

GSURG-032 Billing and Coding Guidelines for Cosmetic Services

The following procedures may be considered reconstructive or cosmetic. Cosmetic procedures and/or surgery are statutorily excluded by Medicare. These services will be denied as non-covered. **Non-covered procedures do not need to be billed to the Contractor.** If the beneficiary requests a claim be submitted for a cosmetic procedure, then use the billing instructions below to receive a non-covered cosmetic denial. See LCD GSurg-032 for coverage of the services that are reconstructive and therefore, medically necessary.

Cosmetic surgery can be defined as a procedure that is performed to reshape normal structures of the body in order to improve the patient's appearance and self-esteem. These procedures can be performed for medically necessary or cosmetic reasons. See LCD GSURG-032 for the criteria for medically necessary services. Information below is to assist with billing for these services when they are performed for cosmetic reasons.

1. Reduction Mammoplasty (CPT 19318)
This procedure will be denied when performed for a cosmetic reason (V50.1).
2. Mastectomy for gynecomastia (19300):
If the tissue removed is primarily fatty tissue, the surgery is classified as cosmetic (V50.1) and will be denied as non-covered.
3. Punch graft hair transplant (CPT 15775-15776)
To indicate this procedure is performed for cosmetic reasons, use (V50.0) hair transplant to receive a non-covered denial.
4. Rhinoplasty (CPT codes 30400-30450)
When nasal surgery is performed solely to improve the patient's appearance in the absence of any signs and/or symptoms of functional abnormalities, it is considered cosmetic (V50.1) and will be denied as non-covered.
5. Excision, excessive skin and subcutaneous tissue (including lipectomy); abdomen (abdominoplasty) (15830) is not covered when performed to improve the patient's appearance (V50.1).
6. Chemical Peel (15788-15793)
For cosmetic reasons (V50.1) will be denied as not covered
7. Dermabrasion, segmental, face (15781) performed for a cosmetic reason (V50.1) will be denied as non-covered.
8. Rhytidectomy (15828, 15829) performed for a cosmetic reason (V50.1) will be denied as non covered.
9. The following CPT codes/procedures are generally considered cosmetic and may be medically reviewed or denied as non-covered:

11950-11954 15780, 15782, 15783 15819	Injection of filling material (collagen) Dermabrasion (eg. acne scarring, fine wrinkling...) Cervicoplasty
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15824-15826	Rhytidectomy
15832-15839	Excision, excessive skin and subcutaneous tissue, including lipectomy
15876-15879	Suction -assisted lipectomy
17340	Cryotherapy for acne
17360	Chemical exfoliation
17380	Electrolysis
69300	Otoplasty

10. Billing for dermal injections for the treatment of Facial Lipodystrophy Syndrome (LDS) that meet the criteria in the NCD:

G0429 Dermal Filler injection(s) for the treatment of facial lipodystrophy syndrome (LDS) (e.g., as a result of highly active antiretroviral therapy)

Q2026	Radiesse injection	Injection, Radiesse, 0.1ml
Q2027	Sculptra injection	Injection, Sculptra, 0.1ml

C9800 Dermal injection procedure(s) for facial lipodystrophy syndrome (LDS) and provision of Radiesse or Sculptra dermal filler, including all items and supplies

A temporary HCPCS code, C9800, was created to describe both the injection procedure and the dermal filler product. This code provides a payment mechanism to hospital outpatient perspective payment system (OPPS) and ambulatory surgery center (ASC) providers until average sales price (ASP) or wholesale acquisition cost (WAC) pricing information becomes available. When ASP or WAC pricing information becomes available, HCPCS code C9800 will be deleted and separate payment will be made under the OPPS and ASC payment systems for HCPCS G0429, Q2026, and Q2027. (Change Request 6953)

Medicare Claims Processing Manual (CMS Pub. 100-04)

260.2.1 – Hospital Billing Instructions

(Rev.1978, Issued: 06-04-10, Effective: 03-23-10, Implementation: 07-06-10)

For hospital outpatient claims, hospitals must bill covered dermal injections for treatment of facial LDS by having all the required elements on the claim:

A line with HCPCS codes Q2026 or Q2027 with a Line Item Date of service (LIDOS) on or after March 23, 2010,

A line with HCPCS code G0429 with a LIDOS on or after March 23, 2010, and

ICD-9-CM diagnosis codes 042 (HIV) and 272.6 (Lipodystrophy).

Note to outpatient prospective payment system (OPPS) hospitals or ambulatory surgical centers (ASCs): *For line item dates of service on or after March 23, 2010, and until HCPCS codes Q2026 and Q2027 are billable, facial LDS claims shall contain a temporary HCPCS code C9800, instead of HCPCS G0429 and HCPCS Q2026/Q2027, as shown above.*

For hospital inpatient claims, hospitals must bill covered dermal injections for treatment of facial LDS by having all the required elements on the claim:

Discharge date on or after March 23, 2010,

ICD-9-CM procedure code 86.99 (other operations on skin and subcutaneous tissue, i.e., injection of filler material), and

ICD-9-CM diagnosis codes 042 (HIV) and 272.6 (Lipodystrophy).

260.2.2 – Practitioner Billing Instructions

(Rev.1978, Issued: 06-04-10, Effective: 03-23-10, Implementation: 07-06-10)

Practitioners must bill covered claims for dermal injections for treatment of facial LDS by having all the required elements on the claim:

A line with HCPCS codes Q2026 or Q2027 with a LIDOS on or after March 23, 2010,

A line with HCPCS code G0429 with a LIDOS on or after March 23, 2010, and

ICD-9-CM diagnosis codes 042 (HIV) and 272.6 (Lipodystrophy).

Coding Guidelines

1. Claims do not have to be submitted for cosmetic procedures. However, if a denial of Medicare coverage is necessary, a GY modifier (items or services statutorily excluded or does not meet the definition of any Medicare benefit) can be used on a cosmetic procedure to receive a non-covered denial.
2. All submitted non-covered or no payment claims using condition code 21 will be processed to completion, and all services on those claims, since they are submitted as non-covered, will be denied. The default liability for payment of these claims is assigned to the beneficiary, who may then submit the denial from Medicare, as the primary payer, to subsequent payer(s) for consideration. Since a denial is a Medicare determination of payment, all services submitted on no payment claims may be appealed later if unusual circumstances so warrant. That is, all payment determinations are subject to appeal, even denials of services submitted as non-covered.

Regulation Summary:

Medicare Benefit Policy Manual (CMS PUB 100-02)

Cosmetic surgery or expenses incurred in connection with such surgery is not covered. Cosmetic surgery includes any surgical procedure directed at improving appearance, except when required for the prompt (i.e., as soon as medically feasible) repair of accidental injury or for the improvement of the functioning of a malformed body member. For example, this exclusion does not apply to surgery in connection with treatment of severe burns or repair of the face following a serious automobile accident, or to surgery for therapeutic purposes which coincidentally also serves some cosmetic purpose.

Medicare National Coverage Determinations Manual (CMS Pub. 100-03)

§140.2 - Breast Reconstruction Following Mastectomy (formerly CIM 35-47)

During recent years, there has been a considerable change in the treatment of diseases of the breast such as fibrocystic disease and cancer. While extirpation of the disease remains of primary importance, the quality of life following initial treatment is increasingly recognized as of great concern. The increased use of breast reconstruction procedures is due to several factors:

- A change in epidemiology of breast cancer, including an apparent increase in incidence;
- Improved surgical skills and techniques;
- The continuing development of better prostheses; and

- Increasing awareness by physicians of the importance of postsurgical psychological Reconstruction of the affected and the contralateral unaffected breast following a medically necessary mastectomy is considered a relatively safe and effective non-cosmetic procedure. Accordingly, program payment may be made for breast reconstruction surgery following removal of a breast for any medical reason. Program payment may not be made for breast reconstruction for cosmetic reasons. (Cosmetic surgery is excluded from coverage under §1862(a)(10) of the Act.)

Medicare Benefit Policy Manual (CMS Pub. 100-02)

§180 - Services Related to and Required as a Result of Services Which Are Not Covered Under Medicare.

Services "related to" cosmetic surgery including services related to follow-up care and complications of noncovered services which require treatment during a hospital stay in which the noncovered service was performed, are not covered services under Medicare.

After a beneficiary has been discharged from the hospital stay in which the beneficiary received noncovered services, medical and hospital services required to treat a condition or complication that arises as a result of the prior noncovered services may be covered when they are reasonable and necessary in all other respects.

Thus, coverage could be provided for subsequent inpatient stays or outpatient treatment ordinarily covered by Medicare, even if the need for treatment arose because of a previous noncovered procedure.

Some examples of services that may be found to be covered under this policy are the reversal of intestinal bypass surgery for obesity, repair of complications from transsexual surgery or from surgery, removal of a noncovered bladder stimulator, or treatment of any infection at the surgical site of a noncovered transplant that occurred following discharge from the hospital.

However, any subsequent services that could be expected to have been incorporated into a global fee are not covered. Thus, where a patient undergoes cosmetic surgery and the treatment regimen calls for a series of postoperative visits to the surgeon for evaluating the patient's progress, these visits are not covered.

Medicare National Coverage Determinations Manual (CMS Pub. 100-03)

§140.4 - Plastic Surgery to Correct "Moon Face"

The cosmetic surgery exclusion precludes payment for any surgical procedure directed at improving appearance. The condition giving rise to the patient's preoperative appearance is generally not a consideration. The only exception to the exclusion is surgery for the prompt repair of an accidental injury or for the improvement of a malformed body member which coincidentally serves some cosmetic purpose. Since surgery to correct a condition of "moon face" which developed as a side effect of cortisone therapy does not meet the exception to the exclusion, it is not covered under Medicare (§1862(a)(10) of the Act).

Medicare National Coverage Determinations Manual (CMS Pub. 100-03)

§ 250.5 - Dermal Injections for the Treatment of Facial Lipodystrophy Syndrome (LDS) - Effective March 23, 2010

A. General

Treatment of persons infected with the human immunodeficiency virus (HIV) or persons who have Acquired Immune Deficiency Syndrome (AIDS) may include highly active antiretroviral therapy (HAART). Drug reactions commonly associated with long-term use of HAART include metabolic

complications such as, lipid abnormalities, e.g., hyperlipidemia, hyperglycemia, diabetes, lipodystrophy, and heart disease. Lipodystrophy is characterized by abnormal fat distribution in the body.

The LDS is often characterized by a loss of fat that results in a facial abnormality such as severely sunken cheeks. The patient's physical appearance may contribute to psychological conditions (e.g., depression) or adversely impact a patient's adherence to antiretroviral regimens (therefore jeopardizing their health) and both of these are important health-related outcomes of interest in this population. Therefore, improving a patient's physical appearance through the use of dermal injections could improve these health-related outcomes.

B. Nationally Covered Indications

Effective for claims with dates of service on and after March 23, 2010, dermal injections for LDS are only reasonable and necessary using dermal fillers approved by the Food and Drug Administration (FDA) for this purpose, and then only in HIV-infected beneficiaries when LDS caused by antiretroviral HIV treatment is a significant contributor to their depression.

C. Nationally Non-Covered Indications

1. Dermal fillers that are not approved by the FDA for the treatment of LDS.
2. Dermal fillers that are used for any indication other than LDS in HIV-infected individuals who manifest depression as a result of their antiretroviral HIV treatments.

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06/01/2012 - This guideline is effective for J-8 providers in Michigan MAC B 07/16/12, Michigan MAC A 07/23/12, Indiana MAC A 07/23/12 and Indiana MAC B 08/20/12.