

Local Coverage Article: Billing and Coding: Cosmetic and Reconstructive Surgery (A56587)

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Novitas Solutions, Inc.	A and B MAC	04111 - MAC A	J - H	Colorado
Novitas Solutions, Inc.	A and B MAC	04112 - MAC B	J - H	Colorado
Novitas Solutions, Inc.	A and B MAC	04211 - MAC A	J - H	New Mexico
Novitas Solutions, Inc.	A and B MAC	04212 - MAC B	J - H	New Mexico
Novitas Solutions, Inc.	A and B MAC	04311 - MAC A	J - H	Oklahoma
Novitas Solutions, Inc.	A and B MAC	04312 - MAC B	J - H	Oklahoma
Novitas Solutions, Inc.	A and B MAC	04411 - MAC A	J - H	Texas
Novitas Solutions, Inc.	A and B MAC	04412 - MAC B	J - H	Texas
Novitas Solutions, Inc.	A and B MAC	04911 - MAC A	J - H	Colorado New Mexico Oklahoma Texas
Novitas Solutions, Inc.	A and B MAC	07101 - MAC A	J - H	Arkansas
Novitas Solutions, Inc.	A and B MAC	07102 - MAC B	J - H	Arkansas
Novitas Solutions, Inc.	A and B MAC	07201 - MAC A	J - H	Louisiana
Novitas Solutions, Inc.	A and B MAC	07202 - MAC B	J - H	Louisiana
Novitas Solutions, Inc.	A and B MAC	07301 - MAC A	J - H	Mississippi
Novitas Solutions, Inc.	A and B MAC	07302 - MAC B	J - H	Mississippi
Novitas Solutions, Inc.	A and B MAC	12101 - MAC A	J - L	Delaware
Novitas Solutions, Inc.	A and B MAC	12102 - MAC B	J - L	Delaware
Novitas Solutions, Inc.	A and B MAC	12201 - MAC A	J - L	District of Columbia
Novitas Solutions, Inc.	A and B MAC	12202 - MAC B	J - L	District of Columbia
Novitas Solutions, Inc.	A and B MAC	12301 - MAC A	J - L	Maryland
Novitas Solutions, Inc.	A and B MAC	12302 - MAC B	J - L	Maryland
Novitas Solutions, Inc.	A and B MAC	12401 - MAC A	J - L	New Jersey
Novitas Solutions, Inc.	A and B MAC	12402 - MAC B	J - L	New Jersey
Novitas Solutions, Inc.	A and B MAC	12501 - MAC A	J - L	Pennsylvania
Novitas Solutions, Inc.	A and B MAC	12502 - MAC B	J - L	Pennsylvania

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Novitas Solutions, Inc.	A and B MAC	12901 - MAC A	J - L	Delaware District of Columbia Maryland New Jersey Pennsylvania

Article Information

General Information

Article ID

A56587

Original Effective Date

05/30/2019

Article Title

Billing and Coding: Cosmetic and Reconstructive Surgery

Revision Effective Date

01/01/2020

Article Type

Billing and Coding

Revision Ending Date

N/A

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Retirement Date

N/A

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CMS National Coverage Policy

N/A

Article Guidance

Article Text:

This article provides billing and coding information for the Novitas Local Coverage Determination (LCD) L35090, Cosmetic and Reconstructive Surgery. Please refer to the LCD for reasonable and necessary requirements.

The Current Procedural Terminology (CPT)/Healthcare Common Procedure Coding System (HCPCS) code(s) may be subject to National Correct Coding Initiative (NCCI) edits. This information does not take precedence over NCCI edits. Please refer to NCCI for correct coding guidelines and specific applicable code combinations prior to billing Medicare.

Coding Information

Laser hair removal services should be submitted with CPT code 17999, unlisted procedure, skin, mucous membrane and subcutaneous tissue.

Coding Information

CPT/HCPCS Codes	
Group 1 Paragraph:	
Note: Providers are reminded to refer to the long descriptors of the CPT codes in their CPT book.	
Group 1 Codes:	
CODE	DESCRIPTION
15780	Dermabrasion total face
15781	Dermabrasion segmental face

CODE	DESCRIPTION
15782	Dermabrasion other than face
15783	Dermabrasion suprfl any site

Group 2 Paragraph:

Abdominal Lipectomy/Panniculectomy

Group 2 Codes:

CODE	DESCRIPTION
15830	Exc skin abd
15847	Exc skin abd add-on

Group 3 Paragraph:

Reconstructive Breast Surgery: Removal of Breast Implants

Group 3 Codes:

CODE	DESCRIPTION
19316	Suspension of breast
19324	Enlarge breast
19325	Enlarge breast with implant
19328	Removal of breast implant
19330	Removal of implant material
19340	Immediate breast prosthesis
19342	Delayed breast prosthesis
19350	Breast reconstruction
19355	Correct inverted nipple(s)
19357	Breast reconstruction
19361	Breast reconstr w/lat flap
19364	Breast reconstruction
19366	Breast reconstruction
19367	Breast reconstruction
19368	Breast reconstruction
19369	Breast reconstruction
19370	Surgery of breast capsule
19371	Removal of breast capsule

CODE	DESCRIPTION
19380	Revise breast reconstruction
19396	Design custom breast implant

Group 4 Paragraph:

Reduction Mammoplasty

Group 4 Codes:

CODE	DESCRIPTION
19318	Reduction of large breast

Group 5 Paragraph:

Reduction Mammoplasty for Gynecomastia

Group 5 Codes:

CODE	DESCRIPTION
19300	Removal of breast tissue

Group 6 Paragraph:

Rhinoplasty

Group 6 Codes:

CODE	DESCRIPTION
30400	Reconstruction of nose
30410	Reconstruction of nose
30420	Reconstruction of nose
30430	Revision of nose
30435	Revision of nose
30450	Revision of nose
30460	Revision of nose
30462	Revision of nose

Group 7 Paragraph:

Tattooing

Group 7 Codes:

CODE	DESCRIPTION
11920	Correct skin color 6.0 cm/<

CODE	DESCRIPTION
11921	Correct skn color 6.1-20.0cm
11922	Correct skin color ea 20.0cm

Group 8 Paragraph:

Punch Graft Hair Transplant

Group 8 Codes:

CODE	DESCRIPTION
15775	Hair trnspl 1-15 punch grfts
15776	Hair trnspl >15 punch grafts

CPT/HCPCS Modifiers

N/A

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

Medicare is establishing the following limited coverage for **CPT codes 15780, 15781, 15782 and 15783:**

Covered for dermabrasion:

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
L71.0	Perioral dermatitis
L71.1	Rhinophyma
L71.8	Other rosacea
L71.9	Rosacea, unspecified

Group 2 Paragraph:

Medicare is establishing the following limited coverage for **CPT codes 15830 and 15847:**

Covered for abdominal lipectomy/panniculectomy:

Group 2 Codes:

ICD-10 CODE	DESCRIPTION
E65	Localized adiposity
L30.4	Erythema intertrigo
M79.3	Panniculitis, unspecified

Group 3 Paragraph:

Medicare is establishing the following limited coverage for **CPT codes 19316, 19324, 19325, 19328, 19330, 19340, 19342, 19350, 19355, 19357, 19361, 19364, 19366, 19367, 19368, 19369, 19370, 19371, 19380, 19396:**

Covered for reconstructive breast surgery:

Group 3 Codes:

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

ICD-10 CODE	DESCRIPTION
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
C50.911	Malignant neoplasm of unspecified site of right female breast
C50.912	Malignant neoplasm of unspecified site of left female breast
C50.921	Malignant neoplasm of unspecified site of right male breast
C50.922	Malignant neoplasm of unspecified site of left male breast
C79.2	Secondary malignant neoplasm of skin
C79.81	Secondary malignant neoplasm of breast
D04.5	Carcinoma in situ of skin of trunk
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
D05.91	Unspecified type of carcinoma in situ of right breast
D05.92	Unspecified type of carcinoma in situ of left breast
D24.1	Benign neoplasm of right breast
D24.2	Benign neoplasm of left breast
D24.9	Benign neoplasm of unspecified breast
D48.60	Neoplasm of uncertain behavior of unspecified breast
D48.61	Neoplasm of uncertain behavior of right breast
D48.62	Neoplasm of uncertain behavior of left breast

ICD-10 CODE	DESCRIPTION
D49.3	Neoplasm of unspecified behavior of breast
N65.0	Deformity of reconstructed breast
N65.1	Disproportion of reconstructed breast
T85.41XA - T85.41XS	Breakdown (mechanical) of breast prosthesis and implant, initial encounter - Breakdown (mechanical) of breast prosthesis and implant, sequela
T85.42XA - T85.42XS	Displacement of breast prosthesis and implant, initial encounter - Displacement of breast prosthesis and implant, sequela
T85.43XA - T85.43XS	Leakage of breast prosthesis and implant, initial encounter - Leakage of breast prosthesis and implant, sequela
T85.44XA - T85.44XS	Capsular contracture of breast implant, initial encounter - Capsular contracture of breast implant, sequela
T85.49XA - T85.49XS	Other mechanical complication of breast prosthesis and implant, initial encounter - Other mechanical complication of breast prosthesis and implant, sequela
T85.79XA - T85.79XS	Infection and inflammatory reaction due to other internal prosthetic devices, implants and grafts, initial encounter - Infection and inflammatory reaction due to other internal prosthetic devices, implants and grafts, sequela
Z15.01	Genetic susceptibility to malignant neoplasm of breast
Z44.31	Encounter for fitting and adjustment of external right breast prosthesis
Z44.32	Encounter for fitting and adjustment of external left breast prosthesis
Z45.811	Encounter for adjustment or removal of right breast implant
Z45.812	Encounter for adjustment or removal of left breast implant
Z45.819	Encounter for adjustment or removal of unspecified breast implant
Z48.3	Aftercare following surgery for neoplasm
Z80.3	Family history of malignant neoplasm of breast
Z85.3	Personal history of malignant neoplasm of breast
Z90.11	Acquired absence of right breast and nipple
Z90.12	Acquired absence of left breast and nipple
Z90.13	Acquired absence of bilateral breasts and nipples
Z98.82	Breast implant status

Group 4 Paragraph:

Medicare is establishing the following limited coverage for **CPT code 19318**:

Covered for reduction mammoplasty:

REQUIRES CODE N62 AND ONE OF THE OTHER CODES LISTED IN THE FOLLOWING CODE GROUP.

Group 4 Codes:

ICD-10 CODE	DESCRIPTION
L26	Exfoliative dermatitis
L30.4	Erythema intertrigo
L54	Erythema in diseases classified elsewhere
L95.1	Erythema elevatum diutinum
L98.2	Febrile neutrophilic dermatosis [Sweet]
M25.511	Pain in right shoulder
M25.512	Pain in left shoulder
M54.2	Cervicalgia
M54.6	Pain in thoracic spine
M54.9	Dorsalgia, unspecified
N62	Hypertrophy of breast
N64.1	Fat necrosis of breast
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
Z48.3*	Aftercare following surgery for neoplasm

Group 4 Medical Necessity ICD-10 Codes Asterisk Explanation:

***Note:** Use Z48.3 to indicate a mastopexy to reduce the size of a normal breast to bring it into symmetry with a breast reconstructed after cancer surgery. When reporting Z48.3 it is not necessary to report N62.

Group 5 Paragraph:

Medicare is establishing the following limited coverage for **CPT codes 19300:**

Reduction Mastopexy for Gynecomastia:

Group 5 Codes:

ICD-10 CODE	DESCRIPTION
N62	Hypertrophy of breast

Group 6 Paragraph:

Medicare is establishing the following limited coverage for **CPT codes 30400, 30410, 30420, 30430, 30435, 30450, 30460 and 30462:**

Covered for rhinoplasty:**Group 6 Codes:**

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
C44.301	Unspecified malignant neoplasm of skin of nose
C44.309	Unspecified malignant neoplasm of skin 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
D22.30	Melanocytic nevi of unspecified part of face
D23.30	Other benign neoplasm of skin of unspecified part 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

ICD-10 CODE	DESCRIPTION
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
Q37.8	Unspecified cleft palate with bilateral cleft lip
Q37.9	Unspecified cleft palate with unilateral cleft lip
Q67.0	Congenital facial asymmetry
Q67.1	Congenital compression facies
Q67.2	Dolichocephaly
Q67.3	Plagiocephaly
Q67.4	Other congenital deformities of skull, face and jaw
R04.0	Epistaxis
R09.81	Nasal congestion
S02.2XXA	Fracture of nasal bones, initial encounter for closed fracture
S02.2XXB	Fracture of nasal bones, initial encounter for open fracture
S02.2XXD	Fracture of nasal bones, subsequent encounter for fracture with routine healing
S02.2XXG	Fracture of nasal bones, subsequent encounter for fracture with delayed healing
S02.2XXK	Fracture of nasal bones, subsequent encounter for fracture with nonunion
S02.2XXS	Fracture of nasal bones, sequela

Group 7 Paragraph:

Medicare is establishing the following limited coverage for **CPT codes 11920-11922**

Group 7 Codes:

ICD-10 CODE	DESCRIPTION
L81.8	Other specified disorders of pigmentation
L81.9	Disorder of pigmentation, unspecified

Group 8 Paragraph:

Medicare is establishing the following limited coverage for **CPT codes 15775 and 15776**

Group 8 Codes:

ICD-10 CODE	DESCRIPTION
T20.06XA - T20.06XS	Burn of unspecified degree of forehead and cheek, initial encounter - Burn of unspecified degree of forehead and cheek, sequela
T20.16XA - T20.16XS	Burn of first degree of forehead and cheek, initial encounter - Burn of first degree of forehead and cheek, sequela
T20.26XA - T20.26XS	Burn of second degree of forehead and cheek, initial encounter - Burn of second degree of forehead and cheek, sequela
T20.36XA - T20.36XS	Burn of third degree of forehead and cheek, initial encounter - Burn of third degree of forehead and cheek, sequela
Z48.89*	Encounter for other specified surgical aftercare

Group 8 Medical Necessity ICD-10 Codes Asterisk Explanation:

***Note:** Use Z48.89 to report punch graft procedures performed for eyebrow replacement due to removal of tumor.

ICD-10 Codes that DO NOT Support Medical Necessity**Group 1 Paragraph:**

All those not listed under the "ICD-10 Codes that Support Medical Necessity" section of this article.

Group 1 Codes:

ICD-10 CODE	DESCRIPTION
XX000	Not Applicable

Additional ICD-10 Information

N/A

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

CODE	DESCRIPTION
013x	Hospital Outpatient
071x	Clinic - Rural Health
073x	Clinic - Freestanding
077x	Clinic - Federally Qualified Health Center (FQHC)
083x	Ambulatory Surgery Center
085x	Critical Access Hospital

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

Note: The contractor has identified the Bill Type and Revenue Codes applicable for use with the CPT/HCPCS codes included in this article. Providers are reminded that not all CPT/HCPCS codes listed can be billed with all Bill Type and/or Revenue Codes listed. CPT/HCPCS codes are required to be billed with specific Bill Type and Revenue Codes. Providers are encouraged to refer to the CMS Internet-Only Manual (IOM) Publication 100-04, *Medicare Claims Processing Manual*, for further guidance.

CODE	DESCRIPTION
036X	Operating Room Services - General Classification
045X	Emergency Room - General Classification
049X	Ambulatory Surgical Care - General Classification
051X	Clinic - General Classification
052X	Freestanding Clinic - General Classification
076X	Specialty Services - General Classification

Other Coding Information

N/A

Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
01/01/2020	R3	Article revised and published on 01/16/2020 effective for dates of service on and after 01/01/2020 to reflect the annual CPT/HCPCS code updates. CPT code 19300 has been added to the CPT Code group 5 and to the corresponding ICD-10 code group 5 with diagnosis code N62. This addition was made in response to the CPT update instructing to use CPT code 19300 for gynecomastia consistent with the related LCD indications. As a result of the addition the code groups have been renumbered. Notes from ICD-10 Code groups 4 and 8 have been placed at the bottom of the code group tables and asteriks have been added to the applicable codes in those groups.
11/07/2019	R2	Article revised and published on 11/07/2019. Consistent with CMS Change Request 10901, all coding information from the related LCD has been placed into this article. Due to system changes, the order of the Coding Section has been revised and new sections for CPT/HCPCS Modifiers and Other Coding Information have been added.
06/27/2019	R1	Article revised and published on 6/27/2019 in response to a provider inquiry to add ICD-10 code Z80.3 to Group 3 ICD-10 Codes.

Associated Documents

Related Local Coverage Document(s)

LCD(s)

L35090 - Cosmetic and Reconstructive Surgery

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

Public Version(s)

Updated on 01/10/2020 with effective dates 01/01/2020 - N/A

Updated on 11/01/2019 with effective dates 11/07/2019 - N/A

Keywords

N/A