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1.0 Description of the Procedure, Product, or Service

Reconstructive surgery is any surgical procedure performed to raise recipients to their optimum functioning level. The need may be as a result of an accidental injury, disease, developmental or congenital anomaly or previous therapeutic intervention. Although the surgical procedure may have inherent cosmetic effects, it is primarily considered to be reconstructive in nature.

Cosmetic surgery is any surgery which is done to revise or change the texture, configuration, or relationship with contiguous structures of any feature of the human body which would be considered to be within the range of normal and acceptable variation for age and ethnic origin.

2.0 Eligible Recipients

2.1 General Provisions

To be eligible, NCHC recipients must be enrolled on the date of service.

3.0 When the Procedure, Product, or Service Is Covered

3.1 General Criteria

NCHC covers procedures, products, and services related to this policy when they are medically necessary and

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available; **AND**
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider.

3.2 Specific Criteria

Reconstructive surgery is covered when the primary purpose of the surgery is to address significant functional impairment or other significant physiological problems due to congenital or developmental anomaly or due to deformity resulting from disease, trauma or prior covered therapeutic intervention. Reconstructive surgery is limited to the injured or diseased portion of the body.

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Applicable FARS/DFARS apply.

Cosmetic surgery or treatment for correction of damage caused by accidental injury while the recipient is continuously covered by the NCHC Program is covered.

The following are guidelines for some of the most frequently performed cosmetic and reconstructive procedures:

- a. Reconstructive breast surgery resulting from a mastectomy is covered. The coverage shall include all stages and revisions of reconstructive breast surgery performed on a non-diseased breast to establish symmetry when reconstructive surgery on a diseased breast is performed. Mastectomy means the surgical removal of all or part of a breast as a result of breast cancer or breast disease; Reconstructive breast surgery means surgery performed as a result of a mastectomy to re-establish symmetry between the two breasts, and includes reconstruction of the mastectomy site, creation of a new breast mound and creation of a new nipple/areolar complex. Reconstructive breast surgery also includes augmentation mammoplasty, reduction mammoplasty and mastopexy of the non-diseased breast. Reconstruction of the nipple/areolar complex following a mastectomy is covered without regard to the lapse of time between the mastectomy and the reconstruction.
 - b. Specialized dental and orthodontic care required for treatment of cleft palate is covered.
 - c. Rhinoplasty may be considered medically necessary and eligible for coverage in the following conditions:
 1. For deformities of the bony nasal pyramid (nasal bones and nasal process of the maxilla) that:
 - (a) directly cause significant and symptomatic airway compromise, sleep apnea or recurrent or chronic rhinosinusitis; and
 - (b) are not responsive to appropriate medical management.
- OR**
2. For reconstruction following removal of nasal malignancy, destructive inflammatory diseases (e.g., Wegener's granulomatosis, pleomorphic granulomatosis), abscess or osteomyelitis that has caused severe deformity and breathing difficulty, or
 3. For deformity of the bony nasal pyramid caused by specifically documented trauma that occurred while the recipient was covered under the NCHC Program (and with continuous coverage since that time), or
 4. For trauma-related nasal airway obstruction leading to chronic rhinosinusitis, **NOT RESPONDING TO MEDICAL THERAPY**, regardless of date of injury.
- d. Septoplasty to correct breathing difficulties is covered under the following circumstances:
 1. Nasal septum trauma, occurring during NCHC Program coverage (and with continuous coverage under the NCHC Program since that time), resulting in significant deformity that was not present prior to the injury.
 2. Need for reconstruction after the removal of a tumor, nasal polyps, or surgical removal of part of the ethmoid bone (ethmoidectomy or turbinate reduction).

3. A deviated septum that produces chronic nasal obstruction and results in significant medical disabilities, such as:
 - (a) Recurrent purulent sinusitis [more than three (3) episodes per year] resulting in middle meatus complex obstruction on the same side with medical record documentation of **ALL** of the following:
 - i. Symptoms including purulent nasal discharge;
 - ii. Radiologic evidence of chronic recurrent sinusitis (clouding of sinuses, thickening of sinus membranes on plain films or limited CT);
 - iii. Failure of conservative management to alleviate or prevent episodes of sinusitis, including treatment with **ALL** of the following:
 - (A.) Appropriate antibiotics;
 - (B.) Nasal sprays, decongestants, antihistamines and/or topical steroids; **AND**
 - (C.) Specific and sincere attempt to discontinue nasal irritants, including smoking, occupational exposure, drugs and inadequate humidification.
 - iv. A nasal septal deformity or nasal spur with greater than a 50% airway obstruction and medical record documentation of **ALL** of the following:
 - (A.) Persistent symptoms of clinically significant nasal airway obstruction or difficult nasal breathing (i.e., heavy snoring, mouth breathing, sleep apnea, interference with daily activities due to loss of sleep and accompanying fatigue, headache, poor concentration);
 - (B.) Allergic history and testing have been performed where indicated;
 - (C.) If allergic rhinitis is present, conservative measures have failed, including: allergic precautions, antihistamines, topical nasal steroids, and desensitization injections, if indicated; **AND**
 - (D.) General conservative management has failed, including reduction of all nasal irritants, including smoking, occupational exposures, drugs, and inadequate humidification.
4. Recurrent nose bleeds (four or more significant episodes) which are believed to be caused by a nasal spur or septal deformity causing abnormal air flow, and which have failed to respond to conservative measures (such as avoidance of medications affecting coagulation, adding humidity to the environment and cauterization, as appropriate).
5. Recipient has unusual face pain that originates from the nasal area and is relieved by septal anesthesia;

6. Recipient has an impending septal perforation; AND there is significant septal deviation with airflow obstruction; AND conservative measures have failed (including humidification, avoidance of trauma, reduction of nasal irritants, and stopping offending drug therapy, including decongestants, nasal steroids, antihistamines, if indicated).
 7. Recipient has obstructive sleep apnea with a documented respiratory disturbance index (RDI) greater than five and septoplasty is being performed to enhance continuous positive airway pressure or bi-level positive airway pressure device (CPAP or BiPAP) effectiveness with clinically significant nasal obstruction documented as the cause of intolerance to CPAP/BiPAP. May be performed in conjunction with a uvulopalatopharyngoplasty (UPPP).
- e. Hair Transplants
- The correction of scalp deformity and defects due to trauma, or due to prior surgery for trauma or tumor, is covered.
- f. Panniculectomy (abdominoplasty or tummy tuck procedure)
- A panniculectomy may be considered medically necessary and eligible for coverage under the NCHC Program when there is medical record documentation that **ALL** of the following criteria are met:
1. The pannus hangs at or below the level of the pubic symphysis (photographs may be required);
 2. Causes recurrent and significant bacterial cellulitis, that has failed at least two treatments with an oral antibiotic;
 3. Is unresponsive to conservative treatment including adequate hygiene and topical anti-infective medications,
 4. Has been present for over a six (6) month period resulting in fibrosis and thickening of the pannus with discoloration and/or lymphedema or peau d'orange effect (pitting or prominence of pores due to fibrosis and swelling) of the overlying skin; **AND** (if applicable)
 5. If there has been a significant weight loss (>100lbs), one of the criterion below must also be met:
 - (a) If the weight loss was accomplished without bariatric surgery, the recipient must have maintained a stable weight for a minimum of six (6) months; or
 - (b) If the weight loss is a result of bariatric surgery, at least 18 months must have elapsed since the bariatric surgery and the recipient's weight must have been stable for the most recent six (6) months.
- g. Chemical Peels
1. Chemical peels used to treat recipients with numerous (>10) actinic keratoses or other premalignant skin lesions, such that treatment of the individual lesions becomes impractical, may be considered medically necessary.

2. Chemical peels used to treat recipients with active inflammatory acne that have failed a trial of topical and/or oral antibiotic acne therapy are considered medically necessary.
- h. Oral Reconstruction Procedures
 1. Benefits are available on an individual consideration basis for dental/oral reconstruction procedures necessitated by head and/or neck cancer surgery. Oral reconstruction is a necessity to return the recipient to normal functions of speaking and eating.
 2. The durable medical equipment code DM495 has been designated for oral reconstruction Devices (obturators).
- i. Suction Lipectomy for the removal of a localized lipoma (fatty tumor) in a recipient of normal body weight is covered.

4.0 When the Procedure, Product, or Service Is Not Covered

4.1 General Criteria

Procedures, products, and services related to this policy are not covered when

- a. the recipient does not meet the eligibility requirements listed in **Section 2.0**;
- b. the recipient does not meet the medical necessity criteria listed in **Section 3.0**;
- c. the procedure, product, or service unnecessarily duplicates another provider's procedure, product, or service; or
- d. the procedure, product, or service is experimental or investigational.

4.2 Specific Criteria

- a. Cosmetic surgery or procedures and all reconstructive surgery or procedures solely for beautifying purposes are not covered, except for the specific indications in **Subsection 3.2**.
- b. Services received in treatment of complications due to a previously performed cosmetic procedure are not covered if the complications were known at the time the non-covered services were provided.
- c. This policy is not intended to imply coverage for services that are specifically excluded by the NC Health Choice Program, (including dental implants).
- d. Rhinoplasty and/or septoplasty for change in the appearance of the nose are for cosmetic effect and are not covered. Rhinoplasty and septoplasty are not covered for any indication not meeting the coverage criteria in **Subsection 3.2.c and d**.
- e. Hair transplants for normal baldness are not covered.
- f. Panniculectomy or abdominoplasty. Surgical removal of redundant skin and fat folds is generally considered cosmetic and is not covered. Panniculectomy is not covered for any indication not meeting the coverage criteria in **Subsection 3.2.f**.
- g. Venous Stars and Spider Veins

1. Injection of sclerosing solution into venous stars, spider veins or cutaneous telangiectasia is for cosmetic effect and is not covered.
2. Hyfrecation, laser treatment, and electro-dessication of venous stars, spider veins or superficial varicosities are not covered cosmetic procedures.
- h. Chemical peels are considered to be cosmetic and not eligible for coverage when used to treat photoaged skin, wrinkles or acne scarring.
- i. Non-pharmacologic treatment of rosacea, including: dermabrasion, chemical peels, laser treatment and light therapy is considered cosmetic and not eligible for coverage.
- j. Rhytidectomy. No benefits are provided for face-lifting procedures or for chin augmentation, removal of fat pads and/or redundant skin.
- k. Suction lipectomy for the removal of fatty tissues solely for cosmetic purposes is not covered.
- l. Genioplasty (horizontal osteotomy of the mandible). Genioplasty is considered cosmetic and not eligible for benefits.
- m. Electrolysis or Laser Hair Removal for hirsutism is considered cosmetic and not eligible for benefits.

5.0 Requirements for and Limitations on Coverage

5.1 Prior Approval

- a. Prior approval is required for blepharoplasties, surgery for hermaphroditism, excision of keloids, reduction mammoplasty, morbid obesity surgery, excision of gynecomastia, revision of the nasal structure, subcutaneous injection of filling material, suction lipectomy, abdominoplasty, orthognathic surgery and varicose vein treatment, including sclerotherapy, endoluminal radiofrequency ablation, endovenous laser ablation and ligation and excision of varicose veins.
- b. A letter of medical necessity signed and dated by the surgeon must be submitted to DMA's vendor prior to rendering the service.
- c. Documentation must include:
 1. Recipient demographics, including name, address NCHC ID, date of birth
 2. Date of the injury or onset of the disease
- d. For oral reconstruction procedures necessitated by head and/or neck surgery, documentation must also include:
 1. Medical records, including history and physical
 2. Operative report
 3. Findings of oral examinations
 4. Related radiographs (including pre-disease state)
 5. Treatment plans

- e. For suction lipectomy, documentation must also include:
 - 1. Recipient’s height, weight and date of birth
 - 2. Location & size of tumor
 - 3. Pre-operative photographs
- f. Pre-operative photographs and medical records may be requested for other procedures depending on the specific clinical indication and procedure.

6.0 Providers Eligible to Bill for the Procedure, Product, or Service

To be eligible to bill for procedures, products, and services related to this policy, providers shall

- a. meet NCHC qualifications for participation;
- b. be currently enrolled with NCHC; **AND**
- c. bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

7.0 Additional Requirements

7.1 Compliance

Providers must comply with all applicable federal, state, and local laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA) and record retention requirements.

8.0 Policy Implementation/Revision Information

Original Effective Date: July 1, 2010

Revision Information:

| Date | Section Revised | Change |
|--------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| July 1, 2010 | | Policy Conversion: Implementation of Session Law 2009-451, Section 10.32 “NC HEALTH CHOICE/PROCEDURES FOR CHANGING MEDICAL POLICY.” |
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Attachment A: Claims-Related Information

Reimbursement requires compliance with all NCHC guidelines.

A. Claim Type

Professional (CMS-1500 for Orthognathic Surgery)

Professional (CMS-1500/837P transaction)

Institutional (UB-04/837I transaction)

B. Diagnosis Codes

Providers must bill the ICD-9-CM diagnosis codes(s) to the highest level of specificity that supports medical necessity.

- a. Diagnosis codes classified as definitely cosmetic will automatically deny: V50.0, V50.1, V50.3 and 701.3.
- b. Diagnosis codes classified as possibly cosmetic will pend for review: V50, V50.8, V50.9, V51, 374, 374.3, 374.4, 374.9, 374.30, 374.31, 374.32, 374.33, 374.34, 374.41, 374.43, 374.44, 374.45, 374.46, 611, 611.9, 709.2 & 738.0.
- c. Prior approval for surgery for hermaphroditism is driven by diagnosis code only: 752.7.
- d. Prior approval for keloids is driven by diagnosis code only: 701.4.

C. Procedure Code(s)

| Blepharoplasty | | | | |
|--------------------------|-------|-------|-------|-------|
| CPT Codes | | | | |
| 15822 | 15823 | 67901 | 67902 | 67903 |
| 67904 | 67906 | 67908 | 67909 | 67911 |
| 67916 | 67917 | 67923 | 67924 | |
| ICD-9-CM Procedure codes | | | | |
| 08.44 | 08.70 | | | |

| Reduction mammoplasty | |
|--------------------------|-------|
| CPT Codes | |
| 19318 | |
| ICD-9-CM Procedure codes | |
| 85.31 | 85.32 |

| Surgery for morbid obesity | | | | |
|----------------------------|-------|-------|-------|-------|
| CPT Codes | | | | |
| 43644 | 43645 | 43659 | 43842 | 43843 |
| 43845 | 43846 | 43847 | 43848 | 44680 |
| ICD-9-CM Procedure codes | | | | |
| 44.3 | 44.31 | 44.39 | 44.5 | 44.69 |
| 46.62 | | | | |

| | |
|----------------------------------------------------------------------------------------------------------------------------------------|-------|
| Excision of Gynecomastia | |
| CPT Code | |
| 19300 | |
| ICD-9-CM Procedure codes | |
| 85.31 | 85.32 |
| For females, it pends for possible cosmetic, unless the diagnosis is 611.1; for males, it will deny if prior approval is not obtained. | |

| | | | | |
|---------------------------------|-------|-------|-------|-------|
| Revision of nasal structure | | | | |
| CPT Codes | | | | |
| 30400 | 30410 | 30420 | 30430 | 30435 |
| 30450 | 30620 | | | |
| ICD-9-CM Procedure codes | | | | |
| 21.4 | 21.5 | 21.84 | 21.85 | 21.86 |
| 21.87 | 21.88 | 21.89 | | |

| | | | |
|-------------------------|-------|-------|-------|
| Subcutaneous injections | | | |
| CPT Codes | | | |
| 11950 | 11951 | 11952 | 11954 |

| | | | | |
|--------------------------------|-------|-------|-------|-------|
| Suction lipectomy | | | | |
| CPT Codes | | | | |
| 15832 | 15833 | 15834 | 15835 | 15836 |
| 15837 | 15838 | 15839 | | |
| ICD-9-CM Procedure code | | | | |
| 86.83 | | | | |

| | | | | |
|--------------------------------|-------|-------|--|--|
| Abdominoplasty | | | | |
| CPT Codes | | | | |
| 15830 | 15831 | 15847 | | |
| ICD-9-CM Procedure code | | | | |
| 86.83 | | | | |

| | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------|-------|-------|
| Orthognathic surgery | | | | |
| CPT Codes | | | | |
| 21141 | 21142 | 21143 | 21145 | 21146 |
| 21147 | | | | |
| CDT Codes | | | | |
| D7943 – D7949 | | | | |
| CPT codes are used for reporting orthognathic surgery procedures using the CMS-1500 claim form. Since orthognathic procedures are most likely covered by medical carriers, discussion here will be limited to CPT codes. However, with the implementation of “recognized code sets” under HIPAA, “D-codes” may be used for reporting purposes if an appropriate CPT code is not available. The existence of a code (CPT or CDT) does not guarantee reimbursement for the service. | | | | |

| | |
|-------------------------------------|--|
| Endoluminal radiofrequency ablation | |
| CPT Codes | |
| 37799 | |

| | |
|---------------------------|--------|
| Endovenous laser ablation | |
| CPT Codes | |
| 36478 | +36479 |

| | | | | |
|-----------------------------------------------------------|-------|-------|-------|-------|
| Varicose veins | | | | |
| CPT Codes | | | | |
| 01260 | 37700 | 37735 | 37760 | 37780 |
| 37785 | | | | |
| ICD-9-CM Procedure codes | | | | |
| 38.59 | 39.5 | 39.59 | | |
| All services will deny if prior approval is not obtained. | | | | |

| | | | | |
|--------------------------------------------------------------------------|-------|-------|-------|--------|
| Cosmetic Surgery | | | | |
| Procedures classified as definitely cosmetic and will automatically deny | | | | |
| HCPCS Codes | | | | |
| L8030 | L8039 | L8040 | L8049 | L8600 |
| ICD-9-CM Procedure codes | | | | |
| 08.87 | 18.79 | 21.84 | 21.85 | 21.86 |
| 21.87 | 85.5 | 85.50 | 85.51 | 85.52 |
| 85.53 | 85.54 | 85.87 | 85.93 | 85.94 |
| 85.95 | 85.96 | 85.99 | 86.83 | 86.92 |
| CPT Codes | | | | |
| 11920 | 11921 | 11922 | 11950 | 11951 |
| 11952 | 11954 | 11970 | 11971 | 15782 |
| 15786 | 15822 | 15824 | 15830 | +15847 |
| 17360 | 19300 | 19316 | 19318 | 19324 |
| 19325 | 19328 | 19330 | 19342 | 19350 |
| 19370 | 19371 | 19380 | 19396 | 30400 |
| 30410 | 30420 | 30430 | 30435 | 30450 |
| 44238 | 49904 | 57291 | 57292 | 57295 |
| 57296 | 67900 | 67916 | 67917 | 67921 |
| 67923 | 67924 | 92700 | | |

| | | | | |
|-----------------------------------------------------------------|-------|-------|-------|-------|
| Cosmetic Surgery | | | | |
| Procedures classified as possibly cosmetic will pend for review | | | | |
| ICD-9-CM Procedure codes | | | | |
| 08.86 | 67.69 | 76.68 | 86.64 | 86.82 |
| CPT Codes | | | | |
| 15775 | 15776 | 15780 | 15781 | 15819 |
| 15820 | 15821 | 15824 | 15826 | 15828 |
| 15829 | 15832 | 15833 | 15834 | 15835 |
| 15836 | 15837 | 15876 | 15879 | 17380 |
| 21122 | 21123 | 21125 | 21127 | 21137 |
| 21138 | 21139 | 21209 | 69090 | 69300 |

NOTE: Some of the prior approval services are classified as definitely or possibly cosmetic surgery. For those services, prior approval logic takes precedence over cosmetic logic

The durable medical equipment code DM495 has been designated for oral reconstruction devices (obturators).

D. Modifiers

Providers are required to follow applicable modifier guidelines.

E. Billing Units

The appropriate procedure code(s) used determines the billing unit(s).

F. Place of Service

Inpatient Hospital, Outpatient Hospital and ASC

G. Co-payments

Co-payment(s) may apply to covered prescription drugs and services.

H. Reimbursement

Providers must bill their usual and customary charges.