



INFORMATION ON COSMETIC AND RECONSTRUCTIVE SURGERY(S)
SUR716.001

NOTE:

The members contract should be reviewed. Contract language may vary regarding the definition of reconstructive services for different categories of conditions.

Two key questions must be asked.

- First, it must be determined whether a functional impairment is present that would render its treatment medically necessary, and thus eligible for coverage if no other exclusions apply.
- If no functional impairment is present, the cause of the condition must be determined and the contract language reviewed to see if this cause is included in the definition of cosmetic/reconstructive services.

COVERAGE:

COSMETIC PROCEDURES:

Cosmetic procedures are not eligible for benefits if the individual contract has an exclusion for cosmetic procedures. Cosmetic services do not become eligible for benefits because of psychiatric or emotional problems.

RECONSTRUCTIVE PROCEDURES:

Reconstructive procedures are eligible for benefits when sufficient documentation to support medical necessity is provided.

Documentation must include at least two of the following:

- Photographs
- consultation reports
- operative reports and/or other applicable hospital records (examples: pathology report, history and physical)
- office records
- letters with pertinent information from:
 - providers
 - subscribers.

The majority of contracts have exclusions for services or supplies for cosmetic purposes. The following procedures may be considered either cosmetic or reconstructive, depending on the diagnosis. This list is not intended to be all inclusive. Refer to the individual medical policy if indicated for a specific procedure.

COSMETIC	RECONSTRUCTION
Cosmetic Procedure (i.e., breast augmentation with implants)	Revision or repair of complications of a cosmetic procedure where there is demonstrated medical necessity for that revision or repair and not performed purely for aesthetic reasons. (i.e., painful soft tissue contractures secondary to breast implants) SEE policies on Services Related to Non-covered Care and Early and Late Complications of Non-Covered Services.
Hair transplant for male pattern alopecia	Hair transplant for permanent alopecia clearly the result of: * disease * trauma and/or therapeutic process.
Rhytidectomy of the face for aging skin	Rhytidectomy for the treatment of burns.
Augmentation of small but otherwise normal breasts	See Medical Policy; Cosmetic and Reconstructive Surgery, Breast Augmentation.
Removal of a keloid which is small and does not interfere with normal function	Keloid removal when one of the following conditions exists: (a) ulceration or infection with or without sinus tracts (b) extremely large, painful keloid associated with stretching or rapid growth (c) interferes with normal function.
Rhinoplasty for external nasal deformity not due to trauma or disease	Rhinoplasty may be covered for: • post traumatic nasal deformity • correction of a congenital nasal deformity (check contract for possible age limitations)

<p>*****</p>	<p>Septoplasty may be covered for:</p> <ul style="list-style-type: none"> external nasal/septal deformity with impairment of airway. <p>NOTE: Only those procedures designed to improve the airway (septoplasty) will be covered. See Medical Policy; Nasal Surgery.</p>
<p>*****</p> <p>Abdominoplasty/diastasis recti repair/panniculectomy in the absence of a true midline(ventral or umbilical) hernia</p>	<p>See the Abdominoplasty Medical Policy for specific guidelines</p>
<p>Reduction Mammoplasty</p>	<p>See Medical Policy; Information on Breast Surgery and Reduction Mammoplasty</p>

Excision/treatment of decorative tattoos. Tattooing to correct color defects of the skin.	Excision/treatment of traumatic or therapeutic tattoos or in nipple/areola reconstruction following mastectomy.
Blepharoplasty of the upper lids without documentation of peripheral vision impairment.	See Medical Policy; Cosmetic and Reconstructive Surgery, Blepharoplasty.
Mandibular or maxillary resection for prognathism or micrognathism	See Medical Policy; Surgical Treatment of Sleep Apnea/Orthognathic Surgery. Check contract under cosmetic surgery limitations and exclusions, including possible age limitations on correction of congenital defects.
Pectus excavatum or pectus carinatum repair when asymptomatic	See Medical Policy; Pectus Excavatum and Pectus Carinatum
Suction Assisted Lipectomy or body contouring with silicone or liposuction	See Medical Policy; Suction Assisted Lipectomy
Mentoplasty, genioplasty, and/or chin implant	Coverage for mentoplasty or chin implant may be considered for deformities of the maxilla or mandible resulting from trauma, disease or congenital familial deformities.
Mastectomy for gynecomastia	See Medical Policy; Gynecomastia.
Sclerosing injections for treatment of varicosities of the legs and Telangiectases "spider veins".	See Medical Policy; Sclerotherapy for Varicose Veins
Chemical peel for wrinkling, pigmentation, or severe acne scarring and dermabrasion for scars	Dermabrasion and chemical peel in cases of severe actinic keratosis resulting in multifocal epithelial carcinomas of the skin. Refer to Medical Policy, Cosmetic and Reconstructive, Chemical Peel.
Scar revision	Symptomatic scarring resulting from a covered surgery or therapeutic process. Documentation must show conservative (treatment of the scar has failed.)
Psoralens ultraviolet A treatment(PUVA) for vitiligo	Refer to Medical Policy; Ultraviolet(UV)/Phototherapy/Photochemo-therapy.

THE FOLLOWING PROCEDURES ARE CONSIDERED COSMETIC:

Body Piercing
Excision/correction of glabellar frown line
Insertion of a testicular prosthesis
Buttock or thigh lift
Neck tuck
Electrolysis for hirsutism
Removal of skin tags or papillomas

EXCEPTIONS TO THE COSMETIC EXCLUSION (always refer to the specific contract language):

- Strabismus surgery should be allowed regardless of the age of the patient or the date of the origin of deviation. Subsequent surgical corrections may be necessary.
- Correction of a congenital anomaly (a condition existing at birth, which is a significant deviation from common anatomical form) (may be subject to possible age limitations found under cosmetic surgery limitations and exclusions in the contract).,
- Surgery for restoration of body form may be allowable based on contract language which allows coverage under the following circumstances.
 - Restoration of body form is covered following an accidental injury, if coverage has been continuous with the group since the accident.
 - Coverage will be available to patients if they were insured with a group prior to changing to Blue Cross and Blue Shield of Texas, Inc.; and the surgery or accident occurred while covered with the previous group's health insurance. This exception will not apply to the State contract, nor to any account not underwritten by BCBSTX.
 - As a general rule, the surgery should be performed within two years of the accident or initial injury. Claims for services beyond two years will be reviewed for determination of functional impairment.
- Reconstruction of disfiguring or extensive scars resulting from neoplastic surgery, (providing there has been continuous coverage under the group since the surgery) may be covered. The same contract guidelines apply as discussed in the paragraph above on "accidental injury".
- Reconstructive breast surgery following a medically necessary mastectomy is covered regardless of when the mastectomy was done. This is a State mandate.

DESCRIPTION:

The coverage of medical and surgical therapies to treat musculoskeletal abnormalities and abnormalities of the integumentary system (i.e., the skin, subcutaneous and accessory structures

including the breast) is often based on a determination of whether the abnormality is considered cosmetic or reconstructive in nature.

COSMETIC PROCEDURES are intended primarily to improve physical appearance, performed primarily for psychological purposes and/or to restore form; they do not correct or materially improve a bodily function.

RECONSTRUCTIVE PROCEDURES are intended to restore bodily function or correct deformity resulting from: disease, trauma, previous therapeutic process, congenital or developmental anomalies.

RATIONALE:

None

DISCLAIMER:

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, takes precedence over Medical Policy and must be considered first in determining coverage. The member's contract benefits in effect on the date that services are rendered must be used. Any benefits are subject to the payment of premiums for the date on which services are rendered. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

HMO Blue Texas physicians who are contracted/affiliated with a capitated IPA/medical group must contact the IPA/medical group for information regarding HMO claims/reimbursement information and other general policies and procedures.

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