UHA does not cover the following procedures:

- Cosmetic or reconstructive services, supplies, or procedures that are primarily intended to improve your natural appearance but do not restore or materially improve a physical function. This exclusion applies to cosmetic or reconstructive services for a psychological or psychiatric reason
- Reconstructive surgery or services to correct congenital abnormalities (defects present from birth), unless the anomaly severely impairs or impedes normal, essential bodily functions
- Breast reduction surgery
- Breast reconstruction and/or implants *(except following mastectomy for cancer)*
- Excision of superficial benign tumors of the skin and subcutaneous tissue (i.e., skin tags and lipomas)
- The diagnosis and treatment of any complications as a result of previous cosmetic or reconstructive service, regardless of how long ago such services were performed

The following procedures are considered cosmetic and are not covered except for procedures listed with an asterisk (*) which may be medically necessary under certain conditions. The codes with an asterisk require prior authorization.

<table>
<thead>
<tr>
<th>PX code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>11200</td>
<td>Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions</td>
</tr>
<tr>
<td>11201</td>
<td>Removal of skin tags, multiple fibrocutaneous tags, any area; each additional ten lesions</td>
</tr>
<tr>
<td>11920</td>
<td>Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less</td>
</tr>
<tr>
<td>11921</td>
<td>Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm</td>
</tr>
<tr>
<td>11922</td>
<td>Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm</td>
</tr>
<tr>
<td>11950</td>
<td>Subcutaneous injection of &quot;filling&quot; material (e.g., collagen); 1 cc or less</td>
</tr>
<tr>
<td>11951</td>
<td>Subcutaneous injection of &quot;filling&quot; material (e.g., collagen); 1.1 to 5.0 c</td>
</tr>
<tr>
<td>11952</td>
<td>Subcutaneous injection of &quot;filling&quot; material (e.g., collagen); 5.1 to 10.0 cc</td>
</tr>
<tr>
<td>11954</td>
<td>Subcutaneous injection of &quot;filling&quot; material (e.g., collagen); over 10.0 cc</td>
</tr>
<tr>
<td>15770</td>
<td>Graft; derma-fat-fascia</td>
</tr>
<tr>
<td>15775</td>
<td>Punch graft for hair transplant; 1 to 15 punch grafts</td>
</tr>
<tr>
<td>15776</td>
<td>Punch graft for hair transplant; more than 15 punch grafts</td>
</tr>
<tr>
<td>15780</td>
<td>Dermabrasion; total face (e.g., for acne scarring, fine wrinkling, rhytids, general keratosis)</td>
</tr>
<tr>
<td>15781</td>
<td>Dermabrasion; segmental, face</td>
</tr>
<tr>
<td>15782</td>
<td>Dermabrasion; regional, other than face</td>
</tr>
<tr>
<td>15783</td>
<td>Dermabrasion; superficial, any site, (e.g., tattoo removal)</td>
</tr>
<tr>
<td>15786</td>
<td>Abrasion; single lesion (e.g., keratosis, scar)</td>
</tr>
<tr>
<td>15787</td>
<td>Abrasion; each additional four lesions or less</td>
</tr>
<tr>
<td>15788</td>
<td>Chemical peel, facial; epidermal</td>
</tr>
<tr>
<td>15789</td>
<td>Chemical peel, facial; dermal</td>
</tr>
<tr>
<td>15792</td>
<td>Chemical peel, nonfacial; epidermal</td>
</tr>
<tr>
<td>15793</td>
<td>Chemical peel, nonfacial; dermal</td>
</tr>
<tr>
<td>15819</td>
<td>Cervicoplasty</td>
</tr>
<tr>
<td>15820</td>
<td>Blepharoplasty, lower eyelid</td>
</tr>
<tr>
<td>15821</td>
<td>Blepharoplasty, lower eyelid; with extensive hemiated fat pad</td>
</tr>
<tr>
<td>*15822</td>
<td>Blepharoplasty, upper eyelid</td>
</tr>
<tr>
<td>*15823</td>
<td>Blepharoplasty, upper eyelid; with excessive skin weighting down lid</td>
</tr>
</tbody>
</table>

This list is for reference only and is not intended as an inclusive listing of all procedures that are considered cosmetic. This list is subject to change without prior notice. Please check our website at [uhahealth.com](http://uhahealth.com) or call us at 532-4006 from Oahu or (800) 458-4600, extension 300, from the neighbor islands for the most current list.
This list is for reference only and is not intended as an inclusive listing of all procedures that are considered cosmetic. This list is subject to change without prior notice. Please check our website at uhahhealth.com or call us at 532-4006 from Oahu or (800) 458-4600, extension 300, from the neighbor islands for the most current list.

<table>
<thead>
<tr>
<th>PX code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>15824</td>
<td>15824 Rhytidectomy; forehead</td>
</tr>
<tr>
<td>15825</td>
<td>15825 Rhytidectomy; neck with platysmal tightening (platysmal flap, &quot;P-flap&quot;)</td>
</tr>
<tr>
<td>15826</td>
<td>15826 Rhytidectomy; glabellar frown lines</td>
</tr>
<tr>
<td>15828</td>
<td>15828 Rhytidectomy; cheek, chin, and neck</td>
</tr>
<tr>
<td>15829</td>
<td>15829 Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap</td>
</tr>
<tr>
<td>*15830</td>
<td>*15830 Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy</td>
</tr>
<tr>
<td>15832</td>
<td>15832 Excision, excessive skin and subcutaneous tissue (including lipectomy); thigh</td>
</tr>
<tr>
<td>15833</td>
<td>15833 Excision, excessive skin and subcutaneous tissue (including lipectomy); leg</td>
</tr>
<tr>
<td>15834</td>
<td>15834 Excision, excessive skin and subcutaneous tissue (including lipectomy); hip</td>
</tr>
<tr>
<td>15835</td>
<td>15835 Excision, excessive skin and subcutaneous tissue (including lipectomy); buttock</td>
</tr>
<tr>
<td>15836</td>
<td>15836 Excision, excessive skin and subcutaneous tissue (including lipectomy); arm</td>
</tr>
<tr>
<td>15837</td>
<td>15837 Excision, excessive skin and subcutaneous tissue (including lipectomy); forearm or hand</td>
</tr>
<tr>
<td>15838</td>
<td>15838 Excision, excessive skin and subcutaneous tissue (including lipectomy); submental fat pad</td>
</tr>
<tr>
<td>15839</td>
<td>15839 Excision, excessive skin and subcutaneous tissue (including lipectomy); other area</td>
</tr>
<tr>
<td>*15847</td>
<td>*15847 Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication</td>
</tr>
<tr>
<td>15876</td>
<td>15876 Suction assisted lipectomy; head and neck</td>
</tr>
<tr>
<td>15877</td>
<td>15877 Suction assisted lipectomy; trunk</td>
</tr>
<tr>
<td>15878</td>
<td>15878 Suction assisted lipectomy; upper extremity</td>
</tr>
<tr>
<td>15879</td>
<td>15879 Suction assisted lipectomy; lower extremity</td>
</tr>
<tr>
<td>17106</td>
<td>17106 Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); less than 10 sq cm</td>
</tr>
<tr>
<td>17107</td>
<td>17107 Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); 10.0 - 50.0 sq cm</td>
</tr>
<tr>
<td>17108</td>
<td>17108 Destruction of cutaneous vascular proliferative lesions (e.g., laser technique); over 50.0 sq cm</td>
</tr>
<tr>
<td>17340</td>
<td>17340 Cryotherapy (CO2 slush, liquid N2) for acne</td>
</tr>
<tr>
<td>17360</td>
<td>17360 Chemical Exfoliation for acne (e.g., acne paste, acid)</td>
</tr>
<tr>
<td>17380</td>
<td>17380 Electrolysis epilation, each 1/2 hour</td>
</tr>
<tr>
<td>19105</td>
<td>19105 Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma</td>
</tr>
<tr>
<td>19300</td>
<td>19300 Mastectomy for gynecomastia</td>
</tr>
<tr>
<td>19316</td>
<td>19316 Mastopexy</td>
</tr>
<tr>
<td>19318</td>
<td>19318 Reduction mammoplasty</td>
</tr>
<tr>
<td>19324</td>
<td>19324 Mammoplasty, augmentation; without prosthetic implant</td>
</tr>
<tr>
<td>19325</td>
<td>19325 Mammoplasty, augmentation; with prosthetic implant</td>
</tr>
<tr>
<td>19328</td>
<td>19328 Removal if intact mammary implant</td>
</tr>
<tr>
<td>19330</td>
<td>19330 Removal of mammary implant material</td>
</tr>
<tr>
<td>19340</td>
<td>19340 Immediate insertion of breast prosthesis following mastopexy</td>
</tr>
<tr>
<td>19342</td>
<td>19342 Delayed insertion of breast prosthesis following mastopexy</td>
</tr>
<tr>
<td>19350</td>
<td>19350 Nipple/areola reconstruction</td>
</tr>
<tr>
<td>19355</td>
<td>19355 Correction of inverted nipples</td>
</tr>
<tr>
<td>19357</td>
<td>19357 Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion</td>
</tr>
<tr>
<td>19366</td>
<td>19366 Breast reconstruction with other technique</td>
</tr>
<tr>
<td>19370</td>
<td>19370 Open periprosthetic capsulotomy, breast</td>
</tr>
<tr>
<td>19371</td>
<td>19371 Periprosthetic capsulectomy, breast</td>
</tr>
<tr>
<td>19380</td>
<td>19380 Revision of reconstructed breast</td>
</tr>
<tr>
<td>19396</td>
<td>19396 Preparation of moulage for custom breast implant</td>
</tr>
<tr>
<td>20912</td>
<td>20912 Cartilage graft; nasal septum</td>
</tr>
<tr>
<td>21083</td>
<td>21083 Impression and custom preparation; palatal lift prosthesis</td>
</tr>
<tr>
<td>21087</td>
<td>21087 Impression and custom preparation; nasal prosthesis</td>
</tr>
<tr>
<td>21120</td>
<td>21120 Genioplasty; augmentation (autograft, allograft, prosthetic material)</td>
</tr>
<tr>
<td>21121</td>
<td>21121 Genioplasty; sliding osteotomy, single piece</td>
</tr>
<tr>
<td>21122</td>
<td>21122 Genioplasty; sliding osteotomies, two or more osteotomies (e.g., wedge excision or bone wedge reversal for asymmetrical chin)</td>
</tr>
<tr>
<td>21123</td>
<td>21123 Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts).</td>
</tr>
</tbody>
</table>
### Procedures That Are Considered Cosmetic

<table>
<thead>
<tr>
<th>PX code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>21125</td>
<td>Augmentation, mandibular body or angle; prosthetic material</td>
</tr>
<tr>
<td>21127</td>
<td>Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)</td>
</tr>
<tr>
<td>21137</td>
<td>Reduction forehead; contouring only</td>
</tr>
<tr>
<td>21138</td>
<td>Reduction forehead; contouring and application of prosthetic material or bone graft (includes obtaining autograft)</td>
</tr>
<tr>
<td>21139</td>
<td>Reduction forehead; contouring and setback of anterior frontal sinus wall</td>
</tr>
<tr>
<td>21141</td>
<td>Reconstruction midface, LeFort I; single piece, segment movement in any direction (e.g., for Long Face Syndrome), without bone graft</td>
</tr>
<tr>
<td>21142</td>
<td>Reconstruction midface, LeFort I; two pieces, segment movement in any direction, without bone graft</td>
</tr>
<tr>
<td>21143</td>
<td>Reconstruction midface, LeFort I; three or more pieces, segment movement in any direction, without bone graft</td>
</tr>
<tr>
<td>21145</td>
<td>Reconstruction midface, LeFort I; single piece, segment movement in any direction, requiring bone grafts (includes obtaining autografts)</td>
</tr>
<tr>
<td>21146</td>
<td>Reconstruction midface, LeFort I; two pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted unilateral alveolar cleft)</td>
</tr>
<tr>
<td>21147</td>
<td>Reconstruction midface, LeFort I; three or more pieces, segment movement in any direction, requiring bone grafts (includes obtaining autografts) (e.g., ungrafted bilateral alveolar cleft or multiple osteotomies)</td>
</tr>
<tr>
<td>21150</td>
<td>Reconstruction midface, LeFort II; anterior intrusion (e.g., Treacher-Collins Syndrome)</td>
</tr>
<tr>
<td>21151</td>
<td>Reconstruction midface, LeFort II; any direction, requiring bone grafts (includes obtaining autografts)</td>
</tr>
<tr>
<td>21154</td>
<td>Reconstruction midface, LeFort III (extra cranial), any type, requiring bone grafts (includes obtaining autografts); without LeFort</td>
</tr>
<tr>
<td>21155</td>
<td>Reconstruction midface, LeFort III (extra cranial), any type, requiring bone grafts (includes obtaining autografts); with LeFort I</td>
</tr>
<tr>
<td>21159</td>
<td>Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (e.g., mono bloc), requiring bone grafts (includes obtaining autografts); without LeFort I</td>
</tr>
<tr>
<td>21160</td>
<td>Reconstruction midface, LeFort III (extra and intracranial) with forehead advancement (e.g., mono bloc), requiring bone grafts (includes obtaining autografts); with LeFort I</td>
</tr>
<tr>
<td>21172</td>
<td>Reconstruction superior-lateral orbital rim and lower forehead, advancement or alteration, with or without grafts (includes obtaining autografts)</td>
</tr>
<tr>
<td>21175</td>
<td>Reconstruction, bifrontal, superior-lateral orbital rims and lower forehead, advancement or alteration (e.g., plagiocephaly, trigonocephaly, brachycephaly), with or without grafts (includes obtaining autografts)</td>
</tr>
<tr>
<td>21179</td>
<td>Reconstruction, entire or majority of forehead and/or supraorbital rims; with grafts (allograft or prosthetic material)</td>
</tr>
<tr>
<td>21180</td>
<td>Reconstruction, entire or majority of forehead and/or supraorbital rims; with autograft (includes obtaining grafts)</td>
</tr>
<tr>
<td>21181</td>
<td>Reconstruction by contouring of benign tumor of cranial bones (e.g., fibrous dysplasia), extra cranial</td>
</tr>
<tr>
<td>21182</td>
<td>Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extra cranial excision of benign tumor of cranial bone (e.g., fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting less than 40 sq cm</td>
</tr>
<tr>
<td>21183</td>
<td>Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extra cranial excision of benign tumor of cranial bone (e.g., fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 40 sq cm but less than 80 sq cm</td>
</tr>
<tr>
<td>21184</td>
<td>Reconstruction of orbital walls, rims, forehead, nasoethmoid complex following intra- and extra cranial excision of benign tumor of cranial bone (e.g., fibrous dysplasia), with multiple autografts (includes obtaining grafts); total area of bone grafting greater than 80 sq cm</td>
</tr>
<tr>
<td>21188</td>
<td>Reconstruction midface, osteotomies (other than LeFort type) and bone grafts (includes obtaining autografts)</td>
</tr>
<tr>
<td>21193</td>
<td>Reconstruction of mandibular rami, horizontal, vertical, &quot;C&quot;, or &quot;L&quot; osteotomy; without bone graft</td>
</tr>
<tr>
<td>21194</td>
<td>Reconstruction of mandibular rami, horizontal, vertical, &quot;C&quot;, or &quot;L&quot; osteotomy; with bone graft</td>
</tr>
<tr>
<td>21195</td>
<td>Reconstruction of mandibular rami and/or body, sagittal split; without internal rigid fixation</td>
</tr>
<tr>
<td>21196</td>
<td>Reconstruction of mandibular rami and/or body, sagittal split; with internal rigid fixation</td>
</tr>
<tr>
<td>21198</td>
<td>Osteotomy, mandible, segmental</td>
</tr>
<tr>
<td>21199</td>
<td>Osteotomy, mandible, segmental; with genioglossus advancement</td>
</tr>
<tr>
<td>21206</td>
<td>Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)</td>
</tr>
<tr>
<td>21208</td>
<td>Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)</td>
</tr>
<tr>
<td>21209</td>
<td>Osteoplasty, facial bones; reduction</td>
</tr>
<tr>
<td>21210</td>
<td>Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)</td>
</tr>
</tbody>
</table>

This list is for reference only and is not intended as an inclusive listing of all procedures that are considered cosmetic. This list is subject to change without prior notice. Please check our website at uhhealth.com, or call us at 532-4006 from Oahu or (800) 458-4600, extension 300, from the neighbor islands for the most current list.
<table>
<thead>
<tr>
<th>PX code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>21215</td>
<td>Graft, bone; mandible (includes obtaining graft)</td>
</tr>
<tr>
<td>21230</td>
<td>Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)</td>
</tr>
<tr>
<td>21235</td>
<td>Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)</td>
</tr>
<tr>
<td>21240</td>
<td>Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)</td>
</tr>
<tr>
<td>21242</td>
<td>Arthroplasty, temporomandibular joint, with allograft</td>
</tr>
<tr>
<td>21243</td>
<td>Arthroplasty, temporomandibular joint, with prosthetic joint replacement</td>
</tr>
<tr>
<td>21244</td>
<td>Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)</td>
</tr>
<tr>
<td>21245</td>
<td>Reconstruction of mandible or maxilla, subperiosteal implant; partial</td>
</tr>
<tr>
<td>21246</td>
<td>Reconstruction of mandible or maxilla, subperiosteal implant; complete</td>
</tr>
<tr>
<td>21247</td>
<td>Reconstruction of mandibular condyle with bone and cartilage autografts (includes obtaining grafts) (eg, for hemifacial microsomia)</td>
</tr>
<tr>
<td>21248</td>
<td>Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial</td>
</tr>
<tr>
<td>21249</td>
<td>Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete</td>
</tr>
<tr>
<td>21255</td>
<td>Reconstruction of zygomatic arch and glenoid fossa with bone and cartilage (includes obtaining autografts)</td>
</tr>
<tr>
<td>21256</td>
<td>Reconstruction of orbit with osteotomies (extracranial) and with bone grafts (includes obtaining autografts (e.g., micro-opthalmia))</td>
</tr>
<tr>
<td>21260</td>
<td>Periorbital osteotomies for orbital hypertelorism, with bone grafts; extracranial approach</td>
</tr>
<tr>
<td>21261</td>
<td>Periorbital osteotomies for orbital hypertelorism, with bone grafts; combined intra- and extracranial approach</td>
</tr>
<tr>
<td>21263</td>
<td>Periorbital osteotomies for orbital hypertelorism, with bone grafts; with forehead advancement</td>
</tr>
<tr>
<td>21267</td>
<td>Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach</td>
</tr>
<tr>
<td>21268</td>
<td>Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; combined intra- and extracranial approach</td>
</tr>
<tr>
<td>21270</td>
<td>Male augmentation, prosthetic material</td>
</tr>
<tr>
<td>21275</td>
<td>Secondary revision of orbitocraniofacial reconstruction</td>
</tr>
<tr>
<td>21280</td>
<td>Medial canthopexy (separate procedure)</td>
</tr>
<tr>
<td>21282</td>
<td>Lateral canthopexy</td>
</tr>
<tr>
<td>21295</td>
<td>Reduction of masseter muscle and bone (eg, for treatment of benign masseteric, hypertrophy); extraoral approach</td>
</tr>
<tr>
<td>21296</td>
<td>Reduction of masseter muscle and bone (eg, for treatment of benign masseteric, hypertrophy); intraoral approach</td>
</tr>
<tr>
<td>21740</td>
<td>Reconstructive repair of pectus excavatum or carinatum</td>
</tr>
<tr>
<td>*30150</td>
<td>Rhinectomy; partial</td>
</tr>
<tr>
<td>30400</td>
<td>Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip</td>
</tr>
<tr>
<td>30410</td>
<td>Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip</td>
</tr>
<tr>
<td>30420</td>
<td>Rhinoplasty, primary; including major septal repair</td>
</tr>
<tr>
<td>30430</td>
<td>Rhinoplasty, secondary; minor revision (small amount of nasal tip work).</td>
</tr>
<tr>
<td>30435</td>
<td>Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)</td>
</tr>
<tr>
<td>30450</td>
<td>Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)</td>
</tr>
<tr>
<td>30620</td>
<td>Septal or other intranasal dermatoplasty (does not include obtaining graft)</td>
</tr>
<tr>
<td>36468</td>
<td>Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); limb or trunk</td>
</tr>
<tr>
<td>36469</td>
<td>Single or multiple injections of sclerosing solutions, spider veins (telangiectasia); face</td>
</tr>
<tr>
<td>*36470</td>
<td>Injection of sclerosing solution; single vein</td>
</tr>
<tr>
<td>*36471</td>
<td>Injection of sclerosing solution; multiple veins, same leg</td>
</tr>
<tr>
<td>37790</td>
<td>Penile venous occlusive procedure</td>
</tr>
<tr>
<td>40820</td>
<td>Destruction of lesion or scar of vestibule of mouth by physical methods (e.g., laser, thermal, cryo, chemical)</td>
</tr>
<tr>
<td>41510</td>
<td>Suture of tongue to lip for micrognathia (Douglas type procedure)</td>
</tr>
<tr>
<td>54406</td>
<td>Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis</td>
</tr>
<tr>
<td>54408</td>
<td>Repair of component(s) of a multi-component, inflatable penile prosthesis without replacement of prosthesis</td>
</tr>
<tr>
<td>54410</td>
<td>Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis</td>
</tr>
<tr>
<td>54411</td>
<td>Removal and replacement of all components of a multi-component inflatable penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue</td>
</tr>
<tr>
<td>54415</td>
<td>Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis</td>
</tr>
<tr>
<td>54416</td>
<td>Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session</td>
</tr>
</tbody>
</table>

This list is for reference only and is not intended as an inclusive listing of all procedures that are considered cosmetic. This list is subject to change without prior notice. Please check our website at [uhamedical.com](http://uhamedical.com) or call us at 532-4006 from Oahu or (800) 458-4600, extension 300, from the neighbor islands for the most current list.
<table>
<thead>
<tr>
<th>PX code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>54417</td>
<td>Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis through an infected field at the same operative session, including irrigation and debridement of infected tissue</td>
</tr>
<tr>
<td>54660</td>
<td>Insertion of testicular prosthesis (separate procedure)</td>
</tr>
<tr>
<td>*67900</td>
<td>Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)</td>
</tr>
<tr>
<td>*67901</td>
<td>Repair of blepharoptosis; frontalis muscle technique with suture or other material</td>
</tr>
<tr>
<td>*67902</td>
<td>Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)</td>
</tr>
<tr>
<td>*67903</td>
<td>Repair of blepharoptosis; (tarso)levator resection or advancement, internal approach</td>
</tr>
<tr>
<td>*67904</td>
<td>Repair of blepharoptosis; (tarso)levator resection or advancement, external approach</td>
</tr>
<tr>
<td>*67906</td>
<td>Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascial)</td>
</tr>
<tr>
<td>*67908</td>
<td>Repair of blepharoptosis; conjunctivo-tarso-Muller’s muscle-levator resection (eg, Fasanella-Servat type)</td>
</tr>
<tr>
<td>67909</td>
<td>Reduction of overcorrection of ptosis</td>
</tr>
<tr>
<td>67911</td>
<td>Correction of lid retraction</td>
</tr>
<tr>
<td>69090</td>
<td>Ear piercing</td>
</tr>
<tr>
<td>69300</td>
<td>Otoplasty, protruding ear, with or without size reduction</td>
</tr>
<tr>
<td>S0196</td>
<td>Injectable poly-l-lactic acid, restorative implant, 1 ml, face (deep dermis, subcutaneous layers)</td>
</tr>
<tr>
<td>S0800</td>
<td>Laser in situ keratomileusis</td>
</tr>
<tr>
<td>S0810</td>
<td>Photorefractive keratectomy (PRK)</td>
</tr>
<tr>
<td>S0812</td>
<td>Phototherapeutic keratectomy (PRK)</td>
</tr>
</tbody>
</table>