

# Article - Billing and Coding: Cosmetic and Reconstructive Surgery (A56587)

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## Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
<a href="#">Novitas Solutions, Inc.</a>	A and B MAC	04111 - MAC A	J - H	Colorado
<a href="#">Novitas Solutions, Inc.</a>	A and B MAC	04112 - MAC B	J - H	Colorado
<a href="#">Novitas Solutions, Inc.</a>	A and B MAC	04211 - MAC A	J - H	New Mexico
<a href="#">Novitas Solutions, Inc.</a>	A and B MAC	04212 - MAC B	J - H	New Mexico
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<a href="#">Novitas Solutions, Inc.</a>	A and B MAC	04911 - MAC A	J - H	Colorado New Mexico Oklahoma Texas
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<a href="#">Novitas Solutions, Inc.</a>	A and B MAC	07202 - MAC B	J - H	Louisiana
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<a href="#">Novitas Solutions, Inc.</a>	A and B MAC	07302 - MAC B	J - H	Mississippi
<a href="#">Novitas Solutions, Inc.</a>	A and B MAC	12101 - MAC A	J - L	Delaware
<a href="#">Novitas Solutions, Inc.</a>	A and B MAC	12102 - MAC B	J - L	Delaware
<a href="#">Novitas Solutions, Inc.</a>	A and B MAC	12201 - MAC A	J - L	District of Columbia
<a href="#">Novitas Solutions, Inc.</a>	A and B MAC	12202 - MAC B	J - L	District of Columbia
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<a href="#">Novitas Solutions, Inc.</a>	A and B MAC	12302 - MAC B	J - L	Maryland
<a href="#">Novitas Solutions, Inc.</a>	A and B MAC	12401 - MAC A	J - L	New Jersey
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<a href="#">Novitas Solutions, Inc.</a>	A and B MAC	12501 - MAC A	J - L	Pennsylvania
<a href="#">Novitas Solutions, Inc.</a>	A and B MAC	12502 - MAC B	J - L	Pennsylvania

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATES
<a href="#">Novitas Solutions, Inc.</a>	A and B MAC	12901 - MAC A	J - L	Delaware District of Columbia Maryland New Jersey Pennsylvania

## Article Information

### General Information

**Article ID**

A56587

**Article Title**

Billing and Coding: Cosmetic and Reconstructive Surgery

**Article Type**

Billing and Coding

**Original Effective Date**

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**Revision Effective Date**

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N/A

**Retirement Date**

N/A

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### CMS National Coverage Policy

**Social Security Act (Title XVIII) Standard References:**

- Title XVIII of the Social Security Act, Section 1833(e) states that no payment shall be made to any provider of services or other person under this part unless there has been furnished such information as may be necessary in order to determine the amounts due such provider or other person under this part for the period with respect to which the amounts are being paid or for any prior period.

### Article Guidance

## Article Text

This Billing and Coding Article provides billing and coding guidance for Local Coverage Determination (LCD) L35090, Cosmetic and Reconstructive Surgery. Please refer to the LCD for reasonable and necessary requirements.

## Coding Guidance

Notice: It is not appropriate to bill Medicare for services that are not covered (as described by the entire LCD) as if they are covered. When billing for non-covered services, use the appropriate modifier.

## Documentation Requirements

### For all procedures:

1. All documentation must be maintained in the patient's medical record and made available to the contractor upon request.
2. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service[s]). The documentation must include the legible signature of the physician or non-physician practitioner responsible for and providing the care to the patient.
3. The submitted medical record must support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPCS code must describe the service performed.

## Documentation Requirements for Specified Services

### Dermabrasion

1. The medical record must describe the beneficiary's disease process of the rhinophyma that is being treated with dermabrasion.

### Abdominal Lipectomy/Panniculectomy

1. The medical record must contain the following information:
  - Description of the pannus and underlying skin.
  - Documentation that the panniculus causes chronic intertrigo (dermatitis occurring on the opposed surfaces of the skin, skin irritation, infection, or chafing).
  - Description of functional impairments (e.g., difficulty walking, exercising, or impairment in activities of daily living).
  - Description of conservative treatment the beneficiary has received and the results of treatment.
  - Preoperative photographs of the pannus and underlying skin are recommended.

### Reconstructive Breast Surgery: Removal of Breast Implants

1. The medical record must describe the condition which supports the removal of the breast implant(s) as medically reasonable and necessary.

### Reduction Mammoplasty

1. The beneficiary's medical record must contain the following information:
  - Height and weight.
  - Clinical evaluation of the signs or symptoms ascribed to the macromastia, therapies prior to reduction mammoplasty and the responses to these therapies.
  - Mammogram report for age appropriate population.
  - The operative report with documentation of the weight of tissue removed from each breast, obtained in the operating room.
  - The pathology report of the tissue removed from each breast.

### **Mastectomy for gynecomastia**

1. Glandular breast tissue confirming true gynecomastia is documented on physical exam and/or mammography.
2. Documentation that the gynecomastia persists, despite correction of any underlying causes.
3. Documentation supporting that the gynecomastia is classified as Grade III or IV per the American Society of Plastic Surgeons (ASPS) classification when the procedure is performed in males.
4. Documentation that hormonal causes, including hyperthyroidism, estrogen excess, hyperprolactinemia and hypogonadism have been excluded by appropriate laboratory testing (e.g., with levels of thyroid stimulating hormone [TSH], estradiol, prolactin, testosterone and/or luteinizing hormone [LH])
5. Documentation supporting that gynecomastia persists after 3 to 4 months of unsuccessful medical treatment, the use of potential gynecomastia-inducing drugs and substances has been ruled out and gynecomastia persists for at least one year.

### **Rhinoplasty**

1. Photographic documentation of the patient's condition is recommended to help support medical necessity if documentation is requested.
2. The medical record must include a description of the condition requiring the rhinoplasty.
3. When rhinoplasty is being performed for chronic obstruction, the medical record must indicate what is causing the obstruction.

### **Septoplasty**

1. The medical record must describe the conservative medical management utilized and the length of time that the treatment was trialed for septal deviation causing nasal airway obstruction.
2. The medical record must contain the medical and antibiotic therapy that was utilized, and the length of the time treatment was trialed for recurrent sinusitis secondary to deviated septum.
3. The medical record must contain the medical management utilized and the length of time that the treatment was trialed for obstructed nasal breathing due to septal deformity or deviation that is interfering with the effective use of Continuous Positive Airway Pressure (CPAP) for the treatment of an obstructive sleep disorder.

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## **Coding Information**

### **CPT/HCPCS Codes**

### **Group 1 Paragraph:**

## Dermabrasion

**Note:** Providers are reminded to refer to the long descriptors of the CPT codes in their CPT book.

### Group 1 Codes: (1 Code)

CODE	DESCRIPTION
15781	Dermabrasion segmental face

### Group 2 Paragraph:

## Abdominal Lipectomy/Panniculectomy

**Note:** CPT code 15847 is an add-on code that can only be used in conjunction with CPT code 15830.

### Group 2 Codes: (3 Codes)

CODE	DESCRIPTION
15830	Exc skin abd
15847	Exc skin abd add-on
15877	Suction lipectomy trunk

### Group 3 Paragraph:

## Reconstructive Breast Surgery: Removal of Breast Implants

### Group 3 Codes: (17 Codes)

CODE	DESCRIPTION
19316	Suspension of breast
19325	Breast augmentation w/implt
19328	Rmvl intact breast implant
19330	Rmvl ruptured breast implant
19340	Insj breast implt sm d mast
19342	Insj/rplcmt brst implt sep d
19350	Breast reconstruction
19357	Tiss xpndr plmt brst rcnstj
19361	Brst rcnstj latsms drsi flap
19364	Brst rcnstj free flap
19367	Brst rcnstj 1 pdcl tram flap
19368	Brst rcnstj 1pdcl tram anast
19369	Brst rcnstj 2 pdcl tram flap

CODE	DESCRIPTION
19370	Revj peri-implt capsule brst
19371	Peri-implt capslc brst compl
19380	Revj reconstructed breast
19396	Design custom breast implant

**Group 4 Paragraph:**

**Reduction Mammoplasty**

**Group 4 Codes:** (1 Code)

CODE	DESCRIPTION
19318	Breast reduction

**Group 5 Paragraph:**

**Mastectomy for Gynecomastia**

Liposuction or ultrasonically assisted liposuction (**15877** suction assisted lipectomy; trunk) used for the treatment of gynecomastia is considered integral to the primary procedure and not covered.

**Group 5 Codes:** (1 Code)

CODE	DESCRIPTION
19300	Removal of breast tissue

**Group 6 Paragraph:**

**Rhinoplasty/Nasal Reconstructive Surgery**

The following CPT codes associated with the services outlined in this Billing and Coding Article will not have diagnosis code limitations applied at this time: **20912, 21210, or 21235.**

**Group 6 Codes:** (11 Codes)

CODE	DESCRIPTION
30400	Reconstruction of nose
30410	Reconstruction of nose
30420	Reconstruction of nose
30430	Revision of nose
30435	Revision of nose
30450	Revision of nose
30460	Revision of nose

CODE	DESCRIPTION
30462	Revision of nose
30465	Repair nasal stenosis
30468	Rpr nsl vlv collapse w/implt
30520	Repair of nasal septum

### CPT/HCPCS Modifiers

N/A

### ICD-10-CM Codes that Support Medical Necessity

#### Group 1 Paragraph:

It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

The following ICD-10-CM code supports medical necessity and provides coverage for **(CPT) code: 15781** for **Dermabrasion**.

#### Group 1 Codes: (1 Code)

CODE	DESCRIPTION
L71.1	Rhinophyma

#### Group 2 Paragraph:

It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

The following ICD-10-CM codes support medical necessity and provide coverage for **(CPT) codes: 15830, 15847, and 15877** for **Abdominal Lipectomy/ Panniculectomy**.

#### Group 2 Codes: (5 Codes)

CODE	DESCRIPTION
L30.4*	Erythema intertrigo
L98.7*	Excessive and redundant skin and subcutaneous tissue
M79.3*	Panniculitis, unspecified
R26.2*	Difficulty in walking, not elsewhere classified
Z74.09*	Other reduced mobility

#### Group 2 Medical Necessity ICD-10-CM Codes Asterisk Explanation:

**Note:** Dual diagnosis reporting is required to support the service as medically reasonable and necessary. ICD-10 diagnosis codes L98.7 or M79.3 should be reported as the primary diagnosis with ICD-10 codes L30.4, R26.2, or Z74.09 reported as the secondary diagnosis.

**Group 3 Paragraph:**

It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

The following ICD-10-CM codes support medical necessity and provide coverage for **(CPT) codes: 19316, 19325, 19328, 19330, 19340, 19342, 19350, 19357, 19361, 19364, 19367, 19368, 19369, 19370, 19371, 19380, and 19396** for Reconstructive Breast Surgery: **Removal of Breast Implants.**

**Group 3 Codes:** (58 Codes)

CODE	DESCRIPTION
C50.011	Malignant neoplasm of nipple and areola, right female breast
C50.012	Malignant neoplasm of nipple and areola, left female breast
C50.021	Malignant neoplasm of nipple and areola, right male breast
C50.022	Malignant neoplasm of nipple and areola, left male breast
C50.111	Malignant neoplasm of central portion of right female breast
C50.112	Malignant neoplasm of central portion of left female breast
C50.121	Malignant neoplasm of central portion of right male breast
C50.122	Malignant neoplasm of central portion of left male breast
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast
C50.221	Malignant neoplasm of upper-inner quadrant of right male breast
C50.222	Malignant neoplasm of upper-inner quadrant of left male breast
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast
C50.321	Malignant neoplasm of lower-inner quadrant of right male breast
C50.322	Malignant neoplasm of lower-inner quadrant of left male breast
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast
C50.421	Malignant neoplasm of upper-outer quadrant of right male breast
C50.422	Malignant neoplasm of upper-outer quadrant of left male breast
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast



CODE	DESCRIPTION
C50.521	Malignant neoplasm of lower-outer quadrant of right male breast
C50.522	Malignant neoplasm of lower-outer quadrant of left male breast
C50.611	Malignant neoplasm of axillary tail of right female breast
C50.612	Malignant neoplasm of axillary tail of left female breast
C50.621	Malignant neoplasm of axillary tail of right male breast
C50.622	Malignant neoplasm of axillary tail of left male breast
C50.811	Malignant neoplasm of overlapping sites of right female breast
C50.812	Malignant neoplasm of overlapping sites of left female breast
C50.821	Malignant neoplasm of overlapping sites of right male breast
C50.822	Malignant neoplasm of overlapping sites of left male breast
C79.2	Secondary malignant neoplasm of skin
C79.81	Secondary malignant neoplasm of breast
D05.01	Lobular carcinoma in situ of right breast
D05.02	Lobular carcinoma in situ of left breast
D05.11	Intraductal carcinoma in situ of right breast
D05.12	Intraductal carcinoma in situ of left breast
D05.81	Other specified type of carcinoma in situ of right breast
D05.82	Other specified type of carcinoma in situ of left breast
D24.1	Benign neoplasm of right breast
D24.2	Benign neoplasm of left breast
D48.61	Neoplasm of uncertain behavior of right breast
D48.62	Neoplasm of uncertain behavior of left breast
N65.0	Deformity of reconstructed breast
N65.1	Disproportion of reconstructed breast
T85.41XA	Breakdown (mechanical) of breast prosthesis and implant, initial encounter
T85.42XA	Displacement of breast prosthesis and implant, initial encounter
T85.43XA	Leakage of breast prosthesis and implant, initial encounter
T85.44XA	Capsular contracture of breast implant, initial encounter
T85.49XA	Other mechanical complication of breast prosthesis and implant, initial encounter
T85.79XA	Infection and inflammatory reaction due to other internal prosthetic devices, implants and grafts, initial encounter
Z42.1	Encounter for breast reconstruction following mastectomy

CODE	DESCRIPTION
Z45.811	Encounter for adjustment or removal of right breast implant
Z45.812	Encounter for adjustment or removal of left breast implant
Z48.3	Aftercare following surgery for neoplasm
Z85.3	Personal history of malignant neoplasm of breast
Z98.82	Breast implant status

**Group 4 Paragraph:**

It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

The following ICD-10-CM codes support medical necessity and provide coverage for **(CPT) code: 19318** for **reduction mammoplasty and gigantomastia of pregnancy.**

**Group 4 Codes:** (22 Codes)

CODE	DESCRIPTION
L26*	Exfoliative dermatitis
L30.4*	Erythema intertrigo
L53.8*	Other specified erythematous conditions
L54*	Erythema in diseases classified elsewhere
M25.511*	Pain in right shoulder
M25.512*	Pain in left shoulder
M53.1*	Cervicobrachial syndrome
M54.2*	Cervicalgia
M54.6*	Pain in thoracic spine
M54.89*	Other dorsalgia
N62	Hypertrophy of breast
N64.1*	Fat necrosis of breast
N64.4*	Mastodynia
N64.81*	Ptosis of breast
N65.1	Disproportion of reconstructed breast
O91.211*	Nonpurulent mastitis associated with pregnancy, first trimester
O91.212*	Nonpurulent mastitis associated with pregnancy, second trimester
O91.213*	Nonpurulent mastitis associated with pregnancy, third trimester
R21*	Rash and other nonspecific skin eruption

CODE	DESCRIPTION
Z42.1*	Encounter for breast reconstruction following mastectomy
Z42.8*	Encounter for other plastic and reconstructive surgery following medical procedure or healed injury
Z85.3*	Personal history of malignant neoplasm of breast

**Group 4 Medical Necessity ICD-10-CM Codes Asterisk Explanation:**

\***Note:** The primary diagnosis code **N62** must be billed with one of the diagnosis codes listed in Group 4 Codes as a secondary code for reduction mammoplasty.

\*\***Note: N65.1** may be used as a standalone code when billing for surgery on the unaffected breast to restore symmetry following breast cancer surgery on the contralateral breast.

**Group 5 Paragraph:**

It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

The following ICD-10-CM code supports medical necessity and provides coverage for **(CPT) code: 19300** for **Mastectomy for Gynecomastia**.

**Group 5 Codes:** (1 Code)

CODE	DESCRIPTION
N62	Hypertrophy of breast

**Group 6 Paragraph:**

It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

The following ICD-10-CM codes support medical necessity and provide coverage for **(CPT) codes: 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465, 30468** and **30520** for **Rhinoplasty/Reconstructive Nasal Surgery**.

**Group 6 Codes:** (46 Codes)

CODE	DESCRIPTION
C30.0	Malignant neoplasm of nasal cavity
C41.0	Malignant neoplasm of bones of skull and face
C43.31	Malignant melanoma of nose
C43.39	Malignant melanoma of other parts of face
C44.311	Basal cell carcinoma of skin of nose
C44.319	Basal cell carcinoma of skin of other parts of face

CODE	DESCRIPTION
C44.321	Squamous cell carcinoma of skin of nose
C44.329	Squamous cell carcinoma of skin of other parts of face
C44.391	Other specified malignant neoplasm of skin of nose
C44.399	Other specified malignant neoplasm of skin of other parts of face
C76.0	Malignant neoplasm of head, face and neck
D03.39	Melanoma in situ of other parts of face
D04.39	Carcinoma in situ of skin of other parts of face
D14.0	Benign neoplasm of middle ear, nasal cavity and accessory sinuses
D16.4	Benign neoplasm of bones of skull and face
D22.39	Melanocytic nevi of other parts of face
D23.39	Other benign neoplasm of skin of other parts of face
J32.0	Chronic maxillary sinusitis
J32.1	Chronic frontal sinusitis
J32.2	Chronic ethmoidal sinusitis
J32.3	Chronic sphenoidal sinusitis
J32.4	Chronic pansinusitis
J34.0	Abscess, furuncle and carbuncle of nose
J34.1	Cyst and mucocele of nose and nasal sinus
J34.2	Deviated nasal septum
J34.89	Other specified disorders of nose and nasal sinuses
Q30.0	Choanal atresia
Q30.8	Other congenital malformations of nose
Q35.1	Cleft hard palate
Q35.3	Cleft soft palate
Q35.5	Cleft hard palate with cleft soft palate
Q35.7	Cleft uvula
Q36.0	Cleft lip, bilateral
Q36.1	Cleft lip, median
Q36.9	Cleft lip, unilateral
Q37.0	Cleft hard palate with bilateral cleft lip
Q37.1	Cleft hard palate with unilateral cleft lip
Q37.2	Cleft soft palate with bilateral cleft lip

CODE	DESCRIPTION
Q37.3	Cleft soft palate with unilateral cleft lip
Q37.4	Cleft hard and soft palate with bilateral cleft lip
Q37.5	Cleft hard and soft palate with unilateral cleft lip
Q67.0	Congenital facial asymmetry
Q67.1	Congenital compression facies
Q67.4	Other congenital deformities of skull, face and jaw
S02.2XXA	Fracture of nasal bones, initial encounter for closed fracture
S02.2XXB	Fracture of nasal bones, initial encounter for open fracture

### ICD-10-CM Codes that DO NOT Support Medical Necessity

#### Group 1 Paragraph:

N/A

#### Group 1 Codes: (1 Code)

CODE	DESCRIPTION
Z41.1	Encounter for cosmetic surgery

### ICD-10-PCS Codes

N/A

### Additional ICD-10 Information

N/A

### Bill Type Codes

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the article does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the article should be assumed to apply equally to all claims.

CODE	DESCRIPTION
999x	Not Applicable

### Revenue Codes

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report

this service. In most instances Revenue Codes are purely advisory. Unless specified in the article, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the article should be assumed to apply equally to all Revenue Codes.

N/A

**Other Coding Information**

N/A

## Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
07/11/2021	R5	<p>Article effective for dates of service on and after 07/11/2021.</p> <p>01/14/2021 Draft article posted</p> <p>2020PITLAB016</p>
01/01/2021	R4	<p>Article revised and published on 2/11/2021 effective for dates of service on and after 01/01/2021 to reflect the Annual 2021 HCPCS/CPT Code Updates.</p> <p>The following CPT code 30468 has been added to the "CPT/HCPCS codes/ Group 6 Codes:" and the "ICD-10 Codes that Support Medical Necessity/Group 6 Paragraph:" sections of the Article.</p> <p>The following CPT codes have been deleted and therefore have been removed from the "CPT/HCPCS codes/Group 3 Codes:" and the "ICD-10 Codes that Support Medical Necessity/Group 3 Paragraph:" sections of the article: 19324 and 19366</p> <p>In addition, for the following CPT codes either the short and/or the long description was changed. Depending on which description is used in this article, there may not be any change in how the codes display in the "CPT/HCPCS Codes/Group 3 Codes" section: 19325,19328, 19330, 19340, 19342, 19357 19361, 19364, 19367, 19368, 19369, 19370, 19371 and 19380, and the "CPT/HCPCS Codes/Group 4 Codes" section: 19318.</p> <p>Minor formatting changes were made throughout the coding section.</p>
01/01/2020	R3	<p>Article revised and published on 01/16/2020 effective for dates of service on and after 01/01/2020 to reflect the annual CPT/HCPCS code updates. CPT code 19300 has been added to the CPT Code group 5 and to the corresponding ICD-10 code group 5 with</p>

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		diagnosis code N62. This addition was made in response to the CPT update instructing to use CPT code 19300 for gynecomastia consistent with the related LCD indications. As a result of the addition the code groups have been renumbered. Notes from ICD-10 Code groups 4 and 8 have been placed at the bottom of the code group tables and asteriks have been added to the applicable codes in those groups.
11/07/2019	R2	Article revised and published on 11/07/2019. Consistent with CMS Change Request 10901, all coding information from the related LCD has been placed into this article. Due to system changes, the order of the Coding Section has been revised and new sections for CPT/HCPCS Modifiers and Other Coding Information have been added.
06/27/2019	R1	Article revised and published on 6/27/2019 in response to a provider inquiry to add ICD-10 code Z80.3 to Group 3 ICD-10 Codes.

## Associated Documents

### Related Local Coverage Documents

#### Articles

[A58771 - Response to Comments: Cosmetic and Reconstructive Surgery](#)

#### LCDs

[L35090 - Cosmetic and Reconstructive Surgery](#)

### Related National Coverage Documents

N/A

### Statutory Requirements URLs

N/A

### Rules and Regulations URLs

N/A

### CMS Manual Explanations URLs

N/A

### Other URLs

N/A

### Public Versions

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05/21/2021	07/11/2021 - N/A	Currently in Effect (This Version)
02/05/2021	01/01/2021 - 07/10/2021	Superseded

UPDATED ON	EFFECTIVE DATES	STATUS
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# Keywords

N/A