



Clinical Medical Policy Plastic Surgery

Benefit Coverage:

Conditional benefit; approval is based on review of medical necessity documentation.

Description:

Plastic Surgery is a branch of surgery concerned with the repair, restoration, or improvement of lost, injured, defective, or misshapen parts of the body chiefly by transfer of tissue.

The American Society of Plastic Surgeons defines the following:

- Cosmetic surgery is performed to reshape normal structures of the body in order to improve the patient's appearance and self-esteem.
- Reconstructive surgery is performed on abnormal structures of the body, caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease. It is generally performed to improve function, but may also be done to approximate a normal appearance.

In the absence of medical necessity, surgery being performed solely to enhance physical appearance is considered “cosmetic”, and therefore not covered.

Coverage Determination:

Prior authorization and review of medical necessity documentation is required.

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Criteria:

Plastic surgery is considered a clinical option for members when:

1. At least one of the conditions is met from the “conditions” list, and
2. Documentation indicates what conservative measures have been tried and failed.

Conditions:

- Repair of severe disfigurement resulting from a disease, an injury, or a non-cosmetic medical procedure.
- Repair of disfigurement resulting from a congenital anomaly that interferes with function, or is one which causes a gross disfigurement from normal.
- Breast reconstruction surgery following a mastectomy, including all stages of reconstruction of the breast on which the mastectomy has been performed, and surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Breast reduction surgery, including breast surgery for male gynecomastia, when medical necessity criteria are met. (Refer to Clinical Medical Policy for “Breast Reduction Surgery.”)
- Surgery / treatment for scars that cause pain, functional limitation, or are medically symptomatic.
- Other procedures to relieve problems associated with difficulty in activities of daily living.

NOTE: Additional criteria may be utilized, including National and community standards of practice.



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Covered Procedures:

All current surgical CPT codes other than those determined to be exclusions or not medically necessary upon review of submitted documentation.

Exclusions:

Neighborhood does not cover experimental procedures or treatments, cosmetic surgery, rhinoplasty, and revision of scars when the goal is purely cosmetic or when the scar is a result of a non-covered surgery or body piercing. Treatment of scarring which resulted from acne is also not covered, as this is considered cosmetic. (Also refer to Clinical Medical Policy for “Treatment of Acne Vulgaris.”)

CMP Number: CMP-012.00

CMP Cross Reference: CMP-005 Breast Reduction Surgery
CMP 038 Treatment of Acne Vulgaris

References:

MedlinePlus.gov On-line dictionary

The Women’s health and Cancer Rights Act – Center for Medicare and Medicaid
http://www.cms.hhs.gov/healthinsreformforconsume/06_thewomen'shealthandcancerrightsact.asp

American Society of Plastic Surgeons, Recommended Insurance Coverage Criteria for Third Party Payers, various subjects.

Created:

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