

# Local Coverage Article: Billing and Coding: Cosmetic and Reconstructive Surgery (A56658)

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

## Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Palmetto GBA	A and B MAC	10111 - MAC A	J - J	Alabama
Palmetto GBA	A and B MAC	10112 - MAC B	J - J	Alabama
Palmetto GBA	A and B MAC	10211 - MAC A	J - J	Georgia
Palmetto GBA	A and B MAC	10212 - MAC B	J - J	Georgia
Palmetto GBA	A and B MAC	10311 - MAC A	J - J	Tennessee
Palmetto GBA	A and B MAC	10312 - MAC B	J - J	Tennessee
Palmetto GBA	A and B and HHH MAC	11201 - MAC A	J - M	South Carolina
Palmetto GBA	A and B and HHH MAC	11202 - MAC B	J - M	South Carolina
Palmetto GBA	A and B and HHH MAC	11301 - MAC A	J - M	Virginia
Palmetto GBA	A and B and HHH MAC	11302 - MAC B	J - M	Virginia
Palmetto GBA	A and B and HHH MAC	11401 - MAC A	J - M	West Virginia
Palmetto GBA	A and B and HHH MAC	11402 - MAC B	J - M	West Virginia
Palmetto GBA	A and B and HHH MAC	11501 - MAC A	J - M	North Carolina
Palmetto GBA	A and B and HHH MAC	11502 - MAC B	J - M	North Carolina

## Article Information

### General Information

**Article ID**

A56658

**Original Effective Date**

07/04/2019

**Article Title**

Billing and Coding: Cosmetic and Reconstructive Surgery

**Revision Effective Date**

07/29/2021

**Article Type**

Billing and Coding

**Revision Ending Date**

N/A

**AMA CPT / ADA CDT / AHA NUBC Copyright Statement****Retirement Date**

N/A

CPT codes, descriptions and other data only are copyright 2020 American Medical Association. All Rights Reserved. Applicable FARS/HHSARS apply.

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.

Current Dental Terminology © 2020 American Dental Association. All rights reserved.

Copyright © 2013 - 2021, the American Hospital Association, Chicago, Illinois. Reproduced by CMS with permission. No portion of the American Hospital Association (AHA) copyrighted materials contained within this publication may be copied without the express written consent of the AHA. AHA copyrighted materials including the UB-04 codes and descriptions may not be removed, copied, or utilized within any software, product, service, solution or derivative work without the written consent of the AHA. If an entity wishes to utilize any AHA materials, please contact the AHA at 312-893-6816. Making copies or utilizing the content of the UB-04 Manual, including the codes and/or descriptions, for internal purposes, resale and/or to be used in any product or publication; creating any modified or derivative work of the UB-04 Manual and/or codes and descriptions; and/or making any commercial use of UB-04 Manual or any portion thereof, including the codes and/or descriptions, is only authorized with an express license from the American Hospital Association. To license the electronic data file of UB-04 Data Specifications, contact Tim Carlson at (312) 893-6816. You may also contact us at [ub04@aha.org](mailto:ub04@aha.org).

## **CMS National Coverage Policy**

Title XVIII of the Social Security Act, §1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

CMS Internet-Only Manual, Pub 100-02, Medicare Benefit Policy Manual, Chapter 16, §120 Cosmetic Surgery, §140 Dental Services Exclusion and §180 Services Related to and Required as a Result of Services Which Are Not Covered Under Medicare

## Article Guidance

### Article Text:

The information in this article contains billing, coding or other guidelines that complement the Local Coverage Determination (LCD) Cosmetic and Reconstructive Surgery L33428.

---

## Coding Information

### CPT/HCPCS Codes

#### Group 1 Paragraph:

**Exception: tattoos applied by medical professional in the course of therapeutic intervention**

#### Dermabrasion

#### Group 1 Codes:

CODE	DESCRIPTION
15780	Dermabrasion total face
15781	Dermabrasion segmental face
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
19325	Breast augmentation w/implt
19328	Rmvl intact breast implant
19330	Rmvl ruptured breast implant
19340	Insj breast implt sm d mast
19342	Insj/rplcmt brst implt sep d
19350	Breast reconstruction
19355	Correct inverted nipple(s)
19357	Tiss xpndr plmt brst rcnstj
19361	Brst rcnstj latsms drsi flap
19364	Brst rcnstj free flap
19367	Brst rcnstj 1 pdcl tram flap
19368	Brst rcnstj 1pdcl tram anast
19369	Brst rcnstj 2 pdcl tram flap
19370	Revj peri-implt capsule brst
19371	Peri-implt capsle brst compl
19380	Revj reconstructed breast
19396	Design custom breast implant

**Group 4 Paragraph:****Reduction Mammoplasty-Primary****Group 4 Codes:**

CODE	DESCRIPTION
19318	Breast reduction

**Group 5 Paragraph:****Reduction Mammoplasty-Secondary****Group 5 Codes:**

CODE	DESCRIPTION
19318	Breast reduction

**Group 6 Paragraph:**

## Nasal Reconstruction and 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
30468	Rpr nsl vlv collapse w/implt

### Group 7 Paragraph:

#### Facial and Maxillofacial Procedures

Use CPT<sup>®</sup> codes only when the physician actually designs and prepares the prosthesis and not when the prosthesis is prepared by an outside laboratory.

When CPT<sup>®</sup> codes 21089 and 21299 are billed, documentation must be submitted with the claim.

### Group 7 Codes:

CODE	DESCRIPTION
15730	Mdfc flap w/prsrv vasc pedcl
15733	Musc myoq/fscq flp h&n pedcl
21076	Prepare face/oral prosthesis
21077	Prepare face/oral prosthesis
21079	Prepare face/oral prosthesis
21080	Prepare face/oral prosthesis
21081	Prepare face/oral prosthesis
21082	Prepare face/oral prosthesis
21083	Prepare face/oral prosthesis
21084	Prepare face/oral prosthesis
21086	Prepare face/oral prosthesis
21087	Prepare face/oral prosthesis

CODE	DESCRIPTION
21088	Prepare face/oral prosthesis
21089	Prepare face/oral prosthesis
21120	Reconstruction of chin
21121	Reconstruction of chin
21122	Reconstruction of chin
21123	Reconstruction of chin
21125	Augmentation lower jaw bone
21127	Augmentation lower jaw bone
21137	Reduction of forehead
21138	Reduction of forehead
21139	Reduction of forehead
21141	Lefort i-1 piece w/o graft
21142	Lefort i-2 piece w/o graft
21143	Lefort i-3/> piece w/o graft
21145	Lefort i-1 piece w/ graft
21146	Lefort i-2 piece w/ graft
21147	Lefort i-3/> piece w/ graft
21150	Lefort ii anterior intrusion
21151	Lefort ii w/bone grafts
21154	Lefort iii w/o lefort i
21155	Lefort iii w/ lefort i
21159	Lefort iii w/fhdw/o lefort i
21160	Lefort iii w/fhd w/ lefort i
21172	Reconstruct orbit/forehead
21175	Reconstruct orbit/forehead
21179	Reconstruct entire forehead
21180	Reconstruct entire forehead
21181	Contour cranial bone lesion
21182	Reconstruct cranial bone
21183	Reconstruct cranial bone
21184	Reconstruct cranial bone
21188	Reconstruction of midface

CODE	DESCRIPTION
21193	Reconst lwr jaw w/o graft
21194	Reconst lwr jaw w/graft
21195	Reconst lwr jaw w/o fixation
21196	Reconst lwr jaw w/fixation
21198	Reconstr lwr jaw segment
21199	Reconstr lwr jaw w/advance
21206	Reconstruct upper jaw bone
21208	Augmentation of facial bones
21209	Reduction of facial bones
21210	Face bone graft
21215	Lower jaw bone graft
21230	Rib cartilage graft
21240	Reconstruction of jaw joint
21242	Reconstruction of jaw joint
21243	Reconstruction of jaw joint
21244	Reconstruction of lower jaw
21245	Reconstruction of jaw
21246	Reconstruction of jaw
21247	Reconstruct lower jaw bone
21248	Reconstruction of jaw
21249	Reconstruction of jaw
21255	Reconstruct lower jaw bone
21256	Reconstruction of orbit
21260	Revise eye sockets
21261	Revise eye sockets
21263	Revise eye sockets
21267	Revise eye sockets
21268	Revise eye sockets
21270	Augmentation cheek bone
21275	Revision orbitofacial bones
21280	Revision of eyelid
21282	Revision of eyelid

CODE	DESCRIPTION
21295	Revision of jaw muscle/bone
21296	Revision of jaw muscle/bone
21299	Cranio/maxillofacial surgery
30468	Rpr nsl vlv collapse w/implt

#### CPT/HCPCS Modifiers

N/A

#### ICD-10-CM Codes that Support Medical Necessity

##### Group 1 Paragraph:

The CPT/HCPCS codes included in this article will be subjected to “procedure to diagnosis” editing. The following lists include only those diagnoses for which the identified CPT/HCPCS procedures are covered. If a covered diagnosis is not on the claim, the edit will automatically deny the service as not medically necessary.

Medicare is establishing the following limited coverage for **dermabrasion (CPT/HCPCS codes 15780, 15781, 15782 and 15783)**:

##### Covered for:

##### Group 1 Codes:

ICD-10-CM CODE	DESCRIPTION
L71.0	Perioral dermatitis
L71.1	Rhinophyma
L71.8	Other rosacea
L81.8	Other specified disorders of pigmentation

##### Group 2 Paragraph:

Medicare is establishing the following limited coverage for **abdominal lipectomy/panniculectomy (CPT/HCPCS codes 15830 and 15847)**:

##### Covered for:

##### Group 2 Codes:

ICD-10-CM CODE	DESCRIPTION
K43.0	Incisional hernia with obstruction, without gangrene
K43.1	Incisional hernia with gangrene



ICD-10-CM CODE	DESCRIPTION
K43.2	Incisional hernia without obstruction or gangrene
K43.3	Parastomal hernia with obstruction, without gangrene
K43.4	Parastomal hernia with gangrene
K43.5	Parastomal hernia without obstruction or gangrene
K43.6	Other and unspecified ventral hernia with obstruction, without gangrene
K43.7	Other and unspecified ventral hernia with gangrene
K43.9	Ventral hernia without obstruction or gangrene
K46.9	Unspecified abdominal hernia without obstruction or gangrene
L57.4	Cutis laxa senilis
L87.9	Transepidermal elimination disorder, unspecified
L90.9	Atrophic disorder of skin, unspecified
L91.9	Hypertrophic disorder of the skin, unspecified
L98.411	Non-pressure chronic ulcer of buttock limited to breakdown of skin
L98.412	Non-pressure chronic ulcer of buttock with fat layer exposed
L98.413	Non-pressure chronic ulcer of buttock with necrosis of muscle
L98.414	Non-pressure chronic ulcer of buttock with necrosis of bone
L98.419	Non-pressure chronic ulcer of buttock with unspecified severity
L98.421	Non-pressure chronic ulcer of back limited to breakdown of skin
L98.422	Non-pressure chronic ulcer of back with fat layer exposed
L98.423	Non-pressure chronic ulcer of back with necrosis of muscle
L98.424	Non-pressure chronic ulcer of back with necrosis of bone
L98.429	Non-pressure chronic ulcer of back with unspecified severity
M35.6	Relapsing panniculitis [Weber-Christian]
M79.3	Panniculitis, unspecified

### Group 3 Paragraph:

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

### Covered for:

### Group 3 Codes:

ICD-10-CM 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

ICD-10-CM CODE	DESCRIPTION
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
D48.61	Neoplasm of uncertain behavior of right breast
D48.62	Neoplasm of uncertain behavior of left breast
N61.1	Abscess of the breast and nipple
N64.89	Other specified disorders of breast
N65.0	Deformity of reconstructed breast
N65.1	Disproportion of reconstructed breast
T85.41XA	Breakdown (mechanical) of breast prosthesis and implant, initial encounter
T85.41XD	Breakdown (mechanical) of breast prosthesis and implant, subsequent encounter
T85.41XS	Breakdown (mechanical) of breast prosthesis and implant, sequela
T85.42XA	Displacement of breast prosthesis and implant, initial encounter
T85.42XD	Displacement of breast prosthesis and implant, subsequent encounter
T85.42XS	Displacement of breast prosthesis and implant, sequela
T85.43XA	Leakage of breast prosthesis and implant, initial encounter
T85.43XD	Leakage of breast prosthesis and implant, subsequent encounter
T85.43XS	Leakage of breast prosthesis and implant, sequela

ICD-10-CM CODE	DESCRIPTION
T85.44XA	Capsular contracture of breast implant, initial encounter
T85.44XD	Capsular contracture of breast implant, subsequent encounter
T85.44XS	Capsular contracture of breast implant, sequela
T85.49XA	Other mechanical complication of breast prosthesis and implant, initial encounter
T85.49XD	Other mechanical complication of breast prosthesis and implant, subsequent encounter
T85.49XS	Other mechanical complication of breast prosthesis and implant, sequela
Z42.1	Encounter for breast reconstruction following mastectomy
Z44.30	Encounter for fitting and adjustment of external breast prosthesis, unspecified 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
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 dual-diagnosis limited coverage for **reduction mammoplasty (CPT® code 19318)**:

**\*Primary diagnosis:**

**Group 4 Codes:**

ICD-10-CM CODE	DESCRIPTION
N62	Hypertrophy of breast

**Group 5 Paragraph:**

Medicare is establishing the following dual-diagnosis limited coverage for **reduction mammoplasty (CPT® code 19318)**:

**Secondary diagnoses:****Group 5 Codes:**

ICD-10-CM CODE	DESCRIPTION
L26	Exfoliative dermatitis
L30.4	Erythema intertrigo
L53.8	Other specified erythematous conditions
L54	Erythema in diseases classified elsewhere
L92.0	Granuloma annulare
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
M54.89	Other dorsalgia
M54.9	Dorsalgia, unspecified
N65.1	Disproportion of reconstructed breast
R21	Rash and other nonspecific skin eruption

**Group 6 Paragraph:**

Medicare is establishing the following limited coverage for **rhinoplasty (CPT® codes 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462 and 30468)**:

**Group 6 Codes:**

ICD-10-CM CODE	DESCRIPTION
C30.0	Malignant neoplasm of nasal cavity
C41.0	Malignant neoplasm of bones of skull and face
C43.21	Malignant melanoma of right ear and external auricular canal
C43.22	Malignant melanoma of left ear and external auricular canal
C43.30	Malignant melanoma of unspecified part of face
C43.31	Malignant melanoma of nose
C43.39	Malignant melanoma of other parts of face
C44.212	Basal cell carcinoma of skin of right ear and external auricular canal
C44.219	Basal cell carcinoma of skin of left ear and external auricular canal

ICD-10-CM CODE	DESCRIPTION
C44.222	Squamous cell carcinoma of skin of right ear and external auricular canal
C44.229	Squamous cell carcinoma of skin of left ear and external auricular canal
C44.300	Unspecified malignant neoplasm of skin of unspecified part of face
C44.301	Unspecified malignant neoplasm of skin of nose
C44.309	Unspecified malignant neoplasm of skin of other parts of face
C44.310	Basal cell carcinoma of skin of unspecified parts of face
C44.311	Basal cell carcinoma of skin of nose
C44.319	Basal cell carcinoma of skin of other parts of face
C44.320	Squamous cell carcinoma of skin of unspecified parts of face
C44.321	Squamous cell carcinoma of skin of nose
C44.329	Squamous cell carcinoma of skin of other parts of face
C44.390	Other specified malignant neoplasm of skin of unspecified 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
D03.21	Melanoma in situ of right ear and external auricular canal
D03.22	Melanoma in situ of left ear and external auricular canal
D03.30	Melanoma in situ of unspecified part of face
D03.39	Melanoma in situ of other parts of face
D04.21	Carcinoma in situ of skin of right ear and external auricular canal
D04.22	Carcinoma in situ of skin of left ear and external auricular canal
D04.30	Carcinoma in situ of skin of unspecified part of face
D04.39	Carcinoma in situ of skin of other parts 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
D22.39	Melanocytic nevi of other parts of face
D23.30	Other benign neoplasm of skin of unspecified part of face
D23.39	Other benign neoplasm of skin of other parts of face
H72.01	Central perforation of tympanic membrane, right ear
H72.02	Central perforation of tympanic membrane, left ear
H72.03	Central perforation of tympanic membrane, bilateral

ICD-10-CM CODE	DESCRIPTION
H72.2X1	Other marginal perforations of tympanic membrane, right ear
H72.2X2	Other marginal perforations of tympanic membrane, left ear
H72.2X3	Other marginal perforations of tympanic membrane, bilateral
J32.0	Chronic maxillary sinusitis
J32.1	Chronic frontal sinusitis
J32.2	Chronic ethmoidal sinusitis
J32.3	Chronic sphenoidal sinusitis
J32.4	Chronic pansinusitis
J32.8	Other chronic sinusitis
J32.9	Chronic sinusitis, unspecified
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
J34.9	Unspecified disorder of nose and nasal sinuses
Q35.1	Cleft hard palate
Q35.3	Cleft soft palate
Q35.5	Cleft hard palate with cleft soft palate
Q35.7	Cleft uvula
Q35.9	Cleft palate, unspecified
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
Q67.2	Dolichocephaly

ICD-10-CM CODE	DESCRIPTION
Q67.3	Plagiocephaly
Q67.4	Other congenital deformities of skull, face and jaw
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 **facial and maxillofacial procedures (refer to the CPT® codes as listed in the CPT/HCPCS Group 7: Paragraph)**. The CPT® codes and following diagnoses limit the use of reconstructive surgeries of the head and neck to the repair of injuries due to trauma or ablative surgery.

Services billed with a diagnosis code that is not listed under **ICD-10-CM Codes that Support Medical Necessity** of this article will be denied as not covered. Exceptions will be considered on a case-by-case basis.

#### Group 7 Codes:

ICD-10-CM CODE	DESCRIPTION
C00.0	Malignant neoplasm of external upper lip
C00.1	Malignant neoplasm of external lower lip
C00.3	Malignant neoplasm of upper lip, inner aspect
C00.4	Malignant neoplasm of lower lip, inner aspect
C00.5	Malignant neoplasm of lip, unspecified, inner aspect
C00.6	Malignant neoplasm of commissure of lip, unspecified
C00.8	Malignant neoplasm of overlapping sites of lip
C01	Malignant neoplasm of base of tongue
C02.0	Malignant neoplasm of dorsal surface of tongue
C02.1	Malignant neoplasm of border of tongue
C02.2	Malignant neoplasm of ventral surface of tongue
C02.8	Malignant neoplasm of overlapping sites of tongue
C03.0	Malignant neoplasm of upper gum
C03.1	Malignant neoplasm of lower gum



ICD-10-CM CODE	DESCRIPTION
C04.0	Malignant neoplasm of anterior floor of mouth
C04.1	Malignant neoplasm of lateral floor of mouth
C04.8	Malignant neoplasm of overlapping sites of floor of mouth
C05.0	Malignant neoplasm of hard palate
C05.1	Malignant neoplasm of soft palate
C05.2	Malignant neoplasm of uvula
C05.8	Malignant neoplasm of overlapping sites of palate
C06.0	Malignant neoplasm of cheek mucosa
C06.1	Malignant neoplasm of vestibule of mouth
C06.2	Malignant neoplasm of retromolar area
C06.80	Malignant neoplasm of overlapping sites of unspecified parts of mouth
C06.89	Malignant neoplasm of overlapping sites of other parts of mouth
C07	Malignant neoplasm of parotid gland
C08.0	Malignant neoplasm of submandibular gland
C08.1	Malignant neoplasm of sublingual gland
C08.9	Malignant neoplasm of major salivary gland, unspecified
C09.0	Malignant neoplasm of tonsillar fossa
C09.1	Malignant neoplasm of tonsillar pillar (anterior) (posterior)
C09.8	Malignant neoplasm of overlapping sites of tonsil
C10.0	Malignant neoplasm of vallecula
C10.1	Malignant neoplasm of anterior surface of epiglottis
C10.2	Malignant neoplasm of lateral wall of oropharynx
C10.3	Malignant neoplasm of posterior wall of oropharynx
C10.4	Malignant neoplasm of branchial cleft
C10.8	Malignant neoplasm of overlapping sites of oropharynx
C11.0	Malignant neoplasm of superior wall of nasopharynx
C11.1	Malignant neoplasm of posterior wall of nasopharynx
C11.2	Malignant neoplasm of lateral wall of nasopharynx
C11.3	Malignant neoplasm of anterior wall of nasopharynx
C11.8	Malignant neoplasm of overlapping sites of nasopharynx
C12	Malignant neoplasm of pyriform sinus
C13.0	Malignant neoplasm of postcricoid region

ICD-10-CM CODE	DESCRIPTION
C13.1	Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect
C13.2	Malignant neoplasm of posterior wall of hypopharynx
C13.8	Malignant neoplasm of overlapping sites of hypopharynx
C14.0	Malignant neoplasm of pharynx, unspecified
C14.2	Malignant neoplasm of Waldeyer's ring
C14.8	Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx
C30.0	Malignant neoplasm of nasal cavity
C30.1	Malignant neoplasm of middle ear
C31.0	Malignant neoplasm of maxillary sinus
C31.1	Malignant neoplasm of ethmoidal sinus
C31.2	Malignant neoplasm of frontal sinus
C31.3	Malignant neoplasm of sphenoid sinus
C31.8	Malignant neoplasm of overlapping sites of accessory sinuses
C31.9	Malignant neoplasm of accessory sinus, unspecified
C32.0	Malignant neoplasm of glottis
C32.1	Malignant neoplasm of supraglottis
C32.2	Malignant neoplasm of subglottis
C32.3	Malignant neoplasm of laryngeal cartilage
C32.8	Malignant neoplasm of overlapping sites of larynx
C32.9	Malignant neoplasm of larynx, unspecified
C41.0	Malignant neoplasm of bones of skull and face
C41.1	Malignant neoplasm of mandible
C43.0	Malignant melanoma of lip
C43.111	Malignant melanoma of right upper eyelid, including canthus
C43.112	Malignant melanoma of right lower eyelid, including canthus
C43.121	Malignant melanoma of left upper eyelid, including canthus
C43.122	Malignant melanoma of left lower eyelid, including canthus
C43.21	Malignant melanoma of right ear and external auricular canal
C43.22	Malignant melanoma of left ear and external auricular canal
C43.30	Malignant melanoma of unspecified part of face
C43.31	Malignant melanoma of nose
C43.39	Malignant melanoma of other parts of face

ICD-10-CM CODE	DESCRIPTION
C43.4	Malignant melanoma of scalp and neck
C43.8	Malignant melanoma of overlapping sites of skin
C4A.111	Merkel cell carcinoma of right upper eyelid, including canthus
C4A.112	Merkel cell carcinoma of right lower eyelid, including canthus
C4A.121	Merkel cell carcinoma of left upper eyelid, including canthus
C4A.122	Merkel cell carcinoma of left lower eyelid, including canthus
C44.1021	Unspecified malignant neoplasm of skin of right upper eyelid, including canthus
C44.1022	Unspecified malignant neoplasm of skin of right lower eyelid, including canthus
C44.1091	Unspecified malignant neoplasm of skin of left upper eyelid, including canthus
C44.1092	Unspecified malignant neoplasm of skin of left lower eyelid, including canthus
C44.1121	Basal cell carcinoma of skin of right upper eyelid, including canthus
C44.1122	Basal cell carcinoma of skin of right lower eyelid, including canthus
C44.1191	Basal cell carcinoma of skin of left upper eyelid, including canthus
C44.1192	Basal cell carcinoma of skin of left lower eyelid, including canthus
C44.1221	Squamous cell carcinoma of skin of right upper eyelid, including canthus
C44.1222	Squamous cell carcinoma of skin of right lower eyelid, including canthus
C44.1291	Squamous cell carcinoma of skin of left upper eyelid, including canthus
C44.1292	Squamous cell carcinoma of skin of left lower eyelid, including canthus
C44.1321	Sebaceous cell carcinoma of skin of right upper eyelid, including canthus
C44.1322	Sebaceous cell carcinoma of skin of right lower eyelid, including canthus
C44.1391	Sebaceous cell carcinoma of skin of left upper eyelid, including canthus
C44.1392	Sebaceous cell carcinoma of skin of left lower eyelid, including canthus
C44.1921	Other specified malignant neoplasm of skin of right upper eyelid, including canthus
ICD-10-CM CODE	DESCRIPTION
C44.1922	Other specified malignant neoplasm of skin of right lower eyelid, including canthus
C44.1991	Other specified malignant neoplasm of skin of left upper eyelid, including canthus
C44.1992	Other specified malignant neoplasm of skin of left lower eyelid, including canthus
C44.212	Basal cell carcinoma of skin of right ear and external auricular canal
C44.219	Basal cell carcinoma of skin of left ear and external auricular canal
C44.222	Squamous cell carcinoma of skin of right ear and external auricular canal
C44.229	Squamous cell carcinoma of skin of left ear and external auricular canal
C44.311	Basal cell carcinoma of skin of nose

ICD-10-CM CODE	DESCRIPTION
C44.321	Squamous cell carcinoma of skin of nose
C44.42	Squamous cell carcinoma of skin of scalp and neck
C47.0	Malignant neoplasm of peripheral nerves of head, face and neck
C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck
C69.51	Malignant neoplasm of right lacrimal gland and duct
C69.52	Malignant neoplasm of left lacrimal gland and duct
C69.61	Malignant neoplasm of right orbit
C69.62	Malignant neoplasm of left orbit
C83.11	Mantle cell lymphoma, lymph nodes of head, face, and neck
C83.31	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck
C83.81	Other non-follicular lymphoma, lymph nodes of head, face, and neck
C84.41	Peripheral T-cell lymphoma, not classified, lymph nodes of head, face, and neck
C84.61	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face, and neck
C84.71	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of head, face, and neck
C85.21	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face, and neck
D03.0	Melanoma in situ of lip
D03.111	Melanoma in situ of right upper eyelid, including canthus
D03.112	Melanoma in situ of right lower eyelid, including canthus
D03.121	Melanoma in situ of left upper eyelid, including canthus
D03.122	Melanoma in situ of left lower eyelid, including canthus
D03.21	Melanoma in situ of right ear and external auricular canal
D03.22	Melanoma in situ of left ear and external auricular canal
D03.30	Melanoma in situ of unspecified part of face
D03.39	Melanoma in situ of other parts of face
D03.4	Melanoma in situ of scalp and neck
D03.8	Melanoma in situ of other sites
D04.111	Carcinoma in situ of skin of right upper eyelid, including canthus
D04.112	Carcinoma in situ of skin of right lower eyelid, including canthus
D04.121	Carcinoma in situ of skin of left upper eyelid, including canthus
D04.122	Carcinoma in situ of skin of left lower eyelid, including canthus
D04.21	Carcinoma in situ of skin of right ear and external auricular canal
D04.22	Carcinoma in situ of skin of left ear and external auricular canal

ICD-10-CM CODE	DESCRIPTION
D09.21	Carcinoma in situ of right eye
D09.22	Carcinoma in situ of left eye
D10.1	Benign neoplasm of tongue
D10.2	Benign neoplasm of floor of mouth
D10.39	Benign neoplasm of other parts of mouth
D10.4	Benign neoplasm of tonsil
D10.5	Benign neoplasm of other parts of oropharynx
D10.6	Benign neoplasm of nasopharynx
D10.7	Benign neoplasm of hypopharynx
D11.0	Benign neoplasm of parotid gland
D11.7	Benign neoplasm of other major salivary glands
D11.9	Benign neoplasm of major salivary gland, unspecified
D14.0	Benign neoplasm of middle ear, nasal cavity and accessory sinuses
D22.0	Melanocytic nevi of lip
D23.0	Other benign neoplasm of skin of lip
D23.111	Other benign neoplasm of skin of right upper eyelid, including canthus
D23.112	Other benign neoplasm of skin of right lower eyelid, including canthus
D23.121	Other benign neoplasm of skin of left upper eyelid, including canthus
D23.122	Other benign neoplasm of skin of left lower eyelid, including canthus
D31.61	Benign neoplasm of unspecified site of right orbit
D31.62	Benign neoplasm of unspecified site of left orbit
D43.3	Neoplasm of uncertain behavior of cranial nerves
D43.8	Neoplasm of uncertain behavior of other specified parts of central nervous system
H05.021	Osteomyelitis of right orbit
H05.022	Osteomyelitis of left orbit
H05.023	Osteomyelitis of bilateral orbits
H05.30	Unspecified deformity of orbit
H05.51	Retained (old) foreign body following penetrating wound of right orbit
H05.52	Retained (old) foreign body following penetrating wound of left orbit
H05.53	Retained (old) foreign body following penetrating wound of bilateral orbits
H05.89	Other disorders of orbit
H44.89	Other disorders of globe

ICD-10-CM CODE	DESCRIPTION
H72.01	Central perforation of tympanic membrane, right ear
H72.02	Central perforation of tympanic membrane, left ear
H72.03	Central perforation of tympanic membrane, bilateral
H72.2X1	Other marginal perforations of tympanic membrane, right ear
H72.2X2	Other marginal perforations of tympanic membrane, left ear
H72.2X3	Other marginal perforations of tympanic membrane, bilateral
J95.01	Hemorrhage from tracheostomy stoma
J95.03	Malfunction of tracheostomy stoma
J95.04	Tracheo-esophageal fistula following tracheostomy
J95.09	Other tracheostomy complication
K09.0	Developmental odontogenic cysts
K09.1	Developmental (nonodontogenic) cysts of oral region
M27.0	Developmental disorders of jaws
M27.1	Giant cell granuloma, central
M27.2	Inflammatory conditions of jaws
M27.3	Alveolitis of jaws
M27.40	Unspecified cyst of jaw
M27.49	Other cysts of jaw
M27.8	Other specified diseases of jaws
M30.1	Polyarteritis with lung involvement [Churg-Strauss]
M31.2	Lethal midline granuloma
M31.30	Wegener's granulomatosis without renal involvement
M31.31	Wegener's granulomatosis with renal involvement
M87.180	Osteonecrosis due to drugs, jaw
Q17.3	Other misshapen ear
Q17.4	Misplaced ear
Q85.00	Neurofibromatosis, unspecified
Q85.01	Neurofibromatosis, type 1
ICD-10-CM CODE	DESCRIPTION
Q85.02	Neurofibromatosis, type 2
Q85.03	Schwannomatosis
Q85.09	Other neurofibromatosis

ICD-10-CM CODE	DESCRIPTION
R13.0	Aphagia
R13.10	Dysphagia, unspecified
R13.11	Dysphagia, oral phase
R13.12	Dysphagia, oropharyngeal phase
S01.05XD	Open bite of scalp, subsequent encounter
S01.05XS	Open bite of scalp, sequela
S01.111D	Laceration without foreign body of right eyelid and periocular area, subsequent encounter
S01.111S	Laceration without foreign body of right eyelid and periocular area, sequela
S01.112D	Laceration without foreign body of left eyelid and periocular area, subsequent encounter
S01.112S	Laceration without foreign body of left eyelid and periocular area, sequela
S01.121D	Laceration with foreign body of right eyelid and periocular area, subsequent encounter
S01.121S	Laceration with foreign body of right eyelid and periocular area, sequela
S01.122D	Laceration with foreign body of left eyelid and periocular area, subsequent encounter
S01.122S	Laceration with foreign body of left eyelid and periocular area, sequela
S01.131D	Puncture wound without foreign body of right eyelid and periocular area, subsequent encounter
S01.131S	Puncture wound without foreign body of right eyelid and periocular area, sequela
S01.132D	Puncture wound without foreign body of left eyelid and periocular area, subsequent encounter
S01.132S	Puncture wound without foreign body of left eyelid and periocular area, sequela
S01.141D	Puncture wound with foreign body of right eyelid and periocular area, subsequent encounter
S01.141S	Puncture wound with foreign body of right eyelid and periocular area, sequela
S01.142D	Puncture wound with foreign body of left eyelid and periocular area, subsequent encounter
S01.142S	Puncture wound with foreign body of left eyelid and periocular area, sequela
S01.151D	Open bite of right eyelid and periocular area, subsequent encounter
S01.151S	Open bite of right eyelid and periocular area, sequela
S01.152D	Open bite of left eyelid and periocular area, subsequent encounter
S01.152S	Open bite of left eyelid and periocular area, sequela

ICD-10-CM CODE	DESCRIPTION
S01.20XD	Unspecified open wound of nose, subsequent encounter
S01.20XS	Unspecified open wound of nose, sequela
S01.21XD	Laceration without foreign body of nose, subsequent encounter
S01.21XS	Laceration without foreign body of nose, sequela
S01.22XD	Laceration with foreign body of nose, subsequent encounter
S01.22XS	Laceration with foreign body of nose, sequela
S01.23XD	Puncture wound without foreign body of nose, subsequent encounter
S01.23XS	Puncture wound without foreign body of nose, sequela
S01.24XD	Puncture wound with foreign body of nose, subsequent encounter
S01.24XS	Puncture wound with foreign body of nose, sequela
S01.25XD	Open bite of nose, subsequent encounter
S01.25XS	Open bite of nose, sequela
S01.301D	Unspecified open wound of right ear, subsequent encounter
S01.301S	Unspecified open wound of right ear, sequela
S01.302D	Unspecified open wound of left ear, subsequent encounter
S01.302S	Unspecified open wound of left ear, sequela
S01.311D	Laceration without foreign body of right ear, subsequent encounter
S01.311S	Laceration without foreign body of right ear, sequela
S01.312D	Laceration without foreign body of left ear, subsequent encounter
S01.312S	Laceration without foreign body of left ear, sequela
S01.319D	Laceration without foreign body of unspecified ear, subsequent encounter
S01.319S	Laceration without foreign body of unspecified ear, sequela
S01.321D	Laceration with foreign body of right ear, subsequent encounter
S01.321S	Laceration with foreign body of right ear, sequela
S01.322D	Laceration with foreign body of left ear, subsequent encounter
S01.322S	Laceration with foreign body of left ear, sequela
S01.329D	Laceration with foreign body of unspecified ear, subsequent encounter
S01.329S	Laceration with foreign body of unspecified ear, sequela
S01.331D	Puncture wound without foreign body of right ear, subsequent encounter
S01.331S	Puncture wound without foreign body of right ear, sequela
S01.332D	Puncture wound without foreign body of left ear, subsequent encounter
S01.332S	Puncture wound without foreign body of left ear, sequela



ICD-10-CM CODE	DESCRIPTION
S01.341D	Puncture wound with foreign body of right ear, subsequent encounter
S01.341S	Puncture wound with foreign body of right ear, sequela
S01.342D	Puncture wound with foreign body of left ear, subsequent encounter
S01.342S	Puncture wound with foreign body of left ear, sequela
S01.349D	Puncture wound with foreign body of unspecified ear, subsequent encounter
S01.349S	Puncture wound with foreign body of unspecified ear, sequela
S01.351D	Open bite of right ear, subsequent encounter
S01.351S	Open bite of right ear, sequela
S01.352D	Open bite of left ear, subsequent encounter
S01.352S	Open bite of left ear, sequela
S01.401D	Unspecified open wound of right cheek and temporomandibular area, subsequent encounter
S01.401S	Unspecified open wound of right cheek and temporomandibular area, sequela
S01.402D	Unspecified open wound of left cheek and temporomandibular area, subsequent encounter
S01.402S	Unspecified open wound of left cheek and temporomandibular area, sequela
S01.411D	Laceration without foreign body of right cheek and temporomandibular area, subsequent encounter
S01.411S	Laceration without foreign body of right cheek and temporomandibular area, sequela
S01.412D	Laceration without foreign body of left cheek and temporomandibular area, subsequent encounter
S01.412S	Laceration without foreign body of left cheek and temporomandibular area, sequela
S01.421D	Laceration with foreign body of right cheek and temporomandibular area, subsequent encounter
S01.421S	Laceration with foreign body of right cheek and temporomandibular area, sequela
S01.422D	Laceration with foreign body of left cheek and temporomandibular area, subsequent encounter
S01.422S	Laceration with foreign body of left cheek and temporomandibular area, sequela
S01.429D	Laceration with foreign body of unspecified cheek and temporomandibular area, subsequent encounter
S01.429S	Laceration with foreign body of unspecified cheek and temporomandibular area, sequela
S01.431D	Puncture wound without foreign body of right cheek and temporomandibular area, subsequent encounter

ICD-10-CM CODE	DESCRIPTION
S01.431S	Puncture wound without foreign body of right cheek and temporomandibular area, sequela
S01.432D	Puncture wound without foreign body of left cheek and temporomandibular area, subsequent encounter
S01.432S	Puncture wound without foreign body of left cheek and temporomandibular area, sequela
S01.439D	Puncture wound without foreign body of unspecified cheek and temporomandibular area, subsequent encounter
S01.439S	Puncture wound without foreign body of unspecified cheek and temporomandibular area, sequela
S01.441D	Puncture wound with foreign body of right cheek and temporomandibular area, subsequent encounter
S01.441S	Puncture wound with foreign body of right cheek and temporomandibular area, sequela
S01.442D	Puncture wound with foreign body of left cheek and temporomandibular area, subsequent encounter
S01.442S	Puncture wound with foreign body of left cheek and temporomandibular area, sequela
S01.451D	Open bite of right cheek and temporomandibular area, subsequent encounter
S01.451S	Open bite of right cheek and temporomandibular area, sequela
S01.452D	Open bite of left cheek and temporomandibular area, subsequent encounter
S01.452S	Open bite of left cheek and temporomandibular area, sequela
S01.501D	Unspecified open wound of lip, subsequent encounter
ICD-10-CM CODE	DESCRIPTION
S01.501S	Unspecified open wound of lip, sequela
S01.502D	Unspecified open wound of oral cavity, subsequent encounter
S01.502S	Unspecified open wound of oral cavity, sequela
S01.511D	Laceration without foreign body of lip, subsequent encounter
S01.511S	Laceration without foreign body of lip, sequela
S01.512D	Laceration without foreign body of oral cavity, subsequent encounter
S01.512S	Laceration without foreign body of oral cavity, sequela
S01.521D	Laceration with foreign body of lip, subsequent encounter
S01.521S	Laceration with foreign body of lip, sequela
S01.522D	Laceration with foreign body of oral cavity, subsequent encounter

ICD-10-CM CODE	DESCRIPTION
S01.522S	Laceration with foreign body of oral cavity, sequela
S01.531D	Puncture wound without foreign body of lip, subsequent encounter
S01.531S	Puncture wound without foreign body of lip, sequela
S01.532D	Puncture wound without foreign body of oral cavity, subsequent encounter
S01.532S	Puncture wound without foreign body of oral cavity, sequela
S01.541D	Puncture wound with foreign body of lip, subsequent encounter
S01.541S	Puncture wound with foreign body of lip, sequela
S01.542D	Puncture wound with foreign body of oral cavity, subsequent encounter
S01.542S	Puncture wound with foreign body of oral cavity, sequela
S01.551D	Open bite of lip, subsequent encounter
S01.551S	Open bite of lip, sequela
S01.552D	Open bite of oral cavity, subsequent encounter
S01.552S	Open bite of oral cavity, sequela
S01.80XD	Unspecified open wound of other part of head, subsequent encounter
S01.80XS	Unspecified open wound of other part of head, sequela
S01.81XD	Laceration without foreign body of other part of head, subsequent encounter
S01.81XS	Laceration without foreign body of other part of head, sequela
S01.82XD	Laceration with foreign body of other part of head, subsequent encounter
S01.82XS	Laceration with foreign body of other part of head, sequela
S01.83XD	Puncture wound without foreign body of other part of head, subsequent encounter
S01.83XS	Puncture wound without foreign body of other part of head, sequela
S01.84XD	Puncture wound with foreign body of other part of head, subsequent encounter
S01.84XS	Puncture wound with foreign body of other part of head, sequela
S01.85XD	Open bite of other part of head, subsequent encounter
S01.85XS	Open bite of other part of head, sequela
S02.5XXD	Fracture of tooth (traumatic), subsequent encounter for fracture with routine healing
S02.5XXG	Fracture of tooth (traumatic), subsequent encounter for fracture with delayed healing
S02.5XXK	Fracture of tooth (traumatic), subsequent encounter for fracture with nonunion
S02.5XXS	Fracture of tooth (traumatic), sequela
S03.2XXD	Dislocation of tooth, subsequent encounter

ICD-10-CM CODE	DESCRIPTION
S03.2XXS	Dislocation of tooth, sequela
S05.20XD	Ocular laceration and rupture with prolapse or loss of intraocular tissue, unspecified eye, subsequent encounter
S05.20XS	Ocular laceration and rupture with prolapse or loss of intraocular tissue, unspecified eye, sequela
S05.21XD	Ocular laceration and rupture with prolapse or loss of intraocular tissue, right eye, subsequent encounter
S05.21XS	Ocular laceration and rupture with prolapse or loss of intraocular tissue, right eye, sequela
S05.22XD	Ocular laceration and rupture with prolapse or loss of intraocular tissue, left eye, subsequent encounter
S05.22XS	Ocular laceration and rupture with prolapse or loss of intraocular tissue, left eye, sequela
S05.31XD	Ocular laceration without prolapse or loss of intraocular tissue, right eye, subsequent encounter
S05.31XS	Ocular laceration without prolapse or loss of intraocular tissue, right eye, sequela
S05.32XD	Ocular laceration without prolapse or loss of intraocular tissue, left eye, subsequent encounter
S05.32XS	Ocular laceration without prolapse or loss of intraocular tissue, left eye, sequela
S05.41XD	Penetrating wound of orbit with or without foreign body, right eye, subsequent encounter
S05.41XS	Penetrating wound of orbit with or without foreign body, right eye, sequela
S05.42XD	Penetrating wound of orbit with or without foreign body, left eye, subsequent encounter
S05.42XS	Penetrating wound of orbit with or without foreign body, left eye, sequela
S05.51XD	Penetrating wound with foreign body of right eyeball, subsequent encounter
S05.51XS	Penetrating wound with foreign body of right eyeball, sequela
S05.52XD	Penetrating wound with foreign body of left eyeball, subsequent encounter
S05.52XS	Penetrating wound with foreign body of left eyeball, sequela
S05.61XD	Penetrating wound without foreign body of right eyeball, subsequent encounter
S05.61XS	Penetrating wound without foreign body of right eyeball, sequela
S05.62XD	Penetrating wound without foreign body of left eyeball, subsequent encounter
S05.62XS	Penetrating wound without foreign body of left eyeball, sequela
S05.71XD	Avulsion of right eye, subsequent encounter
S05.71XS	Avulsion of right eye, sequela

ICD-10-CM CODE	DESCRIPTION
S05.72XD	Avulsion of left eye, subsequent encounter
S05.72XS	Avulsion of left eye, sequela
S05.8X1D	Other injuries of right eye and orbit, subsequent encounter
S05.8X1S	Other injuries of right eye and orbit, sequela
S05.8X2D	Other injuries of left eye and orbit, subsequent encounter
S05.8X2S	Other injuries of left eye and orbit, sequela
S05.91XD	Unspecified injury of right eye and orbit, subsequent encounter
S05.91XS	Unspecified injury of right eye and orbit, sequela
S05.92XD	Unspecified injury of left eye and orbit, subsequent encounter
S05.92XS	Unspecified injury of left eye and orbit, sequela
S08.111D	Complete traumatic amputation of right ear, subsequent encounter
S08.111S	Complete traumatic amputation of right ear, sequela
S08.112D	Complete traumatic amputation of left ear, subsequent encounter
S08.112S	Complete traumatic amputation of left ear, sequela
S08.121D	Partial traumatic amputation of right ear, subsequent encounter
S08.121S	Partial traumatic amputation of right ear, sequela
S08.122D	Partial traumatic amputation of left ear, subsequent encounter
S08.122S	Partial traumatic amputation of left ear, sequela
S08.811D	Complete traumatic amputation of nose, subsequent encounter
S08.811S	Complete traumatic amputation of nose, sequela
S08.812D	Partial traumatic amputation of nose, subsequent encounter
S08.812S	Partial traumatic amputation of nose, sequela
S08.89XD	Traumatic amputation of other parts of head, subsequent encounter
S08.89XS	Traumatic amputation of other parts of head, sequela
S09.12XD	Laceration of muscle and tendon of head, subsequent encounter
S09.12XS	Laceration of muscle and tendon of head, sequela
S09.311D	Primary blast injury of right ear, subsequent encounter
S09.311S	Primary blast injury of right ear, sequela
S09.312D	Primary blast injury of left ear, subsequent encounter
S09.312S	Primary blast injury of left ear, sequela
S09.313D	Primary blast injury of ear, bilateral, subsequent encounter
S09.313S	Primary blast injury of ear, bilateral, sequela

ICD-10-CM CODE	DESCRIPTION
S09.8XXD	Other specified injuries of head, subsequent encounter
S09.8XXS	Other specified injuries of head, sequela
Z48.1	Encounter for planned postprocedural wound closure
ICD-10-CM CODE	DESCRIPTION

### ICD-10-CM Codes that DO NOT Support Medical Necessity

#### Group 1 Paragraph:

The following ICD-10 codes are non-covered when billed with **any** CPT/HCPCS or ICD-10 procedure code, not just those included in this article.

#### Group 1 Codes:

ICD-10-CM CODE	DESCRIPTION
Z40.8	Encounter for other prophylactic surgery
Z40.9	Encounter for prophylactic surgery, unspecified
Z41.1	Encounter for cosmetic surgery
Z41.3	Encounter for ear piercing
Z41.8	Encounter for other procedures for purposes other than remedying health state
Z41.9	Encounter for procedure for purposes other than remedying health state, unspecified

### ICD-10-PCS Codes

N/A

### 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.

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 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.

N/A

### Other Coding Information

N/A

## Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
07/29/2021	R7	Under <b>CPT/HCPCS Codes Group 7: Paragraph</b> added verbiage "Use CPT® codes only when the physician actually designs and prepares the prosthesis and not when the prosthesis is prepared by an outside laboratory. When CPT® codes 21089 and 21299 are billed, documentation must be submitted with the claim.". Under <b>ICD-10-CM Codes that Support Medical Necessity Group 1: Paragraph</b> revised verbiage in first sentence to read "The CPT/HCPCS codes included in this article will be subjected to "procedure to diagnosis" editing.". Under <b>ICD-10-CM Codes that Support Medical Necessity Group 7: Paragraph</b> added verbiage "Services billed with a diagnosis code that is not listed under <b>ICD-10-CM Codes That Support Medical Necessity</b> of this article will be denied as not covered. Exceptions will be considered on a case-by-case basis.". Under <b>ICD-10-CM Codes that DO NOT Support Medical Necessity Group 1: Paragraph</b> revised verbiage to read "The following ICD-10 codes are non-covered when billed with <b>any</b> CPT/HCPCS or ICD-10 procedure code, not just those included in this article.". CPT® was inserted throughout the article where applicable. Formatting was corrected throughout the article.
01/01/2021	R6	Under <b>CMS National Coverage Policy</b> added regulation descriptions and updated regulation headings. Under <b>CPT/HCPCS Codes Group 7: Paragraph</b> revised verbiage to read "Facial and Maxillofacial Procedures". Under <b>ICD-10 Codes that Support Medical Necessity Group 6: Paragraph</b> added 30468 to CPT code verbiage. Under <b>ICD-10 Codes that Support Medical Necessity Group 7: Paragraph</b> revised verbiage in first sentence to read "Medicare is establishing the following limited coverage for <b>facial and maxillofacial procedures (refer to the CPT codes as listed in the CPT/HCPCS Group 7: Paragraph)</b> ." Under <b>ICD-10 Codes that Support Medical Necessity Group 7: Codes</b> added C44.42 and Z48.1. CPT® was inserted throughout the article where applicable. This revision is retroactive effective for dates of service on or after 1/1/21.

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		Under <b>CPT/HCPCS Codes Group 3: Codes</b> deleted 19324 and 19366 and descriptors were changed for 19325, 19328, 19330, 19340, 19342, 19357, 19361, 19364, 19367, 19368, 19369, 19370, 19371 and 19380. Under <b>CPT/HCPCS Codes Group 4: Codes</b> and <b>Group 5: Codes</b> descriptor was changed for 19318. Under <b>CPT/HCPCS Codes Group 6: Codes</b> and <b>Group 7: Codes</b> added 30468. This revision is due to the Q1 2021 CPT/HCPCS Code Update and is retroactive effective for dates of service on or after 1/1/2021.
05/19/2020	R5	Under <b>ICD-10 Codes that Support Medical Necessity Group 6: Paragraph</b> deleted 21235. This revision is retroactive effective for dates of service on or after 5/19/20.
05/19/2020	R4	Under <b>CPT/HCPCS Codes Group 7: Codes</b> deleted 21235. Under <b>ICD-10 Codes that Support Medical Necessity Group 2: Codes</b> added L57.4. This revision is retroactive effective for dates of service on or after 5/19/20.
05/19/2020	R3	Under <b>CPT/HCPCS Codes Group 6: Codes</b> deleted 21235. This revision is retroactive effective for dates of service on or after 5/19/20.
10/24/2019	R2	This article is being revised in order to adhere to CMS requirements per chapter 13, section 13.5.1 of the Program Integrity Manual, to remove all coding from LCDs and incorporate into related Billing and Coding Articles. Regulations regarding billing and coding were removed from the <b>CMS National Coverage Policy</b> section of the related Cosmetic and Reconstructive Surgery L33428 LCD and placed in this article.
07/04/2019	R1	All coding located in the <b>Coding Information</b> section has been removed from the related Cosmetic and Reconstructive Surgery L33428 LCD and added to this article.

## Associated Documents

### Related Local Coverage Document(s)

LCD(s)

L33428 - 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 07/29/2021 with effective dates 07/29/2021 - N/A

Updated on 04/21/2021 with effective dates 01/01/2021 - 07/28/2021

Updated on 10/07/2020 with effective dates 05/19/2020 - 12/31/2020

Updated on 10/01/2020 with effective dates 05/19/2020 - N/A

Updated on 09/24/2020 with effective dates 05/19/2020 - N/A

Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

---

## Keywords

- Cosmetic
- Reconstructive