

10.01.02 Cosmetic and Reconstructive Services

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DISCLAIMER/INSTRUCTIONS FOR USE

This policy contains information which is clinical in nature. The policy is not medical advice. The information in this policy is used by Wellmark to make determinations whether medical treatment is covered under the terms of a Wellmark member's health benefit plan. Physicians and other health care providers are responsible for medical advice and treatment. If you have specific health care needs, you should consult an appropriate health care professional. If you would like to request an accessible version of this document, please contact customer service at 800-524-9242.

Benefit determinations are based on the applicable contract language in effect at the time the services were rendered. Exclusions, limitations, or exceptions may apply. Benefits may vary based on contract, and individual member benefits must be verified. Wellmark determines medical necessity only if the benefit exists and no contract exclusions are applicable. This medical policy may not apply to FEP. Benefits are determined by the Federal Employee Program.

This Medical Policy document describes the status of medical technology at the time the document was developed. Since that time, new technology may have emerged, or new medical literature may have been published. This Medical Policy will be reviewed regularly and updated as scientific and medical literature becomes available; therefore, policies are subject to change without notice.

Related Policies:

- [02.01.64 Gender Affirming Services](#)
- [02.01.81 Fractional Carbon Dioxide \(CO₂\) Laser Ablation Treatment of Hypertrophic Scars or Keloids for Functional Improvement](#)
- [07.01.76 Surgical Treatment of Lymphedema](#)
- [07.01.85 Orthognathic Surgery*](#)
- [07.01.93 Surgical Treatment of Lipedema*](#)
- [08.01.07 Chemical Peels](#)

Summary

Description

Note: *This Wellmark medical policy is not an evidence review, but rather a descriptive document of whether a proposed service would be considered reconstructive (medically necessary) or cosmetic in nature (non-covered).*

Cosmetic surgery is performed to improve appearance, not to improve function or ability. Cosmetic surgery is considered a non-covered benefit.

Reconstructive surgery focuses on reconstructing defects of the body or face due to congenital defects, trauma, infection, tumors, or disease. Reconstructive surgery is designed to restore or improve function associated with the presence of a defect but may also be performed to achieve a more typical appearance of the affected structure.

The presence or absence of a functional impairment is a critical point in interpreting coverage eligibility. Functional impairment is defined as the following:

- A functional impairment results in a significantly limited, impaired, or delayed capacity to move, coordinate actions or perform physical activities and is exhibited by difficulties in one or more of the following areas: physical and motor tasks; independent movement; performing activities of daily living (e.g., eating, bathing, dressing).

While reconstructive is often taken to mean that the service “returns the patient to whole” and cosmetic is often interpreted as meaning the restoration of appearance only, the application of these terms must be based on the specific contract language, *refer to the member’s benefit document*.

OBJECTIVE

The objective of this medical policy is to support the proper determination of whether the service would be considered reconstructive (medically necessary) or cosmetic in nature (non-covered).

PRIOR APPROVAL

Prior approval may be required for certain procedures addressed in this medical policy. For those procedures that require prior approval, *refer to* [Wellmark Authorization Table](#) to determine the medical necessity clinical coverage criteria using InterQual® criteria.

POLICY

Determination of whether a proposed service would be considered reconstructive, or cosmetic is interpreted in the context of the specific contract language. Refer to the member's benefit document. Also, refer to [Policy Guideline](#) section below for additional information.

Reconstructive Surgery

A procedure will be considered reconstructive and **medically necessary** when the primary purpose is to improve or restore function of a physical functional impairment of an abnormal body function when performed for any of the following, even if there is an incidental improvement in physical appearance:

- Illness or injury; **or**
- Birth defect

Breast Reconstruction Following Mastectomy

Covered breast reconstruction following mastectomy due to breast cancer or medically necessary mastectomy in high-risk individuals, includes reconstruction of the breast on which a mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, prostheses, and treatment of complications of the mastectomy, including lymphedema.

Note: *The above statement is related to the Women's Health and Cancer Rights Act of 1998 (PL 105-277) and this medical policy does not apply.*

Cosmetic Services

A procedure/service, or drug(s) are considered **COSMETIC** when performed primarily to enhance or otherwise alter physical appearance without an expectation of correcting or improving a functional impairment and **are excluded from coverage and considered a non-covered benefit**.

Procedure/service and drug(s) considered **COSMETIC** include, but are not limited to the following:

Cosmetic Procedures/Services

- Treatment for any complications resulting from a noncovered cosmetic procedure/service or drug(s)
- Abdominoplasty (including both mini and modified abdominoplasty) including:
 - Correction of diastasis recti repair for any indication
 - Repairing abdominal wall laxity
 - When performed in conjunction with abdominal or gynecological procedure (not an all-inclusive list) such as abdominal hernia repair, hysterectomy, or obesity surgery
- Abdominal etching (new liposuction technique that creates a muscular, rippled appearance in the abdominal area) (SmartLipo)
- Areola reduction *except when performed with post-mastectomy breast reconstruction, see above*; can be performed with breast lift [mastopexy]; breast reduction; or breast augmentation for aesthetic purposes
- Arm lift (brachioplasty)
- Asymptomatic varicose vein treatment
- Blepharoplasty – lower eyelid
- Blepharoplasty – upper lid when performed for aesthetic purposes and in the absence of visual field symptoms (see also [Prior Approval](#))
- Body lift /torsoplasty (abdominal area – locally or extending around the sides into the lower back area; buttocks; thigh – the inner, outer or posterior thigh, or the thighs circumference)
- Body contouring or excessive/redundant skin removal from limbs and other areas of the body

- Breast augmentation *except post-mastectomy breast reconstruction, see above*; (for all other indications see [Prior Approval](#))
- Breast implant removal *except post-mastectomy breast reconstruction, see above*
- Breast implant revision *except post-mastectomy breast reconstruction, see above*
- Breast lift (mastopexy) *except post-mastectomy breast reconstruction, see above*
- Breast Reduction when performed for aesthetic purposes – solely to improve the individuals' appearance in the absence of symptoms or functional abnormalities/impairments (see also [Prior Approval](#))
- Brow lift/brow ptosis/forehead lift when performed for aesthetic purposes – solely to improve the individuals appearance in the absence of visual or functional impairment (for brow ptosis see also [Prior Approval](#))
- Buccal fat removal (cheek reduction)
- Buttock enhancement (gluteal augmentation and lift)
- Calf augmentation (restore leg contour)
- Canthopexy for aesthetic purposes – solely to improve the individuals appearance in absence of functional impairment
- Cellulite reduction treatments – minimally invasive options like subcision (e.g. Cellfina), laser therapies (e.g., Cellulaze), or radiofrequency-based methods
- Cervicoplasty (Neck lift or tuck) – lower rhytidectomy
- Cheek augmentation (cheek enhancement)
- Chemical exfoliation for active acne and acne scarring
- Chin surgery (mentoplasty/genioplasty/chinplasty) when performed primarily to enhance or otherwise alter physical appearance without correcting or improving physiological function
- Correction of inverted nipples
- Dermabrasion (skin resurfacing) a technique that leads to improvement in skin appearance, quality and structure (examples may include sun damage, acne scarring, age spots or wrinkles)
- Dermal fillers/injectable dermal fillers used to sculpt body contours (diminish facial lines and restore volume and fullness)
- Ear or body piercing
- Electrolysis/laser hair removal *except when related to permanent hair removal for gender affirming bottom surgery see [Prior Approval and medical policy 02.01.64 Gender Affirming Services](#)*
- Facelift surgery – Rhytidectomy
- Facial implants for facial balancing and enhancing (may include the following: chin implant to increase the size and projection of the chin that is not proportion with the forehead and midface; jaw implant to increase the width of the lower third of the face; cheek implants to increase the projection of the cheekbones)
- Fat graft(s) for fat transfer(s) *except when performed with post-mastectomy breast reconstruction, see above*
- Hair transplant (surgical hair replacement)
- Laser skin resurfacing (also known as laser peel, low-level laser therapy (LLLT), laser vaporization, and lasabrasion) to reduce wrinkles, scars, blemishes, and other miscellaneous indications including but not limited to the following:
 - Acne scarring
 - Age spots/brown spots
 - Alopecia
 - Dull skin
 - Excess hair removal
 - Hair color and hair shaft abnormalities

- Loss of skin tone
- Melasma (brown to grey-brown patches on the face)
- Other disorders of pigmentation (freckles, sunspots)
- Rosacea
- Scar conditions (hypertrophic scar), fibrous skin conditions or hypertrophic disorders of the skin
- Vitiligo
- Wrinkles or fine lines
- Lipectomy (arms, abdomen, buttocks, thighs, and legs), *except post-mastectomy breast reconstruction, see above*
- Lip enhancement/augmentation/reshaping surgery including but not limited to lip lift, lip implants, vermilion advancement, fat grafting/transfer to the lips, or other surgical techniques to increase lip volume, projection, or reshape the lips for aesthetic purposes
- Liposuction/Liposuction Assisted (laser or ultrasound assisted), *except as indicated for surgical treatment of lipedema* see medical policy [07.01.93](#)
- Male breast reduction (gynecomastia surgery, see also [Prior Approval](#))
- Mommy Makeover (restore the shape and appearance after childbearing: procedures may include breast augmentation, breast lift (mastopexy), buttock augmentation, liposuction, tummy tuck, vaginal rejuvenation)
- Neck tuck (platysmaplasty)
- Nonsurgical fat reduction (using heat, cooling, or an injected medication to reduce fat cells)
 - Cryolipolysis (e.g., CoolSculpting)
 - Injection lipolysis (e.g., Kybella, see Pharmaceutical Agents below)
 - Radiofrequency lipolysis (e.g., Vanquish)
 - Laser lipolysis (e.g., SculpSure)
- Otoplasty (ear surgery)
- Panniculectomy when performed for aesthetic purposes – to solely improve the patient's appearance in the absence of symptoms or functional abnormalities/impairments (see also [Prior Approval](#))
- Penis enhancement surgery to include insertion of penile prosthesis when utilized for this indication
- Removal of frown lines
- Rhinoplasty when performed for aesthetic purposes – solely to improve the patient's appearance in the absence of symptoms or functional abnormalities/impairments (see also [Prior Approval](#))
- Scar treatment - revision-such as surgical excision, tissue rearrangement Z-plasty or W-plasty. For laser treatment hypertrophic scars, *see also Wellmark Medical Policy 02.01.81 Fractional Carbon Dioxide (CO2) Laser Ablation Treatment of Hypertrophic Scars or Keloids for Functional Impairment*
- Skin rejuvenation and resurfacing/targeted phototherapy using laser therapy to include but not limited to the treatment of rosacea, vitiligo, acne scarring/skin disorders (age spots/brown spots), melasma (brown to gray-brown patches on the face), improving complexion yellowing or graying skin tones, aged or sun damaged skin, nonresponsive skin after a face lift, loss of skin tone, dull skin, and fine lines or wrinkles; examples of skin rejuvenation and resurfacing treatment methods include, but are not limited to the following:
 - Laser (Excimer laser, Omnilight or Vbeam) and Intense Light (IPL) Treatments (used to remove discoloration and/or tighten sagging skin)
 - Chemical peels (various acid peels/pastes used in different combinations to remove damaged outer skin layers)
 - Dermabrasion

- Ablative laser treatments (fractional, CO₂ lasers [remove outer layers of skin to smooth lines and wrinkles])
- Mechanical ablation (dermabrasion, dermaplaning [surgical scraping methods to soften skin surface irregularities])
- Non-ablative treatments (microdermabrasion, microneedling, light acid peels [minimally invasive sanding methods to treat light scarring and discolorations])
- Skin tag removal except as indicated below
- Tattooing of nipples *except nipples-areola post-mastectomy reconstruction when provided by a covered medical professional recognized under the members plan (see [Policy Guidelines](#))*
- Tattoo removal (laser treatments, chemical peels, dermabrasion, and surgical excision)
- Thigh lift (reshaping of the thighs)
- Thread lift (also referred to as a “lunchtime lift”)
- Treatment by any means of asymptomatic varicose veins/venous insufficiency
- Treatment for skin wrinkles
- Treatment using sclerotherapy (Asclera, Sotradecol), various laser treatments (PhotoDerm, VeinLase, Vasculte) or focused thermal energy (Veinwave or VeinGogh Thermolysis System) or treatment by any means of the Spider veins (tiny varicose veins less than 1 millimeter in diameter, telangiectasia) and reticular veins (those that are 1 to 3 millimeters in diameter) or broken blood vessels
- Tummy tuck (also known as abdominoplasty)
- Umbilectomy and umbilicoplasty
- Vaginal rejuvenation nonsurgical and surgical
 - Nonsurgical
 - Radiofrequency (Protégé Intima, Pelleve RF, ThermiVa)
 - Laser energy (MonaLisa Touch, FemiLift-Femilift Probe/FemiLift Slim Probe, FemiTight, CO₂ RE Intima; IntimaLase Er YAG laser [Fontona Smooth SP, FotonaSmooth XS Er YAG])
 - Dermal filler injections, see Pharmaceutical agents below
 - Surgical (aesthetic alterations of the female genitalia)
 - Clitoral reduction
 - Hymenoplasty or revirgination procedure
 - G-spot amplification
 - Pubic liposuction or lift
 - Vaginal labiaplasty (reducing the length of the labia minora or changing the shape of the labia minora)
 - Vaginoplasty/Designer Vaginoplasty (tightening up of the vagina that becomes slack or loose from vaginal childbirth or aging)

Benign Skin Tag Removal

Removal of benign skin tags will be considered **medically necessary** when anatomically located in an area subject to recurrent trauma/irritation (e.g., bra line, waist band, collar area, etc.) if one or more of the following conditions are present and clearly documented in the medical record:

- Physical evidence of bleeding
- Physical evidence of inflammation or irritation (e.g., edema, erythema, oozing or purulence)

Medical record must clearly document both individual's symptoms and abnormal physical exam findings relative to skin tag(s) to justify removal. Notation of “irritated or inflamed skin tag(s)” is insufficient documentation for determination of medical necessity of skin tag(s) removal. (**Note:** *High quality color photographs are not required as part of the documentation for benign skin tag removal.*)

In the absence of the above, removal of benign skin tag(s) will be considered **COSMETIC and not a contract benefit**.

Pharmaceutical Agents

A procedure/service, or drug(s) are considered **COSMETIC** when performed primarily to enhance or otherwise alter physical appearance without an expectation of correcting or improving a functional impairment and are excluded from coverage. Therefore, the following drug(s)/biologics are considered **COSMETIC** and excluded from coverage (not an all-inclusive list):

- Botox Cosmetic (onabotulinum toxin for cosmetic use)
- Egrifta (tesamorelin)
- Juvederm
- Kybella (deoxycholic acid) injection
- Latisse (bimatoprost)
- Radiesse
- Sculptra
- Vaniqa (elornithine)
- Any drug with an FDA approved indication that is only to preserve or improve appearance in the absence of a physical functional impairment.

POLICY GUIDELINES

Covered Provider

Physician or licensed qualified non-physician practitioner (a licensed qualified non-physician may include the following: Nurse Practitioners, Physician Assistants, or Clinical Nurse Specialist Practitioners).

Required Documentation

The documentation requirements outlined below are used to assess whether the member meets the clinical criteria for coverage and does not guarantee coverage of the service requested, submit medical notes documenting **ALL** the following:

- History of medical conditions requiring treatment or surgical intervention which includes all the following:
 - To prove medical necessity, a well-defined physical/physiologic abnormality resulting in a medical condition that requires treatment;
 - Recurrent or persistent functional impairment caused by the abnormality.
- Clinical studies/tests addressing the physical/physiologic abnormality confirming its presence and degree to which it causes impairment.
- High quality color photograph(s): All photographs must be labeled with the date taken and the patient's name and member ID number on the photograph(s). **Note:** *Submission of the high-quality color photograph(s) are required, and procedure(s) will not be reviewed if no photographs are included in the documentation.*
- Physician plan of care with proposed procedures and whether this request is part of a staged procedure; indicate how the procedure will improve and/or restore function. **Note:** *If the procedure(s) being performed will be completed as a staged procedure and the procedure(s) require prior approval, refer to [Wellmark Authorization Table](#) to determine this, prior approve all stages of the procedure with the initial prior approval request.*

Determination of Eligibility of Coverage

The final determination of eligibility of coverage should be based on application of the individual's specific contract language based on the etiology of the defect and the presence or absence of documented functional impairment (*see definitions below*).

Administering the Contract Language

The following general principles describe the issues to be determined in properly administering contract language:

1. The eligibility of a service for coverage may be based on either a specific benefit addressing cosmetic or reconstructive services or on its specific exemption or exclusion for cosmetic or reconstructive services or both.
2. Cosmetic services are usually considered to be those that are primarily to restore appearance and that otherwise do not meet the definition of reconstructive. The definition of reconstructive may be based on two distinct factors:
 - Whether the service is primarily indicated to improve or correct a functional impairment or is primary to improve appearance; and
 - The etiology of the defect (e.g., congenital anomaly, anatomic variant, result of trauma, post-therapeutic intervention, disease process).
3. The presence or absence of a functional impairment is a critical point in interpreting coverage eligibility.

Benefit Application

Considerations when reviewing a case: Contract language may vary regarding the definition of reconstructive services for different categories of conditions: Key considerations are listed below:

- First, it must be determined whether a functional impairment is present that would render its treatment medically necessary and therefore eligible for coverage if no other exclusions apply.
- Second, if no functional impairment is present, the etiology of the condition must be determined, and the contract language reviewed to see if this etiology is included in the definition of Reconstructive Services or Cosmetic Services (Not Covered).

Definitions

Accidental Injury: An injury, independent of disease or bodily infirmity or any other cause, that happens by chance and requires immediate medical attention.

Adjacent Tissue Transfer: A random pattern local flap which is used to fill in nearby or local defect. To be considered an adjacent tissue transfer an incision must be made by the surgeon which results in a secondary defect. Examples include transposition flaps, advancement flaps and rotation flaps.

Aesthetic: Aimed at improving the physical appearance and satisfaction of the patient.

Complications of a Noncovered Services

A member is not covered for a complication resulting from a noncovered service, supply, device or drug. However, this exclusion does not apply to the treatment of complications resulting from:

- Smallpox vaccination when payment for such treatment is not available through workers compensation or government-sponsored programs; or

- A noncovered abortion.

Congenital Anomaly (i.e., Birth Defect): A physical developmental defect that is present at the time of birth or is identified within the first twelve months of the birth.

The World Health Organization (WHO) defines Congenital Anomalies as the following: Congenital anomalies are also known as birth defects, congenital disorders or congenital malformation. Congenital anomalies can be defined as structural or functional anomalies that occur during intrauterine life and can be identified prenatally, at birth or sometimes may only be detected later in infancy.

Cosmetic Services: (Not Covered): Cosmetic Services, supplies, or drugs if provided primarily to improve physical appearance. A service, supply or drug that results in an incidental improvement in appearance may be covered if it is provided primarily to restore function lost or impaired as the result of an illness, accidental injury, or a birth defect. Treatment for any complications resulting from a noncovered cosmetic procedure are also not covered.

The American Society of Plastic Surgeons defines Cosmetic Procedures as the following: Cosmetic plastic surgery includes surgical and nonsurgical procedures that enhance and reshape structures of the body to improve appearance and confidence.

Drugs, Services, and Items that are Not Covered: Drugs, services and items that are not covered under your prescription drug benefits include but are not limited to: Cosmetic drugs.

Functional Impairment: A functional impairment causes deviation from the normal function of a tissue or organ. This results in a significantly limited, impaired, or delayed capacity to move, coordinate actions or perform physical activities and is exhibited by difficulties in one or more of the following areas: physical and motor tasks; independent movement; performing basic life functions (e.g., eating, bathing, dressing).

Illness or Injury Services: Any bodily disorder, bodily injury, disease, or mental health condition, including pregnancy and complications of pregnancy.

Prosthetic Devices: Devices used as artificial substitutes to replace a missing natural part of the body or to improve, aid, or increase the performance of a natural function.

Reconstructive Surgery: Reconstructive surgery primarily intended to restore function lost or impaired as a result of an illness, injury or birth defect (even if there is incidental improvement in physical appearance) including breast reconstructive surgery following mastectomy. Breast reconstructive surgery includes the following:

- Reconstruction of the breast on which the mastectomy has been performed.
- Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses.

The American Society of Plastic Surgeons defines Reconstructive Procedures as the following: Reconstructive surgery is performed to treat structures of the body affected aesthetically or functionally by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. Reconstructive surgery is generally done to improve function and ability but may also be performed to achieve a more typical appearance of the affected structure.

Reticular vein: Dilated bluish subdermal vein, generally 1 mm to less than 3 mm in diameter and usually tortuous. Synonyms include blue veins, subdermal varices, and telangiectasia.

Telangiectasia: Dilated superficial blood vessels, especially of the upper reticular dermal plexus.

Coding

See the [Codes](#) table for details.

BACKGROUND

Cosmetic surgery is performed to improve appearance, not to improve function or ability. Cosmetic surgery is considered a non-covered benefit.

Reconstructive surgery focuses on reconstructing defects of the body or face due to congenital defects, trauma, infection, tumors, or disease. Reconstructive surgery is designed to restore or improve function associated with the presence of a defect but may also be performed to achieve a more typical appearance of the affected structure.

The presence or absence of a functional impairment is a critical point in interpreting coverage eligibility. Functional impairment is defined as the following:

- A functional impairment results in a significantly limited, impaired, or delayed capacity to move, coordinate actions or perform physical activities and is exhibited by difficulties in one or more of the following areas: physical and motor tasks; independent movement; performing activities of daily living (e.g., eating, bathing, dressing).

While reconstructive is often taken to mean that the service “returns the patient to whole” and cosmetic is often interpreted as meaning the restoration of appearance only, the application of these terms must be based on the specific contract language, *refer to the member’s benefit document*.

Determination of Eligibility of Coverage

The final determination of eligibility of coverage should be based on application of the individual’s specific contract language based on the etiology of the defect and the presence or absence of documented functional impairment (see definitions above).

Administering the Contract Language

The following general principles describe the issues to be determined in properly administering contract language:

1. The eligibility of a service for coverage may be based on either a specific benefit addressing cosmetic or reconstructive services or on its specific exemption or exclusion for cosmetic or reconstructive services or both.
2. Cosmetic services are usually considered to be those that are primarily to restore appearance and that otherwise do not meet the definition of reconstructive. The definition of reconstructive may be based on two distinct factors:
 - Whether the service is primarily indicated to improve or correct a functional impairment or is primary to improve appearance; and
 - The etiology of the defect (e.g., congenital anomaly, anatomic variant, result of trauma, post-therapeutic intervention, disease process).
3. The presence or absence of a functional impairment is a critical point in interpreting coverage eligibility.

Benefit Application

Considerations when reviewing a case: Contract language may vary regarding the definition of reconstructive services for different categories of conditions: Key considerations are listed below:

- First, it must be determined whether a functional impairment is present that would render its treatment medically necessary and therefore eligible for coverage if no other exclusions apply.
- Second, if no functional impairment is present, the etiology of the condition must be determined, and the contract language reviewed to see if this etiology is included in the definition of Reconstructive Services or Cosmetic Services (Not Covered).

Regulatory Status

Many cosmetic and reconstructive interventions are surgical procedures and are not subject to FDA approval. However, devices and instruments used during the procedures may require FDA approval.

RATIONALE

Not Applicable

SUPPLEMENTAL INFORMATION

The purpose of the following information is to provide reference material. Inclusion does not imply endorsement or alignment with the evidence review conclusions.

Practice Guidelines and Position Statements

Guidelines or position statements will be considered for inclusion in 'Supplemental Information' if they were issued by, or jointly by, a US professional society, an international society with US representation, or National Institute for Health and Care Excellence (NICE). Priority will be given to guidelines that are informed by a systematic review, include strength of evidence ratings, and include a description of management of conflict of interest.

American College of Obstetricians and Gynecologists (ACOG)

In 2020, the American College of Obstetricians and Gynecologists (ACOG) issued a committee opinion 795 regarding elective female genital cosmetic surgery (Replaces Committee Opinion Number 378, September 2007 [reaffirmed in 2023]).

“Female genital cosmetic surgery” is a broad term that comprises numerous procedures, including labiaplasty, clitoral hood reduction, hymenoplasty, labia majora augmentation, vaginoplasty, and G-spot amplification. Both patient interest in and performance of cosmetic genital procedures have increased during the past decade. Lack of published studies and standardized nomenclature related to female

genital cosmetic surgical procedures and their outcomes translates to a lack of clear information on incidence and prevalence and limited data on risks and benefits. Women should be informed about the lack of high-quality data that support the effectiveness of genital cosmetic surgical procedures and counseled about their potential complications, including pain, bleeding, infection, scarring, adhesions, altered sensation, dyspareunia, and need for reoperation. Obstetrician–gynecologists should have sufficient training to recognize women with sexual function disorders as well as those with depression, anxiety, and other psychiatric conditions. Individuals should be assessed, if indicated, for body dysmorphic disorder. In women who have suspected psychological concerns, a referral for evaluation should occur before considering surgery. As for all procedures, obstetrician–gynecologists who perform genital cosmetic surgical procedures should inform prospective patients about their experience and surgical outcomes. Patients should be made aware that surgery or procedures to alter sexual appearance or function (excluding procedures performed for clinical indications, such as clinically diagnosed female sexual dysfunction, pain with intercourse, interference in athletic activities, previous obstetric or straddle injury, reversing female genital cutting, vaginal prolapse, incontinence, or gender affirmation surgery) are not medically indicated, pose substantial risk, and their safety and effectiveness have not been established.

Recommendations and Conclusions

The American College of Obstetricians and Gynecologists make the following recommendations and conclusions regarding the use of and indications for female genital cosmetic surgery.

- Patients should be made aware that surgery or procedures to alter sexual appearance or function (excluding procedures performed for clinical indications, such as clinically diagnosed female sexual dysfunction, pain with intercourse, interference in athletic activities, previous obstetric or straddle injury, reversing female genital cutting, vaginal prolapse, incontinence, or gender affirmation surgery) are not medically indicated, pose substantial risk, and their safety and effectiveness have not been established.
- Women should be informed about the lack of high-quality data that support the effectiveness of genital cosmetic surgical procedures and counseled about their potential complications, including pain, bleeding, infection, scarring, adhesions, altered sensation, dyspareunia, and need for reoperation.
- Obstetrician–gynecologists should have sufficient training to recognize women with sexual function disorders as well as those with depression, anxiety, and other psychiatric conditions. Individuals should be assessed, if indicated, for body dysmorphic disorder. In women who have suspected psychological concerns, a referral for evaluation should occur before considering surgery.
- In responding to a patient’s concern about the appearance of her external genitalia, the obstetrician–gynecologist can reassure her that the size, shape, and color of the external genitalia vary considerably from woman to woman. These variations are further modified by pubertal maturity, aging, anatomic changes resulting from childbirth, and atrophic changes associated with menopause or hypoestrogenism, or both.
- As for all procedures, obstetrician–gynecologists who perform genital cosmetic surgical procedures should inform prospective patients about their experience and surgical outcomes.
- Advertisements in any media must be accurate and not misleading or deceptive. “Rebranding” existing surgical procedures (many of which are similar to, if not the same as, the traditional anterior and posterior colporrhaphy) and marketing them as new cosmetic vaginal procedures is misleading.”

American Society of Plastic Surgeons (ASPS)

Cosmetic Procedures

“Cosmetic plastic surgery includes surgical and nonsurgical procedures that enhance and reshape structures of the body to improve appearance and confidence.”

List of Procedures

Breast	
Procedure	Description
Breast Augmentation (Augmentation Mammoplasty)	“Breast augmentation, sometimes referred to as a “breast aug” or boob job” by patients, involves using breast implants or fat transfer to increase the size of your breasts. This procedure can restore breast volume lost after weight reduction or pregnancy, achieve a more rounded breast shape or improve natural breast size asymmetry. “Breast augmentation is also referred to augmentation mammoplasty. When fat from another part of the patient’s body is used to create the improved breast volume, the procedure is referred to as fat transfer breast augmentation.” “What breast augmentation surgery can do: • Increase fullness and projection of your breasts • Improve balance of breasts and hip contours • Enhance your image and self-confidence”
Breast Implant Revision	“The goal of breast implant revision surgery is to replace old breast implants with new implants. Often the goal is also to change or improve the appearance of the breasts while updating the implant material, which could include: a concurrent breast lift or reduction; reshaping the breast implant pocket to reposition the implant on the chest; either increasing or decreasing the size, shape, style of the breast implant.”
Breast Implant Removal	“The goal of breast implant removal surgery is to remove the breast implant from breast augmentation or breast reconstruction patients. During these procedures, the surgeon may also remove silicone material from implant leaks and the breast capsule, which is the scar tissue that forms after the placement of a breast implant.”
Breast Reduction (Reduction Mammoplasty)	“Surgery entails the removal of skin and tissue from the breast, followed by reshaping and elevating to create a smaller, more proportionate bust size.” “Women pursue this surgery for various reasons, but all with the goal of enhancing their overall quality of life.”
Breast Lift (Mastopexy)	“Raises the breasts by removing excess skin and tightening the surrounding tissue to reshape and support the new breast contour. A breast lift can rejuvenate the figure with a breast profile that is more youthful and uplifted. A woman’s breasts often change over time, losing their youthful shape and firmness. These changes and loss of skin elasticity can result from: pregnancy, breastfeeding, weight fluctuations, aging, gravity and heredity.”

	"Sometimes the areola becomes enlarged overtime, and a breast lift will reduce this as well." "What breast lift surgery can't do Breast lift surgery does not significantly change the size of your breasts or round out the upper part of your breast. If you want your breasts to look fuller, consider breast lift and breast augmentation. If you want smaller breasts, consider breast lift and breast reduction."
Fat Transfer Breast Augmentation (Breast Augmentation with Fat, Grafting)	"Essentially uses liposuction to take fat from other parts of your body and inject in your breasts. This is a breast augmentation option for women who are looking for a relatively small increase in breast size and would prefer natural results."
Fat Reduction	
Procedure	Description
Liposuction (Lipoplasty)	"Liposuction (also known as lipoplasty), is a surgical procedure that involved the removal of excess fat from specific areas of the body. The procedure is typically used to contour the abdomen, hips, thighs, buttocks and other areas where diet and exercise alone have not been successful. Liposuction is popular cosmetic surgery procedure that can help people achieve a slimmer and more proportional body shape." "Liposuction techniques can be used to reduce localized fat deposits of the: • Abdomen and waist • Back • Calves and ankles • Chest area • Face, cheeks, chin and neck • Hips and buttocks • Inner knee • Thighs • Upper arms" "Liposuction can be performed alone or along with plastic surgery procedures, such as facelift, breast reduction or a tummy tuck."
Liposuction – Assisted (Laser/Ultrasound Assisted)	"Laser and ultrasound-assisted liposuction, like traditional liposuction, are not a weight control method or fix for obesity. They are used to help contour the body in those areas that are not responsive to diet and exercise such as saddlebags and paunchy stomach. Liposuction assisted with laser or ultrasound liquefies the fat before it is removed from the body." "Also, like traditional liposuction, laser or ultrasound assisted liposuction is most often used to reduce fullness in your: • Abdomen • Ankles • Arms • Buttocks • Cheeks • Chin

	• Hips • Knees • Neck • Thighs • Upper arms • Waist"
Nonsurgical fat reduction (minimally invasive procedures)	"Nonsurgical or minimally invasive options for fat reduction include technology that uses heat, cooling or an injected medication to reduce fat cells." "While none of these treatments are a replacement for liposuction, they provide options for patients unwilling or unable to undergo surgery. Nonsurgical fat reduction options use a variety of modalities, including ultrasound, radiofrequency, infrared light, vacuum massage, and injectable medication." "Among the procedures that comprise nonsurgical fat reduction are: • Cryolipolysis (e.g., CoolSculpting) • Injection lipolysis (e.g., Kybella), • Radiofrequency lipolysis (e.g., Vanquish) • Laser lipolysis (e.g., SculpSure)."
Body Lifts	
Procedure	Description
Arm Lift (Brachioplasty)	"Reshapes the under portion of the upper arm, from the underarm region to the elbow." An arm lift, or brachioplasty is a surgical procedure that: • Reduces excess sagging skin that droops downward • Tightens and smooths the underlying supportive tissue that defines the shape of the upper arm • Reduces localized pockets of fat in the upper arm region. "Fluctuations in weight, growing old and heredity can cause your upper arms to have drooping, sagging appearance. This is a condition that cannot be corrected through exercise." "Arm lift surgery may be right for you if the underside of your upper arms are sagging or appear loose and full due to excess skin."
Body Lift	"Improves the shape and tone of the underlying tissue that supports fat and skin. Excess sagging fat and skin are also removed, and the procedure(s) can improve a dimpled, irregular skin surface." "A body lift may include these areas: • Abdominal area - locally or extending around the sides and into the lower back area • Buttocks • Thigh - the inner, outer, or posterior thigh, or the thigh's circumference"

	"Aging, sun damage, pregnancy, significant fluctuations in weight and genetic factors may contribute to poor tissue elasticity that can result in sagging of the abdomen, buttocks and thigh." What a body lift can't do: Body lifts are not intended strictly for the removal of excess fat. Liposuction alone can remove excess fat deposits where skin has good elasticity and is able to naturally conform to new body contours. In cases where skin elasticity is poor, body lift techniques along with liposuction may be recommended."
Mommy Makeover	"The goal of a mommy makeover is to restore the shape and appearance of a woman's body after childbearing. Many women notice changes in their bodies post pregnancy. There are many areas of the body that can be addressed, most commonly the breasts, abdomen, waist, genitalia, and buttocks." "A mommy makeover is typically performed as a single stage procedure. There are many techniques used to perform a mommy makeover, and many factors should be taken into consideration when choosing which techniques are best: ▪ Desired amount of restoration ▪ Placement of the incisions ▪ Type of implant(s) used" "Possible procedures in a mommy makeover: ▪ Breast augmentation ▪ Breast lift ▪ Buttock augmentation ▪ Labiaplasty ▪ Liposuction ▪ Tummy tuck"
Tummy Tuck (Abdominoplasty)	A tummy tuck, also known as abdominoplasty, removes excess fat and skin and in most cases, restores weakened or separated muscles creating an abdominal profile that is smoother and firmer.
Body Contouring	"Surgical body contouring following major weight loss removes excess sagging skin and fat while improving the shape of underlying supportive tissue. The result is better proportioned appearance with smoother contours." "Body contouring procedures may include: • Arm lift (correct sagging of the upper arms); • Breast lift (correct sagging, flattened breasts); • Facelift (correct sagging of the mid-face, jowls and neck); • Lower body lifts (correct sagging of the abdomen, buttocks, inner and outer thighs); • Medial thigh lift (correct sagging of the inner thigh); • Tummy tuck (correct apron of excess skin hanging over the abdomen)"
Buttock Enhancement (Gluteal Augmentation and Lift)	Buttock augmentation, or gluteal augmentation is used to improve the contour, size and/or shape of the buttocks. This is done

	through the use of buttock implants, fat grafting or sometimes a combination of the two.” “Buttock implants are silicone-filled devices that are surgically placed deep within the tissues of the buttock. Buttock augmentation using fat grafting involves the transfer of fat from one area of the body into tissues of the buttocks. This technique is sometimes referred to as a Brazilian Butt Lift.” “What buttock augmentation surgery can do • Increase fullness, roundness and projection of your butt or buttocks • Improve the balance of your figure • Enhance your self-image and self-confidence” “In addition to buttock augmentation procedures, a buttock lift can be accomplished by the surgical removal of soft tissue.” “In order to achieve a smoother and more pleasing contour, excess sagging skin and fat are removed. A traditional gluteal lift will not make the butt large, but may improve a dimpled, irregular skin surface. This procedure may include a body lift or may be performed separately.” “Liposuction is sometimes added for better contouring.”
Thigh Lift	A thigh lift or thighplasty, reshapes the thighs by reducing excess skin and fat, resulting in smoother skin and better proportioned contours of the thighs and lower body.” “In cases where skin elasticity is poor, a thigh lift along with liposuction may be recommended.”
Face and Neck	
Procedure	Description
Brow Lift (Forehead Lift)	“A brow lift, also known as a forehead lift: • reduces wrinkle lines that develop horizontally across the forehead, as well as those that occur on the bridge of the nose, between the eyes • Improves frown lines, the vertical creases that develop between the eyebrows • Raises sagging brows that are hooding that upper eyelids • Places the eyebrows in an alert and youthful position.” “Other cosmetic procedures that may be performed with a brow lift include: • Upper and or lower eyelid surgery (blepharoplasty) • Facelifting • Skin resurfacing techniques”
Cheek Augmentation (Cheek Enhancement)	“The goal of cheek augmentation is to add volume or lift to the cheeks. Some people are bothered by their cheeks losing volume or even sagging with age. Others never develop the desired volume in their cheeks and are bothered by cheeks that may be considered flat or thin.” “Options for Cheek Augmentation

	Valid surgical options for augmenting and enhancing the cheeks are fat grafting/transfer (where a patient's own fat is used) or the use of solid cheek implants. A nonsurgical option is the use of injectable fillers (dermal fillers) to enhance the cheeks."
Ear Surgery (Otoplasty)	"Ear surgery, also known as otoplasty, improves the shape, position, and proportion of the ear." "What can ear surgery treat? • Overly large ears – a condition called macrotia • Protruding ears occurring on one or both sides in varying degrees – not associated hearing loss • Adult dissatisfaction with previous ear surgery"
Facelift Surgery (Rhytidectomy)	A facelift, or rhytidectomy, is a surgical procedure to improve visible signs of aging in the face and neck, such as: • Relaxation of the skin of the face causing sagging • Deepening of the fold lines between the nose and corner of the mouth • Fat that has fallen or has disappeared • Jowls developing in the cheeks and jaw • Loose skin and excess fat of the neck that can appear as a double chin or "turkey neck" "Other procedures that might be performed in conjunction with a facelift are brow lift and eyelid surgery to rejuvenate aging eyes. Fat transfers or fillers may be suggested to replace the lost fatty volume. Skin treatments such as IPL, dermabrasion, peels or laser may be offered to improve the quality and texture of the skin." "Some minimally invasive treatments such as stem cell facelifts, are unproven benefit."
Neck Lift (Lower Rhytidectomy)	"A neck lift, or lower rhytidectomy, is a surgical procedure that improves visible signs of aging in the jawline and neck." "What neck lift surgery can treat • Excess fat and skin relaxation in the lower face that creates jowls • Excess fatty deposits under the chin • Loose neck skin • Muscle banding in the neck which created abnormal contours" Rejuvenation procedures that can be performed in conjunction with a neck lift are: a brow lift to correct a sagging or deeply furrowed brow, a fat transfer, to add fullness to the lips and cheeks and reduce the appearance or wrinkles, or eyelid surgery, to rejuvenate aging eyes.
Buccal Fat Removal (Cheek Reduction)	The goal of buccal fat removal is to thin the cheeks, specifically in the area of the cheek hollows. Although a face that is naturally soft and filled out is considered youthful, some people find that their face feels too full even chubby." "A buccal fat removal removes the buccal fat pad, a naturally-occurring pad of fat in the cheek hollow area. The size of the buccal fat pad varies with each individual patient, and the buccal

	fat pad in each cheek may be different sizes. Buccal fat pad extraction surgery is typically not performed in people with thin, narrow faces as removal of the fat may cause the face to look more gaunt with age."
Chin Surgery (Mentoplasty)	"Chin surgery, also known as genioplasty or mentoplasty reshapes the chin either by enhancement with an implant or reduction surgery on the bone." "Sometime bone from the jaw itself can be moved forward in an operation called mentoplasty or genioplasty. Alternatively, shaped silicone implants can be used to give more projection to the chin. Conversely, bone can be removed to decrease an overly projecting chin. Furthermore, modifications to the upper and/or lower jaw can be advised for improve chewing dynamics and occlusion or how the teeth fit together. These operations can range from simple to very complex." "Many times a plastic surgeon may recommend chin surgery or procedures to a patient having a rhinoplasty in order to achieve better facial proportions, as the size of the chin may magnify or minimize the perceived size of the nose." "Additionally, with recent advances in technology, and after obtaining informed consent after reviewing all options, risks and benefits, our plastic surgeon may suggest off-label use of FDA-approved gel filler material as an alternative for providing augmentation of the chin area that may last for a shorter duration." "Types of Chin Surgeries • Chin augmentation/implants: Usually performed to augment an under projected chin. • Chin reduction surgery: Chin reduction/chin shaving surgery is performed to reduce a prominent or over projected chin."
Eyelid Surgery (Blepharoplasty)	"Eyelid surgery, or blepharoplasty, is a surgical procedure to improve the appearance of the eyelids. Surgery can be performed on the upper lids, lower lids or both." "What eyelid surgery can treat • Loose or sagging skin that creates folds or disturbs the natural contour of the upper eyelid, sometimes impairing vision • Fatty deposits that appear as puffiness in the eyelids • Bags under the eyes • Drooping lower eyelids that reveal white below the iris • Excess skin and fine wrinkles of the lower eyelid"
Facial Implants	"Facial implants are used to bring balance to the appearance of the face. These implants are commonly used to enhance the chin, jaw and/or cheeks." "While any area of your face can be augmented with implants, the cheeks, chin, and jaw are the most common sites for facial implants. If you are bothered by a small chin, weak jaw or lack of facial contour, plastic surgery with facial implants may benefit you."

	“Chin Implants: Can increase the size and projection of the chin that is not in proportion of the forehead and midface. A small or recessed chin can also be described as one that seems to disappear into the neck of an individual of normal weight rather than appearing as a distinct facial feature.” “Jaw Implants: Jaw implants increase the width of the lower third of the face. Much like the chin, a weak jaw can be thought of as one that is not well defined and distinct from the neck or one that slopes rather than angles from the ear to the chin. In some cases, both the chin and jaw can contribute to facial imbalance.” “Cheek Implants: Cheek implants increase the projection of the cheekbones. They add volume to area that may be recessed or flat.”
Rhinoplasty (Nose Surgery)	“Rhinoplasty, sometimes referred to as a “nose job” by patients enhances facial harmony and the proportions of the nose. It can also correct impaired breathing caused by structural defects in the nose.” “What rhinoplasty can treat • Nose size in relation to facial balance • Nose width at the bridge or in the size and position of the nostrils • Nose profile with visible humps or depressions on the bridge • Nasal tip that is enlarged or bulbous, drooping, upturned or hooked • Nostrils that are large, wide or upturned • Nasal asymmetry”
Thread Lift (Minimally Invasive Procedure)	“A thread lift, sometimes referred to as a “lunchtime lift” uses absorbable, barbed sutures to offer a tighter, more youthful aesthetic appearance to the face and neck.” “This minimally invasive procedure works by stimulating the production of collagen in the skin in order to produce healthier, firmer skin. It can also mechanically lift tissues where the barbed sutures are placed.” “What a thread lift can treat: • Early loosening of the facial structures • Jowls • Sagging eyebrows • Premature loosening of the neck skin.” “A thread lift procedure can be beneficial for both men and women who are wanting to reduce the appearance of wrinkles and early jowls on the face. This procedure can also reduce the appearance of sagging skin as it gently pulls the skin tighter.” “It also offers immediate results without the downtime or scarring that occurs with a surgical facelift procedure.”
Minimally Invasive	
Procedure	Description

Botulinum Toxin (Botox®, Dysport®, Xeomin®, Jeuveau®, and Daxxify®)	The cosmetic form of botulinum toxin, sometimes referred to as “Botox” by patients, is an injectable that temporarily reduces or eliminates facial fine lines and wrinkles.” “The most commonly treated areas are frown lines, forehead creases, crow’s feet near the eyes. Several other areas have been treated such as thick bands in the neck, thick jaw muscles, lip lines and gummy smiles.” “Commonly known types of botulinum toxin type A injections include Botox®, Dysport®, Xeomin®, Jeuveau® and Daxxify®.”
Dermabrasion	“Dermabrasion gives the skin a smoother appearance through controlled surgical scraping, most commonly used for dealing with facial scars and wrinkling.” “Dermabrasion and dermaplaning help to “refinish” the skin’s top layers through a method of controlled surgical scraping. The treatments soften the sharp edges of surface irregularities, give the skin a smoother appearance.” “Dermabrasion is most often used to improve the look of facial skin left scarred by accidents or previous surgery or to smooth out fine facial wrinkles. Dermaplaning is also commonly used to treat deep acne scars.” “Both dermabrasion and dermaplaning can be performed on small areas of skin or on the entire face. They can be used alone or in conjunction with other procedures such as facelift, scar removal/revision or chemical peel.”
Laser Hair Removal	“Laser hair removal is a noninvasive technique that uses highly concentrated light to penetrate hair follicles. The light is absorbed by the pigment in the hair shaft in the follicle-generating heat which damages the hair follicle to inhibit the future hair growth. Therefore, plucking hair before treatment reduces the efficacy of laser treatment as the target is absent.” “Because laser hair removal only affects actively growing hair follicles, it may take several laser hair removal treatments to provide significant hair reduction. Periodic maintenance treatments may be needed.” “Most people require between four to six sessions, and occasional maintenance may be required.” “Most commonly laser hair removal is used to treat the face, body, legs, armpits and pubic area.”
Microdermabrasion	“Microdermabrasion treatments use a minimally abrasive instrument to gently sand the skin, removing the thicker, uneven outer layer, and has many benefits.” “This type of skin rejuvenation is used to treat light scarring, discoloration, sun damage, and stretch marks.” “What microdermabrasion can do • Improve age spots and blackheads • Improve hyperpigmentation (patches or darkened skin) • Exfoliate your skin, resulting in a refreshed appearance • Lessen the appearance of stretch marks • Reduce fine lines and wrinkles

	• Reduce or eliminate enlarged pores • Treat acne and the scars left by acne” “Microdermabrasion helps to thicken the collagen, which results in a younger looking complexion.”
Spider Vein Treatment	“The most common spider vein treatment involves the injection of solution into each effected vein, causing the vein to collapse and fade over time.” “There are effective, safe and relatively painless methods available for reducing spider veins. The most common spider vein treatment involves the injection of a solution into each effected vein, causing the vein to collapse and fade. Laser Treatments are also available for the reduction or removal of spider veins.” “In some women spider veins those small clusters of red, blue or purple veins that appear on the thighs, calves and ankles become noticeable at a young age. For others, the veins may not become obvious until much later.” Causes of spider veins • Heredity • Hormonal shifts • Occupations or activities that require prolonged sitting or standing • Pregnancy • Weight fluctuation
Chemical Peel	“A chemical peel uses a chemical solution to smooth the texture of the skin by removing the damaged outer layers.” “Although chemical peels are used mostly on the face, they can also be used to improve the skin on your neck and hands.” What a chemical peel can improve • Acne or acne scars • Fine line and wrinkles • Irregular skin pigmentation • Rough skin and scaly patches • Certain scars • Sun-damaged skin
Dermal Fillers	“Injectable dermal fillers can plump up thin lips, enhance shallow contours, soften facial creases, remove wrinkles and improve the appearance of scars.” “What dermal fillers can do • Plump thin lips • Enhance shallow contours • Soften facial creases and wrinkles • Improve the appearance of recessed scars • Reconstruct contour deformities in the face • Decrease or remove the shadow of the lower lids” “Dermal fillers can be very helpful in those with early signs of aging or as a value-added part of facial rejuvenation surgery.”

Laser Skin Resurfacing	“Laser skin resurfacing can reduce facial wrinkles, scars and blemishes.” “Laser skin resurfacing, also known as laser peel, laser vaporization and lasabrasion, can reduce facial wrinkles, scars and blemishes. Newer laser technologies give your plastic surgeon a new level of control in laser surfacing, permitting extreme precision, especially in delicate areas.” “What last skin resurfacing can improve • Fine lines or wrinkles around or under the eyes, forehead or mouth • Scar from acne or chickenpox • Non-responsive skin after facelift • Aged or sun-damaged skin • Liver spots • Improve your complexion if you have yellowing or grayish skin tones • Birthmarks such as linear epidermal nevi • Enlarged oil glands on the nose”
Skin Rejuvenation and Resurfacing	“Skin rejuvenation and resurfacing can be achieved in several ways, ranging from laser and light treatments to chemical peels and injectables.” “The following are some examples of skin rejuvenation and resurfacing treatment methods: • Laser and Intense Pulse Light (IPL) Treatments: used to remove discoloration and/or tightening sagging skin • Chemical Peels: various acid peels used in different combinations to remove damaged outer skin layers • Ablative Laser Treatments (Fractional, CO2 Lasers): remove outer layers of skin to smooth lines and wrinkles • Mechanical Ablation (Dermabrasion, Dermaplaning): surgical scraping methods to soften skin surface irregularities • Non-Ablative Treatments (Microdermabrasion, Microneedling, Light Acid Peels): minimally invasive sanding methods to treat light scarring and discolorations • Dermal Fillers: injectable compounds to improve skin contouring • Botulinum Toxin Type A Treatments: blocks nerve contraction to relax wrinkles • Spider Vein Treatment (Sclerotherapy): injections to collapse unsightly surface veins” “The following are some of the conditions that different skin rejuvenation approaches can address: • Static wrinkles: These wrinkles are visible at all times and do not change in appearance with facial movements • Dynamic wrinkles: These are expression lines that may appear as folds when the skin is not moving, and deepen with facial movements or expressions

	• Pigmentation: Freckles, sun spots, or other darkened patches of skin result mainly from sun exposure • Scars: As a result of acne or injury to the skin, scars may be rolling (a wavy appearance to the skin), pitted, discolored or even a constant flush of facial redness • Loss of skin tone: Weakening of the supportive skin structures (collagen and elastin fibers) that result in a loss of skin firmness or the development of cellulite • Dull skin: Skin that has lost the vibrant glow from a buildup of dead skin cells and clogged pores"
Tattoo Removal	"Tattoo removal can be achieved in a number of ways, ranging from laser treatments, chemical peels, dermabrasion and surgical excision." "Laser Tattoo Removal: Lasers are the most common method of tattoo removal. Depending on the tattoo design, size and color, it may take 1-10 laser session to remove the ink. There should be a six-week time period between each laser session to allow the wounds to heal and the body to absorb as much of the ink as possible." "Dermabrasion Tattoo Removal: Is a surgical method of tattoo removal that involves the use of medical grinding tool that is used to remove the outer layers of the skin in a controlled manner. The intent is to remove the layers of the skin that contain the ink particles, thereby removing the tattoo." "Chemical Peel Tattoo Removal: Trichloroacetic acid (TCA) peels can also be used to remove tattoos. TCA is mild acid that is applied to the skin to remove the outer layers of the skin, and with them, the tattoo ink." "Surgical Excision Tattoo Removal: Tattoos may also be removed by direct surgical excision. This involves simply cutting out the skin that contains the tattoo. This technique is best used for small tattoos and may not be practical for very large tattoos. The skin surrounding the tattoo is then brought together and closed. A surgical scar will be created by this type of tattoo removal."
Male-Specific Plastic Surgery	
Procedure	Description
Gynecomastia Surgery (Male Breast Reduction Surgery)	"Gynecomastia surgery, reduces breast size in men, flattening and enhancing the chest contours. Plastic surgery to correct gynecomastia is technically called reduction mammoplasty." "Gynecomastia can cause emotional discomfort and impair your self-confidence. Some men may even avoid certain physical activities and intimacy simply to hide their condition." "Gynecomastia is characterized by • Excess localized fat • Excess glandular tissue development • Sometimes excess breast skin • Presence unilaterally (one breast) or bilaterally (both breasts)"

Men and Plastic Surgery (Male-Specific Considerations)	"Plastic surgery for men has become increasingly popular over the years. Men are seeking a balanced nose, a rejuvenated face and trimmer waistline." "Neurotoxins: The cosmetic form of botulinum toxin, sometimes referred to as "Botox" by patients, is a popular injectable that temporarily reduces or eliminates facial fine lines and wrinkles." "Botulinum toxin can be used to: • Smooth crow's feet, forehead furrow's, frown lines, lip lines and bunny lines • Diminish neck bands • Improve the appearance of skin dimpling of the chin • Lift the corners of the mouth • Soften a square jawline • Correct a gummy smile" "Eyelid Surgery, or blepharoplasty, is a surgical procedure to improve the appearance of the eyelids. Surgery can be performed on the upper lids, lower lids or both." "Eyelid surgery can treat: • Loose or sagging skin that creates folds or disturbs the natural contour of the upper eyelid, sometimes impairing vision • Fatty deposits that appears as puffiness in the eyelids • Bags under the eyes • Drooping lower eyelids that reveal white below the iris • Excess skin and fine wrinkles of the lower eyelid" "Liposuction, sometimes referred to "lipo" by patients, slims and reshapes specific areas of the body by removing excess fat deposits and improving your contours and proportion." "Liposuction can be performed on: • Thighs • Hips and buttocks • Abdomen and waist • Upper arms • Back • Inner knee • Chest area • Cheeks, chin and neck • Calves and ankles" "Neck lift, or lower rhytidectomy, is a surgical procedure that improves visible signs of aging in the jawline and neck." "Neck lift surgery can treat: • Excess fat and skin relaxation in the lower face that creates jowls • Excess fatty deposits under the chin • Loose neck skin • Muscle banding in the neck, which created abnormal contours"
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	"Gynecomastia surgery can reduce breast size in men, flattening and enhancing the chest contours." "Hair transplant surgery is performed to restore hair to areas of the scalp that are bald or that have thinning hair. There are multiple types of hair replacement surgery."
Hair Transplant (Surgical Hair Replacement)	"Hair transplant surgery is performed to restore hair to areas of the scalp that are bald or that having thinning hair. There are multiple types of hair replacement surgery. Most commonly, these involve hair transplantation, but flap surgery, tissue expansion of the scalp and scalp reduction surgery, are also methods used for hair replacement. Each of these types of surgeries can be used alone, or in combination, to provide the patient with the best possible outcome for hair replacement. "Types of hair restoration There are two main types of hair restoration procedures. With follicular unit extraction, individual hair follicles are removed from the back of the scalp and then inserted into the recipient site. In the follicular unit transplant method, a strip of skin with hair follicles is removed from the back of the scalp. The hair follicles are then removed from the strip of skin and placed into the recipient site. Follicular unit extraction is the newer, more common method for hair restoration. Although the more traditional follicular unit transplant is still performed and has its own benefit, follicular unit extraction is typically seen as less invasive, resulting in a quicker recovery and reduced scarring." "Other surgical options Tissue expansion allows the hair-bearing scalp to be expanded to help cover areas of the scalp that have no hair. Scalp reduction surgery involves surgically removing bald areas of the scalp and advancing, or bringing together, the hair-bearing areas of the scalp."
Aesthetic Genital Plastic Surgery	
Procedure	Description
Nonsurgical Aesthetic Genital Procedures	"Nonsurgical aesthetic genital procedures can help to reverse changes in a women's genitalia that are caused by childbearing, hormonal changes and/or aging." "Changes that can impact a woman's quality of life include vaginal laxity, stress urinary incontinence, loss of vaginal lubrication, a decrease in erotic sensation and loss of tone of the labia majora." "Devices that have been developed to treat some or all these changes use radiofrequency or laser energy to induce collagen tightening. Fillers are sometimes used to inject in the clitoris and/or "G-spot." The field of nonsurgical female genital rejuvenation is growing as the change women experience receive greater attention."
Aesthetic Genital Plastic Surgery (Surgical Options)	"There is a variety of aesthetic genital plastic surgery procedures that may enhance appearance and reduce discomfort. These

	procedures include labiaplasty, clitoral hood reduction, labia majoraplasty, monsplasty and vaginoplasty.” “Patients also sometimes refer to these procedures as female genital cosmetic surgery, vaginal rejuvenation, female genital rejuvenation surgery, vulvovaginal plastic surgery and designer vagina surgery, among other terms.”
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(Accessed January 2026)

Reconstructive Procedures

Reconstructive surgery is performed to treat structures of the body affected aesthetically or functionally by congenital defects, developmental abnormalities or trauma.

List of Reconstructive Procedures

Procedure	Description
Breast Implant Removal	“The goal of breast implant removal surgery is to remove breast implants from breast augmentation or breast reconstruction patients. During these procedures, the surgeon may also remove silicone material from implant leaks and the breast capsule, which is the scar tissue that forms after the placement of a breast implant.” “Breast implants are not lifelong devices and it important to have them exchanged or removed every 10-15 years. This decision is typically based on the individual and patient’s needs and desires.”
Breast Reconstruction	“Breast reconstruction utilizes several plastic surgery techniques to restore a breast to near normal shape and appearance following mastectomy.” “The goal of breast reconstruction is to restore one or both breasts to near normal shape, appearance, symmetry and size following mastectomy, lumpectomy or congenital deformities.” “Breast reconstruction often involves multiple procedures performed in stages and can either begin at the time of mastectomy or be delayed until a later date. “ “Breast reconstruction generally falls into two categories: Implant-based reconstruction relies on breast implants to help form a new breast mound. Flap (or autologous) reconstruction uses the patient’s own tissue from another part of the body to form a new breast.” “A note about symmetry If only one breast is affected, it alone may be reconstructed. In addition, a breast lift, breast reduction or breast augmentation may be recommended for the opposite breast to improve

	symmetry of the size, shape and position of both breasts.”
Breast Reduction (Reduction Mammoplasty)	“Breast reduction surgery entails the removal of skin and tissue from the breast, followed by reshaping and elevating to create a smaller, more proportionate bust size.” “Women pursue this surgery for various reasons, but all with the goal of enhancing overall quality of life.”
Cleft Lip and Palate Repair (Correcting Abnormal Development)	“Cleft lip and cleft palate are among the most common birth anomalies affecting children in North American and worldwide. The incomplete formation of the upper lip (cleft lip) or roof of the mouth (cleft palate) can occur individually, or both defects may occur together. The conditions can vary in severity and may involve one or both sides of the mouth. Surgery is required to repair cleft lip and/or cleft palate.” “Cleft lip repair and cleft palate repair are types of surgery used to correct this abnormal development and are meant to restore function to the lips and mouth along with producing a more normal appearance. Most clefts can be repaired through specialized plastic surgery techniques and will help improve the child’s ability to eat, speak, hear and breath.” “More than a cosmetic repair Surgery to repair cleft of the lip or palate is highly individualized. Surgery is intended to close the cleft defect, but also help the child’s ability to function and grow normally. Cleft lip repair, also called cheiloplasty, includes reconstruction of the lip to create a more normal appearance, namely: ▪ Closure of the cleft resulting in a scar located within or near the typical features of the upper lip ▪ Formation of cupid’s bow (the curves along the center of the upper lip) ▪ Establishing adequate distance between the upper lip and nose • Clefts of the upper lip typically affect the shape of the nose and additional procedures may be recommended to: ▪ Restore nasal symmetry and nostril shape ▪ Straighten and create adequate length for the columella (the tissue that separates the nostrils) • Because the palate creates the floor of the nasal cavity and is responsible for allowing

	normal speech, considerations in repairing cleft palate include: ▪ Separating the mouth and nasal tissues by closing the defect along its length ▪ Re-establishing soft palate muscle function to promote normal speech ▪ Recreating normal relation of the soft palate to the auditory canal and Eustachian tube to allow normal hearing ▪ Promoting as much as possible the normal growth and development of the upper jaw and teeth ▪ Repairing when appropriate any defects in the gumline to allow for permanent tooth eruption.” “The timing of the cleft repairs depends on the individual circumstances of your child • Cleft lip repairs are typically performed between 2 and 6 months of age depending on your child’s health status and local cleft team protocols • Cleft palate repairs are generally performed after cleft lip repair in a separate surgery when the child is 9 to 18 months of age depending on the child’s health status and local cleft team protocols • Cleft lip and/or plate repair may be delayed in order to treat other, more life threatening problems that may be present such as heart or lung disorder • Depending on the severity of the cleft, pre-operative interventions such as cleft lip taping, orthodontic molding (called NasoAlveolar Molding -NAM), or staged surgery techniques may be recommended • Other cleft-related surgeries may be needed over time including ear tubes to treat fluid buildup, bone grafting to repair the gumline and dental or jaw surgery to improve bit relationships”
Congenital Anomalies (Surgical Correction of Birth Anomalies)	“A congenital anomaly is a medically diagnosed condition present at or from birth that significantly deviates from the common structure or function of the body, whether caused by a hereditary or developmental disability or disease”. “Cleft lip and palate abnormalities are congenital anomalies commonly treated by plastic surgeons, who repair the incomplete formation of the patient’s

	upper lip or roof of the mouth. Plastic surgeons restore function and appearance for a host of other congenital anomalies.”
Craniosynostosis Surgery (Head Reshaping)	“Craniosynostosis is a condition in which the fibrous joints between the skull bones fuse too early. These joints are known as sutures. If this occurs (usually before or at birth) it can cause an abnormal head shape, or in some cases restrict growth of the brain, which increases the pressure inside the skull.” “Surgery for craniosynostosis is designed to correct the abnormal head shape and allow the growing brain room to expand normally.” “The surgery for craniosynostosis is typically performed in the first two years of life. There are multiple types of surgery used to treat craniosynostosis, including strip craniectomy, spring-assisted craniectomy and cranial vault remodeling, amongst others. Not all patients are a candidate for all types of surgery. The surgery is performed by a team of a plastic surgeon and a neurosurgeon, working together.” “What craniosynostosis surgery can treat • Abnormal skull shapes that result from early suture fusion • Raised intracranial pressure (ICP), or pressure on brain caused by restricted skull growth • Certain problems with eye position related to suture fusion”
Gender Confirmation Surgeries (Transgender-Facial, Chest and Genital Procedures)	“Gender surgeries are performed by a multispecialty team that typically includes board-certified plastic surgeons. Every individual is unique, and your plastic surgeon will work with you on a personalized plan. Listed below are many of the procedure that are available.” “Facial Feminization Surgery The goal of facial feminization surgery is to reshape masculine features of the face to project a more feminine appearance.” “Chest Feminization Surgery The goal of chest feminization is to give a more feminine contour and appearance to the chest using breast implants and possibly fat transfer.” “Feminizing Genital Surgery The goal of feminizing genital surgery, sometimes called transfeminine bottom surgery is to rearrange the male genital tissue to construct the appearance of female genitalia.” “Facial Masculinization Surgery

	The goal of facial masculinization surgery is to reshape feminine features the face to project a more masculine appearance.” “Chest Masculinization Surgery The goal of chest masculinization surgery, is to remove the breast tissue from both breasts and shape the skin, tissue and nipples to give a masculine appearance to the chest.” “Masculinizing Genital Surgery The goal of masculinizing genital surgery is to use existing female genital tissue, and sometimes tissue from another part of the body, to create a surgically constructed neophallus (neopenis).”
Giant Nevi Removal	“Children can be born with pigmented moles called congenital nevi (or nevus, if singular). These represent a proliferation of melanocytes, the pigment- producing cells of the skin. When they occur, congenital melanocytic nevi can be highly varied in size and shape. They may be very small and insignificant in appearance to very bit, covering large areas of the body. Small congenital nevi are those less than 1.5 cm in size. Giant nevi are those measuring 20 cm or more in size at birth. The goal of giant nevi removal surgery is to remove the mole in its entirety or at least as much as possible.”
Hand Surgery	“Hand surgery can treat diseases that cause pain and impair the strength, function, and flexibility of your wrist and fingers.” What hand surgery can treat • Carpal tunnel syndrome • Rheumatoid arthritis • Dupuytren’s contracture
Lymphedema Treatment	“Lymphedema: Is a condition characterized by painful swelling in the extremities (arms and/or legs). The swelling occurs when lymph nodes are no longer facilitating the proper drainage of lymph fluid from an area of the body. Primary lymphedema is a congenital condition; however, in the developed world, secondary lymphedema is the most common type of lymphedema. This condition may be caused by infection, trauma or, most commonly, treatment of cancer.” “Lymphedema in cancer patients Lymphedema affects some cancer survivors who have been treated for breast cancer, gynecological cancers, melanomas and other types of skin and urologic cancers. The onset of symptoms may be delayed by months or even years after the initial injury.” “Lymphedema treatment

	Surgical treatment options for lymphedema include Lymphatic Bypass Procedures, where lymphatic vessels are connected and drained into the body's venous system and Vascularized Lymph Node Transfer, where lymph nodes are harvested from one part of the body and surgically implanted in the affected area to rebuild a failed system."
Microsurgery (Microscope-Assisted Operations: Reconstructive microsurgery focuses on repairing intricate structures such as blood vessels and nerves less than a few millimeters in diameter)	"Reconstructive microsurgery is a surgical discipline in which specialized operating microscopes and precision instrumentation are used to repair intricate structures such as blood vessels and nerves less than a few millimeters in diameter. This field has made a major impact to restore form and function to individuals impaired by trauma, cancer and congenital anomalies." "Microsurgery is a tool used by many plastic surgeons to perform specific procedures including transfer of tissue from one part of the body to another (free tissue transfer), reattachment of severed parts (replantation) and composite tissue transplantation." "Microsurgical procedures represent a wide range of highly individualized operations. Microsurgical reconstruction is typically reserved for complex reconstructive surgery problems when other options (primary closure, skin grafting, local or regional flap transfer) are inadequate." "Common microsurgery procedures • Breast reconstruction using free tissue transfer • Head and neck reconstruction using free tissue transfer • Functioning free muscle transfer for certain types of muscle paralysis • Vascularized bone flap transfer • Complex wound reconstruction • Toe transplantation • Digit replantation • Nerve repair and grafting • Lymphatic reconstruction"
Migraine Surgery – Chronic Headache Relief	"The goal of migraine surgery is to reduce or eliminate headache frequency, duration and pain. Migraines can be associated with compression and irritation of sensory nerves and vessels around the head. When these compression points are released during surgery, the severity of migraines may decrease, or you may not experience further migraines."

	"Sites of nerve compression are also known as trigger points. You may have one or several trigger points depending on symptoms. The most common and main trigger sites are frontal (pain above your eyes and/or your forehead), temporal (pain over your temples), rhinogenic (pain inside the nose that can extend to behind your eyes), occipital (pain on the back of your head that can radiate across the skull to your eyes or behind your eyes). Individuals may also experience pain at less common sites around your head."
Orthognathic Surgery (Jaw Straightening)	"Orthognathic surgery or jaw straightening surgery uses a spectrum of surgical procedures for the jaw and chin to improve both form and function." "Orthognathic surgery may be undertaken to improve how the teeth fit together, to normalize or optimize facial proportions and/or to treat obstructive sleep apnea." "What orthognathic surgery can treat • Bite discrepancies, including overbite, underbite, crossbite and/or open bite. • Facial imbalances such as asymmetry, upper and/or lower jaw under-development, lower jaw excess or chin deficiencies. • Obstructive sleep apnea" "Good candidates for orthognathic surgery include: • Those who have a bite discrepancy • Those looking to improve facial disproportion • Those who have spent years in orthodontics in an attempt to correct a skeletal problem • Nonsmokers • Individuals with a positive outlook and realistic goals"
Panniculectomy (Body Contouring)	"The goal of panniculectomy surgery is to remove hanging skin and fat from the lower abdomen to create a smoother abdominal contour. A panniculectomy differs from a tummy tuck in that the abdominal muscles are typically not tightened during a panniculectomy." "Common reasons to under panniculectomy surgery There are many reasons why an individual can develop excess skin and fat in the lower abdomen. The most common causes are: • Age • Heredity

	• Pregnancy • Prior surgery • Massive weight loss"
Scar Revision Surgery (Minimize a Scar)	"Scar revision surgery will attempt to minimize a scar so that it is less conspicuous and blends in with the surrounding skin tone and texture." "Scars are visible signs that remain after a wound has healed. They are the unavoidable results of injury or surgery, and their development can be unpredictable. Poor healing may contribute to scars that are obvious, unsightly or disfiguring. Even a wound that heals well can result in scar that effects appearance. Scars may be noticeable due to their size, shape or location; they can also be raised or depressed and may differ in color or texture from the surrounding healthy tissue." "Your treatment options vary based on the type and degree of scarring and can include: • Simple topical treatments • Minimally invasive procedures • Surgical revision with advanced techniques in wound closure" "Although scar revision can provide a more pleasing cosmetic result or improve a scar that has healed poorly, a scar cannot be completely erased." "What is a scar? Scar revision is plastic surgery performed to improve the condition or appearance of a scar anywhere on the body. The different types of scars include: • Discoloration or Surface Irregularities and other more subtle scare can be cosmetically improved by surgery or other treatments recommended by your plastic surgeon. These types of scars do not impair function or cause physical discomfort and include acne scars as well as scars resulting from minor injury and prior surgical incisions. • Hypertrophic Scars: Are thick clusters of scar tissue that develop directly at a wound site. They are often raised, red and/or uncomfortable and may become wide over time. They can be hyperpigmented (darker in color) or hypopigmented (lighter in color). • Keloid: Keloids are larger than hypertrophic scars. They can be painful or itchy and may also pucker. They extend beyond the edges of an original wound or incision. Keloids can occur anywhere on the body, but they develop more commonly where there is

	little underlying fatty tissue, such as the face, neck, ears, chest or shoulders. Contractures: Contractures are scars that restrict movement due to skin and underlying tissue that pull together during healing. They can occur when there is a large amount of tissue loss, such as after a burn. Contractures also can form when a wound crosses a joint restricting movement of the fingers, elbows, knees or neck.” “The type of scar will determine the appropriate techniques used by the plastic surgeon to improve the scar.”
Septoplasty (Deviated Septum Correction)	“Is a surgical procedure performed to correct a deviated septum, the septum is a wall of bone and cartilage, which separates the two nostrils? A deviated septum or “crooked” septum occurs when the septum is shifted towards one side of the nasal cavity. This can cause difficulty breathing and reduced airflow due to blockage of the nasal airway.” “During septoplasty surgery, the septum is straightened and repositioned to the middle of the nose. This procedure may include cutting and removing parts of the septum before reinserting them into the correction position. A septoplasty can be performed by itself or often it can be combined with a rhinoplasty.”
Skin Cancer Removal (Reconstruction after Skin Cancer)	“Surgically removing cancerous and other skin lesions using specialized techniques to preserve your health and your appearance.”
Tissue Expansion (Growing Extra Skin for Reconstruction)	“Tissue expansion is a relatively straightforward procedure that enable the body to “grow” extra skin for use in reconstructing almost any part of the body.” “A silicone balloon expander is inserted under the skin near the area to be repaired and then gradually filled with saline or carbon dioxide over time, causing the skin to stretch and grow. It is most used for breast reconstruction following breast removal, but it’s also used to repair skin damaged by birth defects, accidents, surgery and in certain cosmetic procedures.”

(Accessed January 2026)

Ongoing and Unpublished Clinical Trials

Some currently ongoing and unpublished trials that might influence this review can be located at clinicaltrials.gov.

REFERENCES

Administrative determinations based on contract benefits, refer to the member's benefit document.

- American Society of Plastic Surgeons (ASPS). Cosmetic, Reconstructive, and Plastic Surgery descriptions. Accessed January 2026. Also available at <https://www.plasticsurgery.org>
- American College of Obstetricians and Gynecologists (ACOG), Committee Opinion Number 378, September 2007 (Reaffirmed 2023), Vaginal "Rejuvenation" and Cosmetic Vaginal Procedures, Obstet Gynecol 2007;110:737-738
- American College of Obstetricians and Gynecologists (ACOG), Committee Opinion Number 795 Elective Female Genital Cosmetic Surgery. Obstetrics and Gynecology 135(1):p e36-e42 January 2020. Accessed January 2026
- American Society for Dermatologic Surgery. Accessed January 2026. Also available at <https://www.asds.net>
- American Academy of Facial Plastic and Reconstructive Surgery, Inc. Accessed January 2026 Also available at <https://www.aafprs.org>

CODES

To report provider services, use appropriate CPT codes, HCPCS codes, Revenue codes, and/or ICD diagnosis codes.

The following list(s) of procedure codes below is provided for reference purposes only and may not be all inclusive. Listing of a code does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Coverage Determination Guidelines may apply.

The following codes are considered cosmetic; these codes do not Improve a functional impairment:

Codes	Number	Description
CPT		
	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 wrinkles, rhytides, general keratosis)
	15781	Dermabrasion; segmental, face
	15782	Dermabrasion; regional, other than face
	15783	Dermabrasion; superficial, any site (e.g., tattoo removal)
	15786	Abrasion; single lesion (e.g., keratosis, scar)
	15787	Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)
	15820	Blepharoplasty, lower eyelid
	15821	Blepharoplasty, lower eyelid; with extensive herniated fat pad
	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
	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
	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 Note: This code would be considered cosmetic related to laser skin resurfacing or skin rejuvenation as indicated above, see Policy
	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 Note: This code would be considered cosmetic related to laser skin resurfacing or skin rejuvenation as indicated above, see Policy
	17360	Chemical exfoliation for acne (e.g., acne paste, acid)
	17380	Electrolysis epilation, each 30 minutes
	19355	Correction of inverted nipples
	36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk
	69090	Ear piercing
	69300	Otoplasty, protruding ear, with or without size reduction
HCPCs		
	G0429	Dermal filler injection(s) for treatment of facial lipodystrophy syndrome (LDS) (e.g., as a result of highly active antiretroviral therapy)
	J0591	Injection deoxycholic acid 1 mg (Kybella)
	J3490	Unclassified drug – may be used for Egrifta; Botox Cosmetic (onabotulinum toxin for cosmetic use; Refer to the Neuromuscular Blocking Agents Drug Policy if requesting Botox for a medical condition); Juvederm; Latisse (bimatoprost); Vaniqa (elornithine); Any drug with an FDA approved indication that is only to preserve or improve appearance in the absence of a physical functional impairment

	J3590	Unclassified biologics – may be used for Egrifta; Botox Cosmetic (onabotulinum toxin for cosmetic use; Refer to the Neuromuscular Blocking Agents Drug Policy if requesting Botox for a medical condition); Juvederm; Latisse (bimatoprost); Vaniqa (elornithine); Any drug with an FDA approved indication that is only to preserve or improve appearance in the absence of a physical functional impairment
	Q2026	Injection, Radiesse, 0.1 ml
	Q2028	Injection, Sculptra, 0.5 mg
Type of Service	Administrative	
Place of Service	Physician's office/Outpatient/Inpatient	

The following list(s) of procedure codes may not be all inclusive.

Unlisted codes can be reported for many services and may be considered a non-covered benefit, medically necessary, not medically necessary, or investigational depending on the services. The following unlisted codes represent services that are considered cosmetic, these services do not improve a functional impairment but lack a specific CPT or HCPCS code.

The intent of this policy is to provide direction for the specific cosmetic services listed below:

Codes	Number	Description
CPT		
	17999	Unlisted procedure skin, mucous membrane, and subcutaneous tissue Note: See Policy criteria for Laser Skin Resurfacing and Skin Rejuvenation and Resurfacing
	37799	Unlisted procedure, vascular surgery Note: See Policy criteria for Treatment using Sclerotherapy
	96999	Unlisted special dermatological services or procedure Note: See Policy criteria for Laser Skin Resurfacing and Skin Rejuvenation and Resurfacing
HCPCS		
	None	

Type of Service	Administrative	
Place of Service	Physician's office/Outpatient/Inpatient	

The following list(s) of procedure codes below is provided for reference purposes only and may not be all inclusive. Listing of a code does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Coverage Determination Guidelines may apply.

The following codes may be cosmetic; a review may be required to determine if the procedure is considered cosmetic or reconstructive and clinical information may be requested to complete this review, see Required Documentation above in [Policy Guidelines](#).

Codes	Number	Description
CPT		
	11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions
	11201	Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof (List separately in addition to code for primary procedure)
	11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq. cm or less
	11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq. cm
	11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq. cm, or part thereof (List separately in addition to code for primary procedure)
	11970	Replacement of tissue expander with permanent implant
	11971	Removal of tissue expander(s) without insertion of implant
	15570	Formation of direct or tubed pedicle, with or without transfer; trunk
	15600	Delay of flap or sectioning of flap (division and inset); at trunk

	15769	Grafting of autologous soft tissue, other harvested by direct excision (e.g., fat, dermis, fascia)
	15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms and/or legs 50 cc or less injectate
	15772	Each additional 50 cc injectate or part thereof (list separately in addition to code for primary procedure)
	15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet 25 cc or less injectate
	15774	Each additional 25 cc injectate or part thereof (list separately in addition to code for primary procedure)
	15822	Blepharoplasty – upper eyelid
	15823	Blepharoplasty – upper eyelid with excessive skin weighting down lid
	15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
	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
	19300	Mastectomy for gynecomastia
	19316	Mastopexy
	19318	Breast reduction
	19325	Breast augmentation with implant
	19328	Removal of intact breast implant
	19330	Removal of ruptured implant, including implant contents (e.g., saline, silicone gel)
	19340	Insertion of breast implant on the same day of mastectomy (i.e., immediate)

	19342	Insertion or replacement of breast implant on separate day from mastectomy
	19350	Nipple/areola reconstruction
	19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)
	19361	Breast reconstruction; with latissimus dorsi flap
	19364	Breast reconstruction; with free flap (e.g., fTRAM, DIEP, SIEA, GAP flap)
	19367	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap
	19368	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging)
	19369	Breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous (TRAM) flap
	19370	Revision of peri-implant capsule, breast, including capsulotomy, capsulorrhaphy, and/or partial capsulectomy
	19371	Peri-implant capsulectomy, breast, complete, including removal of all intracapsular contents
	19380	Revision of reconstructed breast (e.g., significant removal of tissue, re-advancement and/or re-insert of flaps in autologous reconstruction or significant capsular revision combined with soft tissue excision in implant-based reconstruction)
	19396	Preparation of moulage for custom breast implant
	21088	Impression and custom preparation; facial prosthesis
	21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
	21121	Genioplasty; sliding osteotomy, single piece
	21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (e.g., wedge excision or bone wedge reversal for asymmetrical chin)
	21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
	21125	Augmentation, mandibular body or angle; prosthetic material
	21127	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)
	21137	Reduction forehead; contouring only

	21138	Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)
	21139	Reduction forehead; contouring and setback of anterior frontal sinus wall
	21172	Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)
	21179	Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)
	21180	Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)
	21208	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
	21209	Osteoplasty, facial bones; reduction
	21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)
	21235	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)
	21255	Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)
	21256	Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts) (e.g., micro-ophthalmia)
	21260	Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach
	21261	Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach
	21263	Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement
	21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach
	21268	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach
	21270	Malar augmentation, prosthetic material
	21280	Medial canthopexy (separate procedure)
	21282	Lateral canthopexy
	21295	Reduction of masseter muscle and bone (e.g., for treatment of benign masseteric hypertrophy); extraoral approach

	21296	Reduction of masseter muscle and bone (e.g., for treatment of benign masseteric hypertrophy); intraoral approach
	30400	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
	30410	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
	30420	Rhinoplasty, primary; including major septal repair
	30430	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
	30435	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)
	30450	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)
	54360	Plastic operation on penis to correct angulation
	56620	Vulvectomy simple; partial
	56625	Vulvectomy, complete
	56800	Plastic repair of introitus
	56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)
	57291	Construction of artificial vagina without graft
	57292	Construction of artificial vagina with graft
	67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
	67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (e.g., banked fascia)
	67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)
	67903	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach
	67904	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach
	67906	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)
	67908	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (e.g., Fasanella-Servat type)
	67909	Reduction of overcorrection of ptosis

	69110	Excision external ear; partial, simple repair
HCPCS		
	C1789	Prosthesis breast (implantable)
	C1813	Prosthesis penile inflatable
	C2622	Prosthesis penile non-inflatable
	L8600	Implantable breast prosthesis, silicone or equal
Type of Service	Administrative	
Place of Service	Physician's office/Outpatient/Inpatient	

The following list(s) of procedure codes may not be all inclusive. Unlisted codes can be reported for many services and may be considered a non-covered benefit, medically necessary, not medically necessary, or investigational depending on the service. The following unlisted codes lack a specific CPT or HCPCS code and may be cosmetic; a review may be required to determine if the procedure(s) are considered cosmetic or reconstructive.

The intent of this policy is to provide direction for the specific cosmetic or reconstructive services that may apply when these unlisted codes are utilized. Clinical information may be requested to complete this review, see Required Documentation above in [Policy Guidelines](#).

Codes	Number	Description
CPT		
	17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue
	19499	Unlisted procedure, breast
	58999	Unlisted Procedure female genital system (non-obstetrical)
	69399	Unlisted procedure external ear
HCPCS		
	L8499	Unlisted procedure for miscellaneous prosthetic service (may be utilized for prosthetic implant)
	L8699	Prosthetic implant, not otherwise specified

Type of Service	Administrative	
Place of Service	Physician's office/Outpatient/Inpatient	

POLICY HISTORY

Date	Action	Action
January 2026	Annual Review	Policy Revised
January 2025	Annual Review	Policy Revised
April 2024	Interim Review	Policy Revised
January 2024	Annual Review	Policy Revised
January 2023	Annual Review	Policy Revised
July 2022	Interim Review	Policy Revised
May 2022	Interim Review	Policy Revised
February 2022	Interim Review	Policy Revised
January 2022	Annual Review	Policy Revised
May 2021	Interim Review	Policy Revised
February 2021	Annual Review	Policy Revised
January 2021	Annual Review	Policy Revised
January 2020	Annual Review	Policy Renewed
November 2019	Interim Review	Policy Revised
September 2019	Interim Review	Policy Revised
February 2019	Annual Review	Policy Revised
May 2018	Annual Review	Policy Renewed
May 2017	Annual Review	Policy Revised
June 2016	Annual Review	Policy Revised
August 2015	Annual Review	Policy Revised

Date	Action	Action
January 2015	Interim Review	Policy Revised
September 2014	Annual Review	Policy Renewed
October 2013	Annual Review	Policy Renewed
November 2012	Annual Review	Policy Renewed
November 2011	Annual Review	Policy Renewed
May 2011	Interim Review	Policy Renewed
October 2010	Annual Review	Policy Renewed

New information or technology that would be relevant for Wellmark to consider when this policy is next reviewed may be submitted to:

Wellmark Blue Cross and Blue Shield
Medical Policy Analyst
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