Plastic and Reconstructive Surgery  

Covered Service:  
Yes–when meets criteria below

Prior Authorization Required:  
Yes–as shown below

Additional Information:  
American Medical Association (AMA) approved definitions:

Cosmetic:  Cosmetic surgery is performed to reshape normal structure of the body in order to improve the patient’s appearance and self-esteem.

Reconstructive surgery:  Reconstructive surgery is performed on abnormal structures of the body, caused by congenital defect, developmental abnormalities, trauma, infection, tumors or disease. It is generally performed to improve function.

Prevea360 Health Plan Medical Policy:

1.0 Plastic surgery or scar revision treatments require prior authorization through the Health Services Division and are considered medically necessary when performed to restore body function after injury.

1.1 Fractional ablative laser fenestration requires prior authorization through the Health Services Division and is considered medically necessary when ALL of the following criteria are met:

1.1.1 Documentation of significant physical functional impairment related to the scar (e.g. limited movement); AND

1.1.2 The treatment can be reasonably expected to improve the physical functional impairment; AND

1.1.3 The member has tried at least one other scar revision intervention (e.g. silicone gel or sheeting, pressure garments).

1.2 Fractional ablative laser fenestration of burn or traumatic scars is considered not medically necessary when performed in the absence of a significant physical functional impairment (e.g. when performed to enhance the appearance of the upper layers of skin as a result of acne, acne scars, uneven pigmentation or wrinkles, among other indications).

2.0 Procedures that do not require prior authorization and are considered medically necessary when one or more of the following conditions are present and clearly documented in the medical record for diagnoses including but not limited to:

2.1 Congenital nevus: if > 1 cm in diameter or any sebaceous or atypical nevi with the potential for malignancy
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2.2 Congenital ear tags if one or more of these characteristics are present:
   2.2.1 Bleeding; OR
   2.2.2 Itching; OR
   2.2.3 Pain or evidence of inflammation; OR
   2.2.4 Located such that they are subject to recurrent trauma

2.3 Bell’s Palsy: if sling is necessary to lift up facial muscles

2.4 Removal of lesions or warts if one or more of the following is documented:
   2.4.1 With documentation of one or more of these characteristics: bleeding, itching, pain, or recurrent trauma in an anatomical region
   2.4.2 With physical evidence of inflammation, e.g., purulence, edema, erythema
   2.4.3 Obstructing an orifice, or clinically restricting vision
   2.4.4 When clinical uncertainty of diagnosis exists, particularly where malignancy is a realistic consideration based on lesion appearance, or prior biopsy

2.5 Cleft lip/palate repair professional services at a multidisciplinary Cleft Palate Clinic (such as, speech pathologist, ENT, plastic surgeons, dental and oral surgeons) that are considered medically necessary include but are not limited to:
   2.5.1 Prosthetics which augment surgery or delay eventual surgery for the purposes of covering clefts, fistulas, etc., or assuring feeding in infants.
   2.5.2 Palatal expanders which slowly expand the dental arches (during infancy to avoid major surgery later).
   2.5.3 Surgical services which may include rhinoplasty performed to correct a nasal deformity due to cleft lip and/or palate.

3.0 Surgery requires prior authorization and may be medically necessary to correct the following diagnoses:
   3.1 Microtia: medically necessary if member must wear spectacles
   3.2 Gynecomastia: see Medical Policy Breast Surgeries
   3.3 Severe Rhinophyma

4.0 A panniculectomy requires prior authorization through the Health Services Division and may be considered medically necessary to treat skin disease complaints only if there is documentation of:
   4.1 Six-month history documenting failure of standard non-surgical treatment, AND
   4.2 Confirming consultation with a dermatologist recommending panniculectomy for treatment of refractory skin disease.
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5.0 Surgery to correct the following congenital defects do not require prior authorization and are considered medically necessary for diagnoses including but not limited to:

5.1 Severe mid-face retrusion
5.2 Hemifacial microsomia (Perry-Romberg Disease)
5.3 Tubular, severely constricted, or congenital absence of the breast

6.0 Surgery to correct congenital birth defects and birth abnormalities that compromise normal bodily functions requires prior authorization through the Health Services Division with review by a medical director and is considered medically necessary for functional repair or restoration of any body part when necessary to achieve normal body functioning. The written referral request must clearly state the purpose of and the functional repair or restoration to be performed.

7.0 Rhinoplasty requires prior authorization through the Health Services Division and is considered medically necessary in the following clinical situations:

7.1 When it is being performed to correct a nasal deformity due to a congenital defect; OR

7.2 When rhinoplasty is required to relieve nasal airway obstruction.

8.0 Examples of procedures that are generally performed to enhance appearance and are not medically necessary include:

- Abdominoplasty
- Chemodenervation for wrinkle reduction
- Collagen implants for other than incontinence
- Complications of tattooing or body piercing, such as torn ear lobes, allergic reactions
- Correction of flop ears
- Dermabrasion
- Face and brow lifts
- Liposuction or Liposuction for lipedema
- Removal of lesions/skin tags; scars that are asymptomatic
- Removal of extra digits (unless there is a functional deficit)
- Sclerotherapy for spider veins or telangectasia
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<td>April 9, 1997</td>
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<td>Utilization Management Committee</td>
<td>May 13, 1998</td>
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<td>April 14, 1999</td>
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<td>November 10, 1999;</td>
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<td>Utilization Management Committee</td>
<td>March 8, 2000</td>
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<td>Utilization Management Committee/ Medicare Part B, 2/01</td>
<td>October 10, 2001</td>
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<tr>
<td>Utilization Management Committee/Medical Affairs and Managed Care Divisions</td>
<td>March 13, 2002</td>
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<td>September 9, 2002</td>
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<td>July 13, 2005</td>
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<td>February 9, 2006</td>
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<td>August 17, 2016</td>
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<td>Medical Policy Committee/Health Services Division</td>
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| Reviewed: |  
| Health Services | February 17, 1999  
| Managed Care Division/ Medical Affairs Department | March 20, 2000  
| Utilization Management Committee | September 13, 2000  
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| UMC/CMO/Director UM. | March 13, 2002  
| UM Committee (UMC)/Director UM/UMC Chair | March 12, 2003  
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| Medical Director Committee/Medical Affairs | February 15, 2012  
| Medical Director Committee/Medical Affairs | August 15, 2012  
| Medical Director Committee/Medical Affairs | January 16, 2013  
| Medical Director Committee/Medical Affairs | January 15, 2014  
| Medical Director Committee/Medical Affairs | January 21, 2015  
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