are those procedures performed on abnormal structures of the body, caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. They are generally performed to improve function but may also be done to approximate a normal appearance.

Similar to what is mentioned in the above paragraph, body dysmorphic disorder (BDD) is a particular condition that can lead to a patient's desire to have cosmetic surgery. BDD is characterized by preoccupation with nonexistent or slight defects in physical appearance, such that patients believe that they look abnormal, unattractive, ugly, or deformed, when in reality they look normal (Phillips, 2018). Most patients seek nonpsychiatric cosmetic treatment (commonly dermatologic or surgical) for their perceived physical defects; this treatment appears to be ineffective for most patients and can be risky for clinicians to provide. By contrast, pharmacotherapy and/or cognitive-behavioral therapy tailored specifically to BDD are often effective.

Dermatology

There are several conditions that are indicated for the use of skin resurfacing procedures, such as acne vulgaris, scarring, vitiligo, rosacea, psoriasis, keloids, and actinic keratosis (AK). The surgical treatment and procedures for acne involve physical removal of the material forming the blockages and causing the lesions by various methods such as excision of cysts or pustules, incision and drainage, punch debridement or unroofing of nodules or sinuses. Acne vulgaris is one of the common conditions that are treated with topical or surgical methods and occurs in 50 million people in the U.S. Acne vulgaris and other active diagnoses are associated with physical and psychological morbidity (Am Fam Physician, 2017).

Common causes of acne include:

- Puberty (stimulated by male hormones from the adrenal glands in both boys and girls)
- Heredity
- Food and poor diets
- Dirt
- Cosmetics
- Pressure (e.g., helmets, chinstraps, and collars)
- Drugs
- Occupations

Cosmetic acne treatments include chemical peels, cryotherapy, dermabrasion, and acne surgery.

Hayes, Inc.

- Comparative Effectiveness Review Of Laser Therapy For Psoriasis
 - **C Rating** - For excimer laser therapy for treatment of plaque psoriasis in adult patients. This Rating reflects an overall low-quality body of evidence suggesting that excimer laser therapy alone or in combination with topical medications may improve psoriasis symptoms, with outcomes that are similar to alternative phototherapies. This Rating also reflects uncertainty regarding the long-term outcomes, patient selection criteria, and optimal treatment protocols.

- **D2 Rating** - For excimer laser therapy for treatment of nail, scalp, or palmoplantar psoriasis in adult patients. This Rating reflects the paucity of evidence for these indications.
- **D2 Rating** - For pulsed dye laser (PDL) therapy for treatment of plaque or nail psoriasis. This Rating reflects a very low quality body evidence that is insufficient to draw conclusions regarding the efficacy and safety of PDL therapy for treatment of plaque or nail psoriasis. Evidence is limited by small studies with diverse comparisons and PDL treatment protocols.
- **D2 Rating** - For treatment of psoriasis by laser therapy other than excimer laser or PDL. This Rating reflects the paucity of evidence for use of laser therapies other than excimer laser and PDL therapy as treatment for psoriasis.
- **D2 Rating** - For treatment of psoriasis by laser therapy in adolescents or children. This Rating reflects the paucity of evidence for in this patient population.

A large number of controlled studies have evaluated laser therapy for psoriasis; however, these studies do not provide conclusive or consistent evidence that excimer laser, PDL, or other laser therapies are as effective as established therapies for psoriasis. Evidence suggests excimer laser is more effective than no treatment, and excimer laser plus certain topical medications may be more effective than medications alone. Evidence also suggests that excimer laser has similar efficacy as UVB phototherapy and PUVA. Evidence for PDL was less consistent, with conflicting findings regarding PDL versus no treatment. The remaining studies of PDL involved divergent comparisons and treatment protocols, thus data are difficult to interpret collectively. Only 2 studies utilized other laser types and they are insufficient to support conclusions. Evidence is limited by divergent comparisons and most studies enrolled fewer than 25 patients. Excimer and PDL therapy appear reasonably safe for treatment of psoriasis. Additional large, controlled studies are needed to establish the clinical role of laser therapy relative to accepted treatments for psoriasis (Hayes, 2022).

Rhytidectomy and Cervicoplasty

Rhytidectomy, also known as facelift, is a surgical procedure that aims to rejuvenate facial soft tissues to achieve a more youthful and harmonious appearance. A thorough understanding of anatomy, in particular the relationship of fascial planes to one another, is critical to the success of any surgery and the avoidance of complications. This is especially true in the face, where important structures are in close proximity and damage may alter the aesthetic appearance in a way that is not easily hidden or reversed. Cervicoplasty, or neck lift, is often performed at the same time as face lifting to achieve a balanced, rejuvenated appearance (Yang, Hohman, 2022).

Gynecomastia Surgery

Gynecomastia is a condition of overdeveloped or enlarged breasts in men that can occur at any age. The condition can be the result of hormonal changes, heredity, obesity or the use of certain drugs. Gynecomastia is characterized by excess localized fat, excess glandular tissue development, excess breast skin, and/or the presence of a unilateral or bilateral breasts. Patients who have completed puberty and have had persistent gynecomastia for more than a year are unlikely to have a full reversal of gynecomastia with medical treatment alone due to permanent fibrosis, and therefore are good candidates for surgery (ASPS, 2021). Gynecomastia surgery may be medically necessary when specific criteria are met. (Please refer to Highmark Wholecare medical policy “MP-052-MD-PA - Breast Reconstructive & Gynecomastia Surgery” for specific medical necessity guidelines.)

The ASPS recommends the following for adults with gynecomastia:

- Breast biopsy when malignancy is suspected
- Breast reduction due to pain and discomfort due to the distention and tightness from the hypertrophied breast
- Breast reduction for unilateral or bilateral grade III or IV gynecomastia present (per modified McKinney and Simon, Hoffman and Kohn scales) as prolonged presence of breast enlargement in the male patient leads to the development of periductal fibrosis and stromal hyalinization, preventing regression of breast tissue and causing pain and discomfort due to the distention and tightness from the hypertrophied breast.

Lipectomy

Abdominal lipectomy is performed by plastic surgeons to provide symptomatic, functional, and cosmetic relief for patients with excess abdominal tissue. The excess abdominal pannus may be the result of significant weight loss or may be due to obesity. Some patients are morbidly obese and have never lost any significant amount of weight, whereas others have lost a large amount of weight but by body mass index (BMI) are still considered obese. Still other patients are no longer obese because of weight loss due to either prior bariatric surgery or dietary changes and exercise. Comorbidities also are varied. Abdominal lipectomy, as is cosmetic abdominoplasty, is fraught with complications such as hematoma, infection, wound dehiscence, and skin loss. Reported complication rates range from 15% to 80% (Semer, Ho, Mills, et al., 2008).

Sclerotherapy for Spider Veins

Sclerotherapy is a minimally invasive procedure that treats varicose veins or telangiectatic dermal veins (i.e., spider veins). During sclerotherapy, a sclerosant is prepared in liquid injections, foam applications, or adhesive glue agents and injected into the targeted vein. The resulting inflammatory response obliterates the vessel lumen and leads to fibrosis and sclerosis of the vein; the body then absorbs the sclerotic tissue. Spider veins and reticular veins are small, red, purple, and blue vessels, easily visible through the skin. Spider veins are typically visible on the legs and face but are limited to the dermis. There is frequent confusion between varicose veins and spider veins, but they are actually two different vein disorders. Varicose veins are much larger in size and are much more swollen to the point of bulging and contorted blood vessels. In extreme cases, varicose veins can lead to thrombophlebitis (e.g., deep vein thrombosis) or intractable ulcerations, which are complications that are not caused by spider veins. As these small veins have not been demonstrated to cause symptoms, treatment of these small veins is considered cosmetic. Therefore, the treatment of lower extremity telangiectasias, reticular veins, and small varicose veins is a treatment of choice and purely cosmetic (MSAC, 2011; Scovell, 2019).

There are U.S. Food and Drug Administration (FDA) approved sclerosing agents for spider veins and reticular veins, including two of the most common ones, sodium tetradecyl sulfate (Sotradecol®) and polidocanol (Asclera®).

Female Genital Cosmetic Surgery

Female genital cosmetic surgery comprises numerous procedures, including labiaplasty, clitoral hood reduction, hymenoplasty, labia majora augmentation, vaginoplasty, and G-spot amplification. Lack of published studies and standardized nomenclature related to female genital cosmetic surgical procedures and their outcomes translates to a lack of clear information on incidence and prevalence and limited data on risks and benefits. Women should be informed about the lack of high-quality data that support the effectiveness of genital cosmetic surgical procedures and counseled about their potential complications, including pain, bleeding, infection, scarring, adhesions, altered sensation, dyspareunia, and need for reoperation. Surgery or procedures to alter sexual appearance or function (excluding procedures

performed for clinical indications) are not medically indicated, pose substantial risk, and their safety and effectiveness have not been established. (ACOG, 2023).

Abdominoplasty & Panniculectomy

When an abdominoplasty or panniculectomy are performed solely to enhance a patient's appearance in the absence of any signs or symptoms of functional abnormalities, the procedure should be considered cosmetic in nature and not a compensable procedure unless specified in the patient's policy. Panniculectomy should be considered a reconstructive procedure when performed to correct or relieve structural defects of the abdominal wall, improve skin health within the fold beneath the pannus, and/or help improve chronic low back pain due to functional incompetence of the anterior abdominal wall (ASPS, 2019). The work group recommends that post menarche female patients presenting with breast hypertrophy should be offered reduction mammoplasty surgery as first line therapy over non-operative therapy based solely on the presence of multiple symptoms rather than resection weight (ASPS, 2021).

Removal of Skin Lesions

The ASPS recommends that the removal of skin lesions is medically necessary for the following indications:

- Melanoma
- Basal cell carcinoma
- Squamous cell carcinoma,
- Carcinoma in situ of the skin
- Actinic Keratosis
- Skin neoplasms of uncertain behavior
- Lesions that are painful, bleeding, or itching
- Changing lesions of the skin including:
 - Enlarging or changing colors
 - Dyschromia (abnormal pigmentation of skin)
 - Obstructing an orifice
 - Restricting vision
 - Chronically irritated with evidence of: inflammation, purulence , oozing , edema, or erythema

Coding Requirements

Non-covered Procedure Codes

These procedure codes will not be reimbursed without Medical Director Approval.

CPT Code	Description
10040	Acne Surgery (e.g., marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)
11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions
11201	Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof (List separately in addition to code for primary procedure)
15271*	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq. cm; first 25 sq.cm or less wound surface area

15272*	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq. cm; each additional 25 sq. cm wound surface area, or part thereof (List separately in addition to code for primary procedure)
15769*	Grafting of autologous soft tissue, other, harvested by direct excision (e.g., fat, dermis, fascia)
15771*	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate
15772*	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof; (List separately in addition to code for primary procedure)
15775*	Punch graft for hair transplant; 1 to 15 punch grafts
15776*	Punch graft for hair transplant; more than 15 punch grafts
15777*	Implantation of biologic implant (e.g., acellular dermal matrix) for soft tissue reinforcement (i.e., breast, trunk) (List separately in addition to code for primary procedure)
15780*	Dermabrasion; total face (e.g., for acne scarring, fine wrinkling, rhytids, general keratosis)
15781*	Dermabrasion; segmental, face
15782*	Dermabrasion; regional, other than face
15783*	Dermabrasion; superficial, any site (e.g., tattoo removal)
15786	Abrasion; single lesion (e.g., keratosis, scar)
15787*	Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)
15788*	Chemical peel, facial; epidermal
15789*	Chemical peel, facial; dermal
15792*	Chemical peel, nonfacial; epidermal
15793*	Chemical peel, nonfacial; dermal
15819*	Cervicoplasty (neck lift)
15824*	Rhytidectomy; forehead (facelift)
15825*	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap) (facelift)
15826*	Rhytidectomy; glabellar frown lines (facelift)
15828*	Rhytidectomy; cheek, chin and neck (facelift)
15829*	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap (facelift)
15830*	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
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
15847*	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (e.g., abdominoplasty) (includes umbilical transposition and fascial plication)
15876*	Suction assisted lipectomy; head and neck
15877*	Suction assisted lipectomy; trunk
15878	Suction assisted lipectomy; upper extremity

15879	Suction assisted lipectomy; lower extremity
17110	Destruction (e.g., laser surgery, electrocautery, cryosurgery, chemosurgery, surgical curettement) of benign lesions; up to 14 lesions (except plantar warts)
17111	Destruction (e.g., laser surgery, electrocautery, cryosurgery, chemosurgery, surgical curettement) of benign lesions; up to 14 lesions (except plantar warts)
17340	Cryotherapy (CO2 slush, liquid N2) for acne
17360	Chemical exfoliation for acne (e.g., acne paste, acid)
17380*	Electrolysis epilation, each 30 minutes
19300*	Mastectomy for gynecomastia
21137*	Reduction forehead; contouring only
21138*	Reduction forehead; contouring and application of contouring material or bone graft (includes obtaining autograft)
21139*	Reduction forehead; contouring and setback of anterior frontal sinus wall
36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb and trunk
40500	Vermilionectomy (lip shave), with mucosal advancement
56442	Hymenotomy, simple incision
56700	Partial hymenectomy or revision of hymenal ring
56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)
58999*	Unlisted procedure, female genital system (non-obstetrical)
<i>Thermal Therapy (e.g., radiofrequency (ThermiVa and Viveve procedures) and laser) – no specific code</i>	
69090	Ear piercing
69300	Otoplasty, protruding ear, with or without size reduction
96900	Actinotherapy (ultraviolet light) (except eczema)

*Cosmetic procedure codes that are also addressed in separate individual policies

Reimbursement

Participating facilities will be reimbursed per their Highmark WholecareSM contract.

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