

## COSMETIC PROCEDURES

### Scope

This policy applies to:

- |   |   |                                   |
|---|---|-----------------------------------|
| <input checked="" type="checkbox"/> Kaiser Permanente<br>Health Plan of<br>Washington | <input checked="" type="checkbox"/> Kaiser Permanente<br>Health Plan of Washington<br>Options, Inc. | <input type="checkbox"/> Medicaid |
| <input checked="" type="checkbox"/> Commercial  | <input checked="" type="checkbox"/> Medicare  |                                   |

### Policy

Original Effective Date: 06/15/2014

A cosmetic procedure is when the primary purpose of the procedure is to change or improve appearance in the absence of specific functional improvement. Kaiser Permanente will not reimburse for cosmetic procedures to solely improve appearance including any related services. Kaiser Permanente does reimburse for some procedures when medical necessity has been determined during medical review and the member's benefit covers the procedure. [Clinical Review Criteria](#) should be reviewed to see what procedures might qualify for reimbursement.

The following procedures could potentially be considered cosmetic; the health plan will review on a case-by-case basis. This is not an all-inclusive list.

- [Blepharoplasty](#)
- [Breast augmentation \(breast implants and pectoral implants\) Breast lift \(mastopexy\)](#)
- [Breast reconstruction](#)
- [Breast reduction](#)
- Cheek implant (malar implant/augmentation)
- [Chemical peels](#)
- Chin implant (genioplasty, mentoplasty)
- Collagen implant
- Correction of diastasis recti abdominis
- Correction of inverted nipple
- [Dermabrasion](#)
- [Dermal injections of FDA-approved fillers \(e.g., poly-L-lactic acid dermal injection \(Sculptra\) or calcium hydroxylapatite dermal injection \(Radiesse\)\) for HIV lipotrophy](#)
- Earlobe repair
- [Excision of excessive skin of thigh \(thigh lift, thighplasty\), leg, hip, buttock, arm \(arm lift, brachioplasty\), forearm or hand, submental fat pad, or other areas](#)
- Excision or shaving of rhinophyma
- [Gynecomastia surgery](#)
- [Keloids](#)
- Lacrimal gland resuspension for lacrimal gland prolapse
- [Lipectomy or liposuction](#)
- Lipomas
- Mesotherapy (injection of various substances into the tissue beneath the skin to sculpt body contours by lysing subcutaneous fat)
- Otoplasty/Pinnoplasty

- [Panniculectomy](#)
- Phalloplasty
- [Pulsed-dye laser treatment](#)
- [Removal of spider angiomas](#)
- [Rhinoplasty](#)
- Rhytidectomy including meloplasty, face lift
- Salabrasion
- [Scar revision](#)
- Septoplasty
- [Skin tag removal](#)
- Surgery to correct moon face
- Surgery to correct tuberous breast deformity
- [Surgical depigmentation \(e.g., laser treatment\) of nevus of Ito or Ota](#)
- [Tattoo](#)
- [Treatment of spider veins or superficial telangiectasis by any technique](#)
- Treatment with small gel-particle hyaluronic acid (e.g., Restylane) and large gel-particle hyaluronic acid (e.g., Perlane)
- Ventral hernia repair

### Billing/Coding Guidelines

All claims must be billed according to Centers for Medicare & Medicaid Services (CMS) guidelines.

### Policy Definitions

**Cosmetic Procedure** – When the primary purpose of the procedure is to change or improve appearance in the absence of specific functional improvement.

**Reconstructive procedure** - When the primary purpose of the procedure is to correct or restore a physical impairment.

### Prerequisite(s)

Kaiser Permanente has determined the service to be medically necessary.

### References

[Items and Services That Are Not Covered Under the Medicare Program](#), Centers for Medicare & Medicaid Services, Medicare Learning Network

[Restorative and Cosmetic Procedures](#), Group Health Clinical Review Criteria

## Frequently Asked Questions

**Q1:** How does Kaiser Permanente determine medical necessity?

**A1:** Kaiser Permanente follows industry standards and has defined clinical review criteria based on CMS, MCG (formally Milliman Care Guidelines), and organizationally developed guidelines. When clinical criteria, has not been defined the patient condition and review of the request will determine medical necessity.

**Q2:** Are cosmetic procedures covered under the member's coverage plans?

**A2:** No. Cosmetic procedures are an excluded benefit under Kaiser Permanente coverage contracts; except correction of a congenital disease or congenital anomaly, or the procedure is called out in the member's benefit.

## Revision History

04/19/2022 – Updated to remove Medicaid from “This policy applies to” field, corrected hyperlinks and formatting.

Note: This information is intended to serve only as a general reference resource regarding reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, we may use reasonable discretion in interpreting and applying this policy to services being delivered in a particular case. Further, the policy does not cover all issues related to reimbursement for services rendered to our enrollees as legislative mandates, the provider contracts, the enrollee's benefit coverage documents, and the Provider Manual all may supplement or in some cases supersede this policy. This policy may be modified from time to time by publishing a new version of the policy on Kaiser Permanente provider website; however, the information presented in this policy is believed to be accurate and current as of the date of publication.