

## Cosmetic surgery / treatments

These services may or may not be covered by all HealthPartners plans. Please see your plan documents for your own coverage information. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage.

### Administrative Process

All requests for coverage of cosmetic surgery/treatment require prior authorization.

For Medicaid plans, prior authorization is not required for use of Sculptra® dermal filler injection when used for the treatment of facial lipodystrophy syndrome (LDS) caused by antiretroviral therapy for HIV-infected members and is a covered service.

Submission of GA modifier wavier is required when requesting services which are always considered a cosmetic service and therefore never covered. (See Coverage section and list of non-covered indications below).

### Coverage

Services that are performed to enhance or change the appearance and are not necessary to preserve the health of an individual are always considered to be cosmetic and are not eligible for coverage. This policy is meant to supplement a member's contracted benefit plan. In the event of a conflict, a member's benefit plan document always supersedes the information in this coverage policy. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. The provider and facility will be liable for payment unless:

1. The provider notifies the member that a specific service has been determined by HealthPartners to be cosmetic **and**
2. The member signs a waiver agreeing to pay for the specific non-covered service being rendered **and**
3. The claim has been billed with a GA modifier indicating such. If the member has signed a waiver agreeing to pay for the specific service, then the member will be liable for payment.

### Indications that may be covered

The following are examples of procedures or treatments which, depending upon the situation, may be considered cosmetic **or** medically necessary. For this reason, HealthPartners has developed specific coverage policies to address them. Generally, these procedures require prior authorization. Please refer to the following individual policies for coverage criteria and documentation requirements:

- Blepharoplasty, blepharoptosis repair, and brow lift
- Breast surgery (augmentation/implant removal/lift)
- Dental services - orthognathic surgery
- Gynecomastia surgery
- Hemangioma treatment
- Laser treatment for skin conditions
- Non-surgical treatment for gender dysphoria
- Panniculectomy
- Rhinoplasty - plastic surgery to alter nasal appearance
- Scar revision/keloids
- Surgical treatment of gender dysphoria
- Varicose vein procedures
- Weight loss surgery

### Indications that are not covered

Contractual benefits prohibit the coverage of cosmetic services, including those listed below. Note that while this portion of the policy addresses many common procedures, it does not address all procedures that might be considered cosmetic. Per the member contract, the HealthPartners Medical Policy Department, in collaboration with HealthPartners Medical Directors, reserves the right to review and deny coverage for other procedures that are deemed cosmetic.

1. Abdominoplasty or tummy tuck (See Panniculectomy coverage policy)
2. Any skin lesion treated or removed for solely cosmetic purposes
3. Broadband light therapy
4. Chemical exfoliation for treatment of acne (e.g., acne paste, acid)
5. Chemical peeling (except dermal peel for treatment of actinic keratoses)
6. Cryotherapy, including cryoslush therapy, for treatment of acne
7. Dermabrasion treatment (except for pre-cancerous and cancerous conditions)
8. Diastasis Recti repair (See Panniculectomy coverage policy)
9. Earlobe repair, except in the event of acute, traumatic injury.
10. Ear or body piercing
11. Electrolysis or laser hair removal (including treatment of pseudofolliculitis barbae).
12. Face lifts (rhytidectomy) or other related procedures to remove wrinkles or diminish the aging process
13. Fat grafts to any area unless performed as an integral part of another covered procedure
14. Hair transplants or repair of any congenital or acquired hair loss
15. Injections of Botox (botulinum toxin) to treat wrinkles
16. Injections of dermal fillers to improve the skin's contour or treat wrinkles, scars, or lipoatrophy. Examples include but are not limited to Artefill, Bellafill, Belotero, Captique, Cosmoderm, Elevess, Evolence, Fibrel, Hylaform (Hylan B Gel), Juvederm, Perlane, Prevelle Silk, Radiesse, Restylane Sculptra, Zyderm and Zypplast
17. Injectable medications used solely for cosmetic purposes
18. Laser facial resurfacing for treatment of acne scarring
19. Laser treatment of rosacea, a common skin condition in which certain facial blood vessels enlarge, giving the cheeks and nose a flushed appearance
20. Laser treatment for removal of spider veins (e.g., telangiectasia or spider angioma)
21. Liposuction of any area unless performed as an integral part of another covered procedure
22. Mesotherapy (injection of pharmaceutical and homeopathic medications, plant extracts, vitamins and other ingredients into the tissue beneath the skin to sculpt body contours by lysing subcutaneous fat).
23. Microneedling for treatment of acne scars, striae distensae (stretch marks), and other skin conditions
24. Removal of excessive skin from the thigh (thighplasty), leg, hip, buttock, arm (brachioplasty), forearm, hand, neck (cervicoplasty), back or flank, includes belt lipectomy or circumferential lipectomy
25. Tattoo removal
26. Treatments for reshaping the external portion of the ear or correcting protruding ears, including otoplasty and mechanical-molding devices, e.g., EarWell Infant Ear Correction System.
27. Vaginal rejuvenation procedures or aesthetic alteration of the female external genitalia (may include clitoral reduction, designer laser vaginoplasty, G-spot amplification, pubic liposuction or lift, reduction of labia minora, labia majora surgery or re-shaping, or vaginal tightening)
28. Other procedures, services or treatments deemed cosmetic

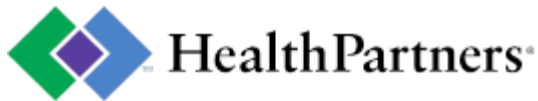
## Definitions

**Cosmetic** - The term given to surgery or treatment which is performed to enhance or change the appearance of an abnormal or normal body part and is not necessary to preserve the health of an individual.

## Codes

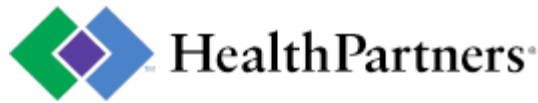
*If available, codes for a procedure, device or diagnosis are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all-inclusive.*

Codes	Description
11950	Subcutaneous injection of filling material (e.g., collagen); 1 cc or less
11951	Subcutaneous injection of filling material (e.g., collagen); 1.1 to 5.0 cc
11952	Subcutaneous injection of filling material (e.g., collagen); 5.1 to 10.0 cc
11954	Subcutaneous injection of filling material (e.g., collagen); over 10.0 cc
15775	Punch graft for hair transplant; 1 to 15 punch grafts
15776	Punch graft for hair transplant; more than 15 punch grafts
15780	Dermabrasion; Total face (e.g., for acne scarring, fine wrinkling, rhytids, general keratosis)
15781	Dermabrasion; segmental, face
15782	Dermabrasion; regional, other than face



15783	Dermabrasion; superficial, any site (e.g., tattoo removal)
15788	Chemical peel, facial; epidermal
15789	Chemical peel, facial; dermal
15792	Chemical peel, non-facial; epidermal
15793	Chemical peel, non-facial; dermal
15819	Cervicoplasty
15824	Rhytidectomy; forehead
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)
15826	Rhytidectomy; glabellar frown lines
15828	Rhytidectomy; cheek, chin, and neck
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infra-umbilical panniculectomy
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (e.g., abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)
15876	Suction assisted lipectomy; head and neck
15877	Suction assisted lipectomy; trunk
15878	Suction assisted lipectomy; upper extremity
15879	Suction assisted lipectomy; lower extremity
17106	Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); less than 10 sq cm
17107	Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); 10.0 to 50.0 sq cm
17108	Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); over 50.0 sq cm
17110	Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions
17111	Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions
17340	Cryotherapy (CO2 slush, liquid N2) for acne
17360	Chemical exfoliation for acne (e.g., acne paste, acid)
17380	Electrolysis epilation, each 30 minutes
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue, when used to describe microneedling (Microneedling may also be called collagen induction or collagen remodeling)
56620	Vulvectomy simple; partial
56810	Perineoplasty, repair of perineum, non-obstetrical (separate procedure)
56800	Plastic repair of introitus
58999	Unlisted procedure, female genital system (non-obstetrical)
69090	Ear piercing
69300	Otoplasty, protruding ear, with or without size reduction
69399	Unlisted procedure, ear, when used to report mechanical-molding (e.g., EarWell Infant Ear Correction System)
96999	Unlisted special dermatological service or procedure
Q2026	Injection, Radiesse 0.1ml
Q2028	Injection, Sculptra 0.5mg
J0591	Injection, deoxycholic acid, 1 mg
J3490	Injection, unclassified drug (applies to dermal fillers that do not have a specific assigned code)
G0429	Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome (LDS)

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## Products

This information is for most, but not all, HealthPartners plans. Please read your plan documents to see if your plan has limits or will not cover some items. If there is a difference between this general information and your plan documents, your plan documents will be used to determine your coverage. These coverage criteria do not apply to Medicare Products. For more information regarding Medicare coverage criteria or for a copy of a Medicare coverage policy, contact Member Services at 952-883-7272 or 1-877-778-8384.

Approved Medical Director Committee 01/01/94; Revised 07/01/99, 4/21/10, 7/1/10, 8/24/11, 8/13/13, 8/2016, 7/2017, 8/1/2018, 8/18/2020; 9/23/2025; Annual Review 6/1/06, 8/1/07, 8/1/08, 9/9/09, 6/9/10, 7/1/10, 7/2011, 7/2012, 6/2013, 8/2013, 8/2014, 8/2015, 8/2016, 8/2017, 8/2018, 8/2019, 8/2020, 8/2021, 8/2022, 8/2023, 8/2024, 9/2025

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