

Last Review Date: 04/22

Cosmetic and Reconstructive Surgery for Health Plan Members Policy

PURPOSE

The purpose of this policy is to outline the differences between Reconstructive Surgery and Cosmetic Surgery and identify that Plastic Surgery procedures can be subject to review for Medical Necessity.

POLICY

It is policy to determine if Plastic Surgery procedures are Reconstructive Surgery or Cosmetic Surgery in nature and, when applicable, be reviewed for Medical Necessity.

SCOPE

This policy applies to Sutter Health and any legal entity for which Sutter Health or its affiliate is the sole member or directly or indirectly controls greater than 50% of the voting power or equity interest, to the extent that entity performs delegated Utilization Management (UM) for specific benefit or service (herein after referred to as "Sutter").

Sutter is not responsible for reviewing and/or making a final determination on a request that has been identified as Health Plan responsibility to review.

DEFINITIONS

Cosmetic Surgery means surgical procedures performed in order to change a person's appearance.

Health Plan means health care service plans, health maintenance organizations, and other purchasers of covered services that arrange for the provision of health care services for their Members.

Medical Necessity or Medically Necessity means health care services or supplies needed to diagnose or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine.

Member is a person covered under a Health Plan, either the enrollee or eligible dependent.

Disclaimer: This policy is for informational purposes and does not constitute medical advice or medical care and is not intended to replace medical judgment for treatment of individuals.

Plastic Surgery is the surgical specialty that deals with the reshaping or remolding of facial and body tissue in order to approximate a normal appearance or to repair functional ability lost due to disease, a congenital defect or trauma. It restores and improves function, as well as appearance, and can be divided into two (2) main categories: Reconstructive Surgery and Cosmetic Surgery.

Qualified Health Care Professional (QHCP) is an individual who is qualified by education, training, licensure/regulation (when applicable), and facility privileging (when applicable) who performs a professional service within their scope of practice and independently reports that professional service.

Reconstructive Surgery are surgical procedures performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease to improve function or to create a normal appearance, to the extent possible.

Utilization Management (UM) means the evaluation of the Medical Necessity, appropriateness, and efficiency of the use of health care services, procedures, and facilities under the provisions of the applicable Health Plan, sometimes called 'utilization review.'

PROCEDURE

- A. Many Plastic Surgery procedures are subject to review for Medical Necessity.
- B. A QHCP competent to evaluate the specific clinical issues involved in the care requested must review the request to determine if the services are Reconstructive Surgery or Cosmetic Surgery in nature.
- C. When requesting Medical Necessity review of Plastic Surgery procedures, pertinent information must be submitted for review. This can include, but is not limited to: photographs, copies of consultations and operative reports.
- D. There are numerous procedures that are considered Reconstructive Surgery (see **Attachment A**), when Medical Necessity criteria has been met.
- E. Plastic Surgery services that are intended primarily to change or maintain the Member's appearance, and that do not meet the criteria for Reconstructive Surgery, are considered Cosmetic Surgery in nature. There are several procedures that are common Cosmetic Surgery services and are subject to review for Medical Necessity (see **Attachment B**).
- F. Services provided for gender reassignment are not covered under this policy. For Cosmetic Surgery and Reconstructive Surgery services related to gender reassignment, see the [Gender Dysphoria Services and Surgery for Health Plan Members](#) policy.

REFERENCES

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[American Academy of Dermatology](#)

[American Osteopathic College of Dermatology](#)

National Library of Medicine

ATTACHMENTS

Attachment A: Reconstructive Surgery Procedures

Attachment B: Cosmetic Surgery Services

Attachment A: Reconstructive Surgery Procedures

List is for illustrative purposes only and is not intended to be all-inclusive

- Breast Reconstructive Surgery after a mastectomy or a lumpectomy, in accordance with the Women's Health & Cancer Rights Act of 1998 (WHCRA).
- Surgery to correct congenital or acquired defects that cause significant functional impairment of any body part, including developmental abnormalities, defects related to trauma, infections, tumors or disease.
- Facial surgery to correct congenital, acquired, traumatic, or developmental abnormalities that may not result in functional impairment, but are so severely disfiguring as to merit consideration for corrective surgery (e.g., craniofacial anomalies associated with the Crouzon and Treacher Collins syndromes).
- Surgery performed in connection with the treatment of severe burns, including, but not limited to, rhytidectomies (facelifts).
- Surgery performed for therapeutic purposes which coincidentally also serve a cosmetic purpose.
- Insertion or injections of prosthetic material to correct significant deformities caused by disease or trauma. For example, fillers injected into the cheeks of a patient with HIV to correct facial wasting.
- Pulsed dye laser therapy for the treatment of congenital port wine stains of the face or neck.
- The use of intense pulsed light sources (IPLS), such as PhotoDerm VL, for medically appropriate treatment of congenital port wine stains when there is documented evidence of failure of treatment with pulsed dye laser therapy.
- Excision and treatment of tattoos of traumatic or therapeutic origins.
- Surgical treatment of congenital hemangiomas when the hemangioma:
 - Is interfering with the functionality of the nose, eyes, ears, lips or larynx; or
 - Is symptomatic (e.g., bleeding, painful, ulcerated, recurrent infection); or
 - Is associated with Kasaback-Merritt syndrome (a disorder characterized by thrombocytopenia and visible, aggressively growing hemangiomas, which can predispose an affected person to significant bleeding); or
 - Is pedunculated.
- Repair and revision of scars (including keloids) that originated from a covered surgical or therapeutic procedure or an accidental injury and are associated with significant symptoms of

Listed procedures compiled from physician stakeholder input and references noted in policy **Reference** section

pain, burning or itching that cannot effectively be treated with non-narcotic analgesics or steroid injections; that interfere with normal bodily function, such as the movement of a joint; or that are unstable and have a history of intermittent breakdown.

- Low-dose radiation (superficial or interstitial) as an adjunctive therapy within seven days immediately following excisional surgery in the treatment of keloids, where medical appropriateness criteria for keloid removal are met.
- Testicular prosthesis for replacement of congenitally absent testes, or testes surgically removed due to disease or injury.
- Excision of lipoma when it is located in an area prone to repeated touching or pressure, when there is documented tenderness or inhibition of the patient's ability to perform activities of daily living.
- Skin tag removal, when the tag is located in an area of friction and there is documentation of repeated irritation and bleeding.
- Tattooing or tattoo removal in conjunction with reconstructive breast surgery performed post-mastectomy.
- Blepharoplasty (eyelid lift) when criteria found in InterQual® or MCG™ for the procedure are met, including documentation of significant visual field defects that interfere with safe and effective performance of activities of daily living.
- External facial prosthesis, when there is loss or absence of facial tissue due to disease, trauma, surgery, or a congenital defect, regardless of whether or not the facial prosthesis restores function.
- Chin, cheek, or jaw reshaping (facial implants or soft tissue augmentation) to correct deformities of the maxilla or mandible resulting from trauma or disease.
- Dermal chemical peels to treat actinic keratosis and other pre-malignant skin lesions when patients have 15 or more lesions, such that it becomes impractical to treat each lesion individually, and they have failed to adequately respond to treatment with topical 5-Fluorouracil (5-FU)
- Punch graft hair transplant when performed to correct permanent hair loss that is clearly caused by disease or injury (e.g., eyebrow replacement following a burn injury or hair transplant surgery to cover scars from a medically necessary craniotomy).
- Otoplasty when performed to treat ear deformities such as microtia (small, abnormally shaped or absent external ears) or anotia (total absence of the external ear and auditory canal) resulting from trauma, surgery, disease or congenital defect.

- Nasal surgery when performed to improve and correct documented and significant impaired respiratory function or airway obstruction, repair deficits caused by trauma, correct congenital anatomic abnormalities, revise structural deformities produced by trauma or nasal cutaneous disease, or replace nasal tissue lost after tumor ablative surgery (e.g., nasal fracture, benign or malignant neoplasm, deviated nasal septum, and nasal sinus infection or fistula).
- Rhinoplasty (nose reshaping) when airway obstruction from deformities due to disease, congenital abnormality or trauma does not respond to septoplasty alone.
- Pectus excavatum repair when InterQual® or MCG™ criteria are met for minimally invasive repair, including the Nuss procedure, or for the Ravitch procedure.
- Abdominoplasty (tummy tuck)/panniculectomy when the pannus causes recurrent, severe intertrigo or cellulitis that has not responded to conservative treatments, including adequate hygiene, topical anti-infective medications and oral antibiotics. Refer to criteria for abdominal panniculectomy review in InterQual® or MCG™.
- Breast implant for Poland syndrome (congenital absence of breast).
- Reduction mammoplasty for male patients when InterQual or MCG™ medical necessity criteria are met.

Attachment B: Cosmetic Surgery Services

List is for illustrative purposes only and is not intended to be all-inclusive

- Plastic Surgery performed purely for the purpose of enhancing one's appearance or achieving a perceived ideal appearance.
- Dermabrasion, chemical peel, liquid nitrogen, skin grafting, dry ice or carbon dioxide (CO2) snow.
- Flesh color tattooing for the treatment of port wine stains, hemangiomas or birth marks.
- The use of IPLS as initial therapy for treatment of port wine stains, hemangiomas, spider angiomas, cherry angiomas and facial telangiectasias.
- Septoplasty performed solely to improve the Member's appearance in the absence of any signs or symptoms of functional respiratory abnormalities or airway obstruction. Rhinoplasty, when performed for external nasal deformity not due to trauma or disease.
- Mastopexy (breast lift) to treat sagging of the breast. Removal or revision of a breast implant for non-medical reasons.
- Surgery to correct a condition of "moon face" which developed as a side effect of cortisone therapy.
- Otoplasty (ear reshaping) for lop ears, bat ears or prominent or protruding ears in the absence of functional deficiencies (including hearing loss) and when surgery will not correct the deficiency.
- Injection of any filling material, including, but not limited to, fat or other autologous or foreign material grafts. Facial rejuvenation, including plumping with fat injections.
- Salabrasion (abrasive for tattoo removal).
- Rhytidectomy of face (facelift) for aging skin.
- Removal of fatty tissue by lipectomy (i.e., suction-assisted liposuction, lipoplasty).
- Excision of excessive skin from the thigh, leg, hip, buttock, arm, forearm or hand or other areas.
- Electrolysis or laser hair removal.
- Correction of inverted nipples.
- Sclerosing of spider veins (telangiectasias).

Listed procedures compiled from physician stakeholder input and references noted in policy **Reference** section

- Excision and correction of glabellar frown lines.
- Hair transplants to correct male pattern baldness (alopecia) or age-related hair thinning in women.
- Ear piercing.
- Buttock or thigh enhancements.
- Neck tucks.
- Chin implant for a deformity that is not the result of disease or trauma.
- Epidermal chemical peels used to treat photoaged skin, wrinkles, or acne scarring.
- Cryotherapy for acne.
- Dermal chemical peels when used as a treatment for acne scarring.
- Dermabrasion for wrinkling, pigmentation or severe acne scarring.
- Chemical exfoliation for acne.
- Laser resurfacing for wrinkling, aging skin, or telangiectasias resulting from rosacea.
- Electrolysis or laser for hirsutism.
- Insertion or injection of prosthetic material to replace absent adipose tissue.
- Augmentation or enlargement (augmentation mammoplasty) of small, but otherwise normal, breasts.
- Phalloplasty (penis enlargement).
- Diastasis recti repair in the absence of a true midline hernia without evidence of current or potential incarceration, volvulus, or strangulation of bowel.
- Excision and treatment of decorative tattoos.
- Repair and revision of vaccination scars.
- Reduction of the labia minor.
- Earlobe repair performed to close a stretched piercing.

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- Collagen implant (e.g., Zyderm).
- Pectus excavatum or pectus carinatum repair in an asymptomatic adult patient or when performed to relieve emotional distress.
- Surgery to change the appearance of a child with Down syndrome.
- Vestibuloplasty.
- Vermilionectomy (lip shave), with mucosal advancement.