Local Coverage Article: Cosmetic vs. Reconstructive Surgery (A52729)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

Contractor Information

<table>
<thead>
<tr>
<th>Contractor Name</th>
<th>Contract Type</th>
<th>Contract Number</th>
<th>Jurisdiction</th>
<th>State(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>02101 - MAC A</td>
<td>J - F</td>
<td>Alaska</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>02201 - MAC A</td>
<td>J - F</td>
<td>Idaho</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>02301 - MAC A</td>
<td>J - F</td>
<td>Oregon</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>02401 - MAC A</td>
<td>J - F</td>
<td>Washington</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>03101 - MAC A</td>
<td>J - F</td>
<td>Arizona</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>03201 - MAC A</td>
<td>J - F</td>
<td>Montana</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>03301 - MAC A</td>
<td>J - F</td>
<td>North Dakota</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>03401 - MAC A</td>
<td>J - F</td>
<td>South Dakota</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>03501 - MAC A</td>
<td>J - F</td>
<td>Utah</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>03601 - MAC A</td>
<td>J - F</td>
<td>Wyoming</td>
</tr>
</tbody>
</table>

Article Information

General Information

<table>
<thead>
<tr>
<th>Article ID</th>
<th>Original Article Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>A52729</td>
<td>10/01/2015</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Article Title</th>
<th>Revision Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cosmetic vs. Reconstructive Surgery</td>
<td>N/A</td>
</tr>
</tbody>
</table>

AMA CPT / ADA CDT / AHA NUBC Copyright Statement

CPT only copyright 2002-2017 American Medical Association. All Rights Reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

The Code on Dental Procedures and Nomenclature (Code) is published in Current Dental Terminology (CDT). Copyright © American Dental Association. All rights reserved. CDT and CDT-2016 are trademarks of the American Dental Association.
Article Guidance

Article Text:

The purpose of this article is to clarify the Medicare coverage of cosmetic vs. reconstructive surgical procedures. Section 1862(a) (1) (A) of Title XVIII of the Social Security Act provides in part that "... no payment may be made under Part A or B (of Medicare) for any expenses incurred for items or services which . . . are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member."

Cosmetic Surgery

Cosmetic surgery is performed to reshape normal structures of the body in order to improve the patient's appearance and self-esteem. Surgery performed to improve on "natural" appearance or performed purely for the purpose of enhancing one's normal appearance is not considered reasonable and necessary.

Cosmetic Clinical Indications:

• Corrective facial surgery is usually not covered when there is no functional impairment present;
• A mastopexy performed primarily to lift or reshape the breast and unrelated to breast reconstruction following surgery for breast cancer;
• A reduction mammoplasty to improve the appearance of the breast; however this may be an approved surgery for sagging breast, if patient has appropriate symptoms and size;
• Suction assisted lipectomy to remove localized collections of unwanted fat in order to improve appearance;
• Nasal surgery to improve appearance in the absence of signs and symptoms of functional abnormalities;
• Eye surgery that does not correct a functional impairment; and
• Reimbursement for a non-covered procedure performed at the same operative session as a covered surgical procedure will not be allowed.

Reconstructive Surgery

Reconstructive surgery is performed to restore bodily function or to correct a deformity resulting from disease, injury, trauma, birth defects, congenital anomalies, infections, burns or previous medical treatment, such as surgery or radiation therapy. The primary goal is to restore function. Reconstructive surgery is reasonable and necessary to improve the functioning of a malformed body part.

Reconstructive Clinical Indications:

• Surgical procedures to replace absent breast tissue secondary to prior tumor removal, trauma, infection or to correct a gross variation in breast size, that is developmental or post-mastectomy;
• Breast augmentation or reduction mammoplasty is covered in the presence of an acquired deformity of the breast and breast carcinoma;
• Removal of breast implants for any of the following conditions may be medically necessary:
  o Broken or failed implant;
  o Infection;
  o Implant extrusion;
  o Siliconoma or granuloma;
  o Interference with diagnosis of breast cancer;
  o Breast pain; and
  o Painful capsular contraction.
• The surgical removal of excessive fat and skin from the abdomen when the surgery is to alleviate complicating factors such as:
  o Inability to walk normally;
Chronic pain; and
Ulceration or infection created by the abdominal skin fold or dermatitis.
• Suction assisted lipectomy to remove a lipoma, unless lipoma is the etiology of critical symptoms or other disease such as erosion, obstruction of contiguous structure;
• Repair of the upper eyelid when skin is sufficiently low to produce functional complaints, causing visual field impairment; and
• Nasal surgery generally performed to improve the following:
  o Respiratory function;
  o Repair defects caused by trauma;
  o Treat congenital anatomic anomalies; such as cleft lip nasal deformities, choanal atresia, and oronasal or oromaxillary fistula; and
  o Replace nasal tissue lost after tumor ablation.

Clinical documentation, indicating the significant clinical signs and symptoms and pre-operative photographs, visual fields or pathology reports must be available and submitted if requested to support medical necessity of the reconstructive procedures.

Source: Medicare Benefit Policy Manual (MBPM) Chapter 16 section 120

Coding Information

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 article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply equally to all claims.

N/A

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 article, 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 article should be assumed to apply equally to all Revenue Codes.

N/A

CPT/HCPCS Codes N/A
ICD-10 Codes that are Covered N/A
ICD-10 Codes that are Not Covered N/A

Revision History Information

N/A Related Local Coverage Document(s) N/A
Related National Coverage Document(s) N/A
Statutory Requirements URL(s) N/A
Rules and Regulations URL(s) N/A