



CLINICAL MEDICAL POLICY	
Policy Name:	Cosmetic and Reconstructive Surgery (L35090)
Policy Number:	MP-080-MC-PA
Responsible Department(s):	Medical Management
Provider Notice/Issue Date:	07/01/2025; 07/01/2024; 07/01/2023; 08/01/2022; 07/16/2021; 07/20/2020; 08/12/2019
Effective Date:	08/01/2025; 08/01/2024; 08/01/2023; 09/01/2022; 09/20/2021; 08/17/2020; 08/12/2019
Next Annual Review:	06/2026
Revision Date:	06/18/2025; 06/19/2024; 06/21/2023; 06/15/2022; 06/16/2021; 06/17/2020
Products:	Pennsylvania Medicare Assured
Application:	All participating and nonparticipating practitioners and facilities unless contractually precluded
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Policy History

Date	Activity
08/01/2025	Provider Effective date
06/18/2025	QI/UM Committee review
06/18/2025	Annual Review: No changes to clinical criteria. Updated 'Reference Sources' section and CMS hyperlinks.
08/01/2024	Provider Effective date
06/19/2024	QI/UM Committee review
06/19/2024	Annual Review: No changes to clinical criteria. Updated 'Reference Sources' section.
08/01/2023	Provider Effective date
06/21/2023	QI/UM Committee review
06/21/2023	Annual Review: No changes to clinical criteria. Updated 'Summary of Literature' and 'Reference Sources' sections.
09/01/2022	Provider Effective date
06/15/2022	QI/UM Committee review
06/15/2022	Annual Review: No changes to clinical criteria. Updated CMS hyperlinks and Reference Sources.
09/20/2021	Provider Effective Date
06/16/2021	QI/UM Committee Review
06/16/2021	Annual Review: Implemented new Medicare policy format. Added Group 1, 3, 4, 5 and 6 for both CPT and ICD-10 codes per the LCA. Added CPT 15847 to Group 2/Lipectomy/Panniculectomy codes. Added diagnosis codes L98.7, R26.2, and Z74.09,

	and removed diagnosis code E65 for Group 2/Lipectomy/Panniculectomy codes. Added Z41.1 as code that does not support medical necessity. Removed CPT code 15877 per LCA.
08/17/2020	Provider effective date
06/17/2020	QI/UM Committee review
06/17/2020	Annual Review: No clinical criteria changes; removed hyperlinks; added information on panniculectomy under the Procedure section #1; updated Operational Guidelines and References.
08/12/2019	Provider effective date
06/19/2019	QI/UM Committee review
06/10/2019	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 may provide coverage under the medical-surgical benefits of the Company's Medicare products for medically necessary panniculectomy surgical procedure. This policy excludes coverage for abdominoplasty and lipectomy surgical procedures as the procedures are considered cosmetic.

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.

Procedures

1. Please review the specific National Coverage Determination (NCD) and/or Local Coverage Determination (LCD)/Local Coverage Article (LCA) information, as well as other CMS sources, using the links below.
2. 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.
3. Place of Service
Please refer to the NCD, LCD, LCA, or CMS guidelines for the place of service for reconstructive and cosmetic surgery.

Coverage Determination and Links

Highmark WholecareSM follows the coverage determinations made by CMS as outlined in either the NCD or the state-specific local carrier determination LCD.

CMS Link

- [CMS Website](#)

NCD/LCD Link

- NCD: There are no current NCDs related to this topic.
- LCD: [Cosmetic and Reconstructive Surgery \(L35090\)](#)

Article Link

- LCA: [Billing and Coding: Cosmetic and Reconstructive Surgery \(A56587\)](#)

Reference Sources

Centers for Medicare and Medicaid Services (CMS). Local Coverage Determination (LCD) Cosmetic and Reconstructive Surgery (L35090). Original Effective date October 1, 2015. Revision Effective date July 11, 2021. Accessed on May 22, 2025.

Centers for Medicare and Medicaid Services (CMS). Local Coverage Article (LCA) Billing and Coding: Cosmetic and Reconstructive Surgery (A56587). Original Effective date May 30, 2019. Revision Effective date January 1, 2025. Accessed on May 22, 2025.

Coding Requirements

Procedure Codes

Group 1 Code

Dermabrasion

CPT Code	Description
15781	Dermabrasion; segmental, face

Group 2 Codes

Abdominal Lipectomy/Panniculectomy

Note: CPT code **15847** is an add-on code that can only be used in conjunction with CPT code **15830**.

CPT Code	Description
15830	Excision, excessive skin and subcutaneous tissue; abdomen, infraumbilical panniculectomy
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen (e.g., abdominoplasty) (includes umbilical transposition and fascial plication)
15877	Suction assisted lipectomy; trunk

Group 3 Codes

Reconstructive Breast Surgery: Removal of Breast Implants

CPT Code	Description
19316	Mastopexy
19325	Breast augmentation with implant
19328	Removal of intact breast implant
19330	Removal of ruptured breast implant, including implant contents (e.g., saline, silicone gel)
19340	Insertion of breast implant on same day of mastectomy (ie, immediate)
19342	Insertion or replacement of breast implant on separate day from mastectomy
19350	Nipple/areola reconstruction
19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)
19361	Breast reconstruction; with latissimus dorsi flap
19364	Breast reconstruction; with free flap (e.g., fTRAM, DIEP, SIEA, GAP flap)
19367	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap
19368	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging)
19369	Breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous (TRAM) flap
19370	Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy
19371	Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents
19380	Revision of reconstructed breast (e.g., significant removal of tissue, re-advancement and/or re-inset of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)
19396	Preparation of moulage for custom breast implant

Group 4 Code:

Reduction Mammoplasty

CPT Code	Description
19318	Breast reduction

Group 5 Code:

Reduction Mammoplasty for Gynecomastia

Liposuction or ultrasonically assisted liposuction (**15877** suction assisted lipectomy; trunk) used for the treatment of gynecomastia is considered integral to the primary procedure and not covered.

CPT Code	Description
19300	Mastectomy for gynecomastia

Group 6 Codes:

Rhinoplasty/ Nasal Reconstructive Surgery

CPT 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)
30460	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only
30462	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies
30465	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)
30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)

Diagnosis Codes

Group 1 Code

The following ICD-10-CM code supports medical necessity and provides coverage for (CPT) code **15781 Dermabrasion**:

ICD-10 Code	Description
L71.1	Rhinophyma

Group 2 Codes

The following ICD-10-CM codes support medical necessity and provide coverage for (CPT) codes: **15830, 15847, and 15877 Abdominal Lipectomy/ Panniculectomy**:

ICD-10 Code	Description
L30.4*	Erythema intertrigo
L98.7*	Excessive and redundant skin and subcutaneous tissue
M79.3*	Panniculitis, unspecified
R26.2*	Difficulty in walking, not elsewhere classified
Z74.09*	Other reduced mobility

Note: Dual diagnosis reporting is required to support the service as medically reasonable and necessary. ICD-10 diagnosis codes **L98.7** or **M79.3** should be reported as the primary diagnosis with ICD-10 codes **L30.4, R26.2, or Z74.09** reported as the secondary diagnosis.

Group 3 Codes

The following ICD-10-CM codes support medical necessity and provide coverage for CPT codes **19316, 19325, 19328, 19330, 19340, 19342, 19350, 19357, 19361, 19364, 19367, 19368, 19369, 19370, 19371, 19380, 19396 Reconstructive Breast Surgery, Removal of Breast Implants**:

ICD-10 Code	Description
C50.011	Malignant neoplasm of nipple and areola, right female breast
C50.012	Malignant neoplasm of nipple and areola, left female breast
C50.021	Malignant neoplasm of nipple and areola, right male breast
C50.022	Malignant neoplasm of nipple and areola, left male breast

C50.111	Malignant neoplasm of central portion of right female breast
C50.112	Malignant neoplasm of central portion of left female breast
C50.121	Malignant neoplasm of central portion of right male breast
C50.122	Malignant neoplasm of central portion of left male breast
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast
C50.221	Malignant neoplasm of upper-inner quadrant of right male breast
C50.222	Malignant neoplasm of upper-inner quadrant of left male breast
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast
C50.321	Malignant neoplasm of lower-inner quadrant of right male breast
C50.322	Malignant neoplasm of lower-inner quadrant of left male breast
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast
C50.421	Malignant neoplasm of upper-outer quadrant of right male breast
C50.422	Malignant neoplasm of upper-outer quadrant of left male breast
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast
C50.521	Malignant neoplasm of lower-outer quadrant of right male breast
C50.522	Malignant neoplasm of lower-outer quadrant of left male breast
C50.611	Malignant neoplasm of axillary tail of right female breast
C50.612	Malignant neoplasm of axillary tail of left female breast
C50.621	Malignant neoplasm of axillary tail of right male breast
C50.622	Malignant neoplasm of axillary tail of left male breast
C50.811	Malignant neoplasm of overlapping sites of right female breast
C50.812	Malignant neoplasm of overlapping sites of left female breast
C50.821	Malignant neoplasm of overlapping sites of right male breast
C50.822	Malignant neoplasm of overlapping sites of left male breast
C79.2	Secondary malignant neoplasm of skin
C79.81	Secondary malignant neoplasm of breast
D05.01	Lobular carcinoma in situ of right breast
D05.02	Lobular carcinoma in situ of left breast
D05.11	Intraductal carcinoma in situ of right breast
D05.12	Intraductal carcinoma in situ of left breast
D05.81	Other specified type of carcinoma in situ of right breast
D05.82	Other specified type of carcinoma in situ of left breast
D24.1	Benign neoplasm of right breast
D24.2	Benign neoplasm of left breast
D48.61	Neoplasm of uncertain behavior of right breast
D48.62	Neoplasm of uncertain behavior of left breast
N65.0	Deformity of reconstructed breast
N65.1	Disproportion of reconstructed breast
T85.41XA	Breakdown (mechanical) of breast prosthesis and implant, initial encounter

T85.42XA	Displacement of breast prosthesis and implant, initial encounter
T85.43XA	Leakage of breast prosthesis and implant, initial encounter
T85.44XA	Capsular contracture of breast implant, initial encounter
T85.49XA	Other mechanical complication of breast prosthesis and implant, initial encounter
T85.79XA	Infection and inflammatory reaction due to other internal prosthetic devices, implants and grafts, initial encounter
Z42.1	Encounter for breast reconstruction following mastectomy
Z45.811	Encounter for adjustment or removal of right breast implant
Z45.812	Encounter for adjustment or removal of left breast implant
Z48.3	Aftercare following surgery for neoplasm
Z85.3	Personal history of malignant neoplasm of breast
Z98.82	Breast implant status

Group 4 Codes

The following ICD-10-CM codes support medical necessity and provide coverage for (CPT) code **19318 reduction mammoplasty and gigantomastia of pregnancy:**

ICD-10 Code	Description
L26*	Exfoliative dermatitis
L30.4*	Erythema intertrigo
L53.8*	Other specified erythematous conditions
L54*	Erythema in diseases classified elsewhere
M25.511*	Pain in right shoulder
M25.512*	Pain in left shoulder
M53.1*	Cervicobrachial syndrome
M54.2*	Cervicalgia
M54.6*	Pain in thoracic spine
M54.89*	Other dorsalgia
N62	Hypertrophy of breast
N64.1*	Fat necrosis of breast
N64.4*	Mastodynia
N64.81*	Ptosis of breast
N65.1	Disproportion of reconstructed breast
O91.211*	Nonpurulent mastitis associated with pregnancy, first trimester
O91.212*	Nonpurulent mastitis associated with pregnancy, second trimester
O91.213*	Nonpurulent mastitis associated with pregnancy, third trimester
R21*	Rash and other nonspecific skin eruption
Z42.1*	Encounter for breast reconstruction following mastectomy
Z42.8*	Encounter for other plastic and reconstructive surgery following medical procedure or healed injury
Z85.3*	Personal history of malignant neoplasm of breast

***Note:** The primary diagnosis code **N62** must be billed with one of the diagnosis codes listed in Group 4 Codes as a secondary code for reduction mammoplasty.

Note: Diagnosis code **N65.1** may be used as a standalone code when billing for surgery on the unaffected breast to restore symmetry following breast cancer surgery on the contralateral breast.

Group 5 Code

The following ICD-10-CM code supports medical necessity and provides coverage for (CPT) code 19300

Mastectomy for Gynecomastia:

ICD-10 Code	Description
N62	Hypertrophy of breast

Group 6 Codes

The following ICD-10-CM codes support medical necessity and provide coverage for CPT codes 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462 and 30468 Rhinoplasty/Reconstructive Nasal

Surgery:

ICD-10 Code	Description
C30.0	Malignant neoplasm of nasal cavity
C41.0	Malignant neoplasm of bones of skull and face
C43.31	Malignant melanoma of nose
C43.39	Malignant melanoma of other parts of face
C44.311	Basal cell carcinoma of skin of nose
C44.319	Basal cell carcinoma of skin of other parts of face
C44.321	Squamous cell carcinoma of skin of nose
C44.329	Squamous cell carcinoma of skin of other parts of face
C44.391	Other specified malignant neoplasm of skin of nose
C44.399	Other specified malignant neoplasm of skin of other parts of face
C76.0	Malignant neoplasm of head, face and neck
D03.39	Melanoma in situ of other parts of face
D04.30	Carcinoma in situ of skin of unspecified part of face
D14.0	Benign neoplasm of middle ear, nasal cavity and accessory sinuses
D16.4	Benign neoplasm of bones of skull and face
D22.39	Melanocytic nevi of other part of face
D23.39	Other benign neoplasm of skin of other parts of face
J32.0	Chronic maxillary sinusitis
J32.1	Chronic frontal sinusitis
J32.2	Chronic ethmoidal sinusitis
J32.3	Chronic sphenoidal sinusitis
J32.4	Chronic pansinusitis
J34.0	Abscess, furuncle and carbuncle of nose
J34.1	Cyst and mucocele of nose and nasal sinus
J34.2	Deviated nasal septum
J34.89	Other specified disorders of nose and nasal sinuses
Q30.0	Choanal atresia
Q30.8	Other congenital malformations of nose
Q35.1	Cleft hard palate
Q35.3	Cleft soft palate
Q35.5	Cleft hard palate with cleft soft palate
Q35.7	Cleft uvula

Q36.0	Cleft lip, bilateral
Q36.1	Cleft lip, median
Q36.9	Cleft lip, unilateral
Q37.0	Cleft hard palate with bilateral cleft lip
Q37.1	Cleft hard palate with unilateral cleft lip
Q37.2	Cleft soft palate with bilateral cleft lip
Q37.3	Cleft soft palate with unilateral cleft lip
Q37.4	Cleft hard and soft palate with bilateral cleft lip
Q37.5	Cleft hard and soft palate with unilateral cleft lip
Q67.0	Congenital facial asymmetry
Q67.1	Congenital compression facies
Q67.4	Other congenital deformities of skull, face and jaw
S02.2XXA	Fracture of nasal bones, initial encounter for closed fracture
S02.2XXB	Fracture of nasal bones, initial encounter for open fracture

ICD-10 Code that DO NOT Support Medical Necessity

ICD-10 Code	Description
Z41.1	Encounter for cosmetic surgery

Reimbursement

Participating facilities will be reimbursed per their Highmark WholecareSM contract.