



Medica Central Coverage Policy

Policy Name: Reconstructive and Cosmetic Health Services MP9804

Effective Date: 01/01/2026

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica Central plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage.

Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Provider Service Center. Please use the Quick Reference Guide on the Provider Communications page for the appropriate phone number. <https://mo-central.medica.com/Providers/SSM-employee-health-plan-for-IL-MO-OK-providers>

Medica Central coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment.

Coverage Policy

I. Reconstructive services:

A procedure is considered **reconstructive and medically necessary** when **all of the following** criteria are met:

1. There is documentation that a physical abnormality and/or physiological abnormality is causing a **functional impairment** that requires correction as it has resulted in either, significant disability that interferes with activities of daily living or exacerbation of a medical condition.
2. The proposed treatment is deemed likely to significantly improve or restore the individual's physiological function and/or correct a physical abnormality resulting in a functional defect from **one or more** of the following:
 - a. Accidental injury,
 - b. Trauma,
 - c. Disease,
 - d. Previous surgery, or
 - e. Congenital malformations when likely to cause future physiologic impairment; and
3. The proposed treatment **is not investigative**.
4. The primary purpose for the procedure is **not cosmetic**. The fact that physical appearance may change or improve as a result does not necessarily classify such surgery as cosmetic, as long as other criteria are met (i.e., functional defect, disability, exacerbation of medical condition).

Examples of **reconstructive procedures** that are usually considered medically

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necessary include, but are not limited to:

- Reconstruction or repair of congenital anomalies.
- Reconstruction of anybody member if absent or deformed as a result of trauma, disease or covered therapeutic processes.
- Revision or treatment of complications of procedures originally considered "cosmetic" if such treatment is not done for purely cosmetic reasons.
- Removal of traumatic or therapeutic tattoos.
- Dermabrasion or chemical peel for severe acne scarring.
- Revision of scars secondary to congenital deformity, injury, tumor, or disease, whether symptomatic or not.
- Skin tag removal when located in an area of friction with documentation of repeated irritation and bleeding.
- Rhytidectomy for correction of functional impairment (e.g., facial paralysis, trauma, or congenital defects of any body part)
- Strabismus surgery regardless of the age of the member or date of origin of the condition. Also, subsequent surgical corrections required to obtain the desired results.
- Lip surgery for neoplasm or trauma.
- Lipomas if 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.
- Pectus Excavatum/Carinatum: Surgical repair of a significant pectus excavatum with either an open or a minimally invasive approach (Nuss procedure) is reconstructive for individuals with either of the following:
 1. A Haller index (pectus severity index) of greater than or equal to 3.2; or
 2. A Pectus Correction Index (PCI, also referred to as the Correction Index) of greater than or equal to 28%.
 3. Cardiopulmonary impairment (such as decreased cardiac output and/or abnormal pulmonary function during exercise, asthma, or frequent lower respiratory infections).

Surgical repair of a significant *pectus carinatum* is considered **reconstructive** for individuals with a Haller index (pectus severity index) of less than or equal to 2.0.

Surgical repair of *pectus excavatum* or *carinatum* is considered **cosmetic and not medically necessary** when the criteria above have not been met.

II. Cosmetic services:

Services and procedures that improve physical appearance but do not correct or improve a physiological function are **cosmetic**, therefore **not covered**, unless there is documentation that the service or procedure meets the above definition of reconstructive.

In the absence of appropriate documentation, the following procedures are **cosmetic and not covered**:

1. Revision or treatment of complications, procedures or conditions that were originally considered cosmetic and revision is performed for purely aesthetic purposes.

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2. Excision or treatment of decorative or self-induced tattoos.
3. Chemical peel or dermabrasion of face or other areas for wrinkling or pigmentation.
4. Rhytidectomy solely for aging skin (e.g., buttock and thigh lifts; neck tucks).
5. Excision or correction of frown lines (e.g., glabellar).
6. Revision of vaccination scars.
7. Insertion or injection of prosthetic material (i.e., collagen implant (Zyderm), poly-L-lactic acid dermal injection (Sculptra), calcium hydroxylapatite dermal injection (Radiesse)) to replace absent adipose tissue (e.g., cellulite).
8. Hairplasty (any type) for male pattern alopecia (male or female member).
9. Electrolysis or laser hair removal for hirsutism.
10. Lipectomy by any method when performed for any diagnosis other than moderate to severe lipedema or lymphedema refractory to standard conservative treatment.
11. Ear or other body piercing.
12. Buttock lift or augmentation.
13. Chin implant (genioplasty, mentoplasty).
14. Excision of excessive skin of thigh (thigh lift, thighplasty), leg, hip, buttock, arm (arm lift, brachioplasty), fore-arm or hand, submental fat pad, or other areas.
15. Eyebrow/eyelash tattooing.
16. Removal of spider angiomas.
17. Salabrasion.
18. Surgical depigmentation (e.g., laser treatment) of nevus of Ito or Ota (benign pigmented skin lesions).
19. Benign Skin Lesions with minimal risk of malignant transformation. Includes, but not limited to any of the following:
 - Acne (glands and hair follicles plugged with oil and dead skin cells)
 - Acquired or small (<1.5cm) congenital nevi (pigmented mole on skin)
 - Acrochordons (skin tags)
 - Cherry angioma (capillary proliferations)
 - Dermatofibroma (subcutaneous tissue lesion)
 - Epidermoid cysts (“sebaceous” cysts, epidermal inclusion cysts)
 - Erythematotelangiectatic rosacea (transient flushing, persistent central facial erythema, and telangiectasias)
 - Hemangioma (superficial or deep proliferation of blood vessels)
 - Keloids (excessive tissue growth)
 - Lipoma (mature fat cells enclosed by thin fibrous capsules)
 - Neurofibroma (cutaneous or subcutaneous nerve sheath tumor that forms soft bumps on or
 - under the skin)

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- Nevus flammeus (port-wine stain)
- Nevus simplex (macular stain)
- Pyogenic granuloma (capillary hemangioma characterized by rapid growth and friable surface)
- Pilomatricoma/Pilomatrixoma (nodules/papules associated with hair follicles)
- Seborrheic keratosis (“senile wart”)
- Telangiectasia (dilation of small blood vessels)
- Trichodermal cyst / Trichilemmal cyst / Pilar cyst is located in the dermis and is a slow-growing subcutaneous node that originates from the outer hair root sheath. It resembles epidermoid cysts and is commonly found on the scalp.

Note: See also related utilization management and coverage policies (may not be all inclusive):

1. *Abdominoplasty/ Panniculectomy MP9646 (III-SUR.13)*
2. *Blepharoplasty-Blepharoptosis Repair and Brow Lift MP9664 (III-SUR.29)*
3. *Breast Implant Removal, Revision, or Reimplantation MP9580 (III-SUR.11)*
4. *Female Breast Reduction Surgery – Reduction MammoplastyMP9582 (III-SUR.27)*
5. *Foot Care MP9656*
6. *Gender Affirmation Procedures MP9642 (III-SUR.20)*
7. *Light Treatment and Laser Therapies for Benign Dermatologic Conditions MP9057*
8. *Liposuction for Lymphedema or Lipedema MP9650*
9. *Male Gynecomastia Surgery MP9581 (III-SUR.31)*
10. *Orthognathic Surgery MP9651 (III-SUR.32)*
11. *Otoplasty MP9647 (III-SUR.33)*
12. *Rhinoplasty Procedure With or Without Septoplasty MP9648 (III-SUR.04)*
13. *Scar Revision MP9649*
14. *Varicose Vein and Venous Insufficiency Treatments of the Lower Extremities.MP9241 (III-SUR.26)*

Description

Reconstructive procedures treat a physical and/or physiological abnormality related to an injury, illness, development abnormality, or congenital anomaly to improve or restore physiologic function. Whereas Cosmetic procedures are performed to reshape or enhance appearance without improving physiological function (ASPS, 2023).

Cosmetic Procedures are generally not covered. However, many cosmetic surgical procedures may be performed for medical, rather than cosmetic, reasons. The etiology of the underlying condition for which the surgery is performed, rather than the type of procedure, is the factor which determines benefit eligibility.

Definitions:

- **Cosmetic:** Services and procedures that improve an individual’s physical appearance but do not correct or improve physiological functions. The service may be surgical or nonsurgical, but is intended to reshape normal structures of the body in order to enhance appearance and self-esteem, rather than to correct a specific functional deficit.
- **Reconstructive:** Surgery or other procedures to rebuild or correct a:
 1. Body part when such surgery is incidental to or following surgery resulting from injury,

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sickness, or disease of the involved body part; or

2. Congenital disease or anomaly which has resulted in a functional defect.

Reconstructive services are intended primarily to restore function or to correct deformities. The proposed reconstructive service must be of proven efficacy; and deemed likely to significantly improve or restore functional ability of the involved part of the body.

- **Functional or Physical Impairment:** A Functional or Physical or physiological Impairment causes deviation from the normal function of a tissue or organ. This results in a significantly limited, impaired, or delayed capacity to move, coordinate actions, or perform physical activities and is exhibited by difficulties in one or more of the following areas: physical and motor tasks; independent movement; performing basic life functions (Medicare, 2023).
- **Traumatic tattoos:** These are caused by accidental embedding of materials like dirt, asphalt, or pencil lead into the skin, often from accidents or falls.
- **Therapeutic tattoos:** These are tattoos intentionally placed for medical reasons, such as radiation therapy tattoos that mark a patient's skin for cancer treatment.
- **Benign Skin Lesions:** These are lesions with minimal risk of malignant transformation and commonly require no intervention in a majority of individuals.
- **Restorative.** Surgery to rebuild or correct a physical defect that has a direct adverse effect on the physical health of a body part, and for which the restoration or correction is **medically necessary**.

FDA Approval

Many cosmetic and reconstructive interventions are surgical procedures and are not subject to FDA approval. However, devices and instruments used during the procedures may require FDA approval. Refer to the following website for additional information:

<http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmn.cfm>.

Prior Authorization

Prior authorization is required for services addressed by a Medica Utilization Management Policy. Other services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes

CPT Codes

- **0419T** Destruction neurofibroma, extensive, (cutaneous, dermal extending into subcutaneous); face, head and neck, greater than 50 neurofibroma
- **0420T** Destruction neurofibroma, extensive, (cutaneous, dermal extending into subcutaneous); trunk and extremities, extensive, greater than 100 neurofibroma
- **11055** Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); single lesion
- **11056** Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); 2 to 4 lesions

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CPT Codes

- **11057** Paring or cutting of benign hyperkeratotic lesion (eg, corn or callus); more than 4 lesions
- **11920** Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less
- **11921** Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm
- **11922** Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (List separately in addition to code for primary procedure)
- **Q2028** Injection, sculptra, 0.5 mg
- **11950** Subcutaneous injection of filling material (e.g., collagen); 1 cc or less
- **11951** Subcutaneous injection of filling material (e.g., collagen); 1.1 to 5.0 cc
- **11952** Subcutaneous injection of filling material (e.g., collagen); 5.1 to 10.0 cc
- **11954** Subcutaneous injection of filling material (e.g., collagen); over 10.0 cc
- **15775** Punch graft for hair transplant; 1 to 15 punch grafts
- **15776** Punch graft for hair transplant; more than 15 punch grafts
- **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
- **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
- **17106** Destruction of cutaneous vascular proliferative lesions (eg, laser technique); less than 10 sq cm
- **17107** Destruction of cutaneous vascular proliferative lesions (eg, laser technique); 10.0



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CPT Codes

to 50.0 sq cm

- **17108** Destruction of cutaneous vascular proliferative lesions (eg, laser technique); over 50.0 sq cm
- **17360** Chemical exfoliation for acne(eg, acne paste, acid)
- **17360** Electrolysis epilation, each 30 minutes
- **21270** Malar augmentation, prosthetic material
- **69090** Ear piercing
- **69300** Otoplasty, protruding ear, with or without size reduction

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Administrative Update:

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