



Corporate Medical Policy

Cosmetic and Reconstructive Surgery

File Name: cosmetic_and_reconstructive_surgery
Policy Number: SUR6170
Origination: 8/1979
Last CAP Review: 6/2008
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Last Review: 9/2009

Description of Procedure or Service

- A. Cosmetic procedures are those services intended to improve appearance and not primarily to restore bodily function or to correct significant deformity resulting from accidental injury, trauma, or previous therapeutic process.
- B. Reconstructive procedures are performed on structures of the body for the purpose of improving/restoring bodily function or correcting significant deformity resulting from accidental injury, trauma, or previous therapeutic process.

Policy

BCBSNC will **not** provide coverage for cosmetic procedures as defined above.

BCBSNC will provide coverage for Reconstructive Procedures when they are determined to be medically necessary because the medical criteria and guidelines shown below are met.

Benefits Application

Please refer to Certificate for availability of benefits. This policy relates only to the services or supplies described herein. Benefits may vary according to benefit design, therefore certificate language should be reviewed before applying the terms of the policy.

Some certificates limit coverage of reconstructive surgery following trauma or injuries occurring while a member.

When Cosmetic or Reconstructive surgery is covered

- A. Cosmetic surgery: not applicable
- B. Reconstructive surgery is covered for **either of the following** indications:
 - 1. The procedure is intended primarily to improve/restore bodily function or to correct significant deformity resulting from accidental injury, trauma, or previous therapeutic process. **or**
 - 2. The procedure is intended to correct congenital or developmental anomalies that have resulted in significant functional impairment.

Policy: Cosmetic and Reconstructive Surgery

When Cosmetic or Reconstructive surgery is not covered

- A. Cosmetic surgery or procedures are not covered at any time. Psychiatric and/or emotional distress are not considered as medically necessary indications for cosmetic procedures.
- B. Reconstructive surgery or procedures are not covered:
 1. When they do not correct a **congenital** or developmental **anomaly** that has resulted in significant functional impairment.
 2. In the absence of documentation that the procedure was performed primarily to restore/improve bodily function or to correct deformity resulting from accidental injury, trauma, or previous therapeutic process, the procedure is considered cosmetic and therefore not covered.

*****NOTE: BCBSNC does not cover investigational, cosmetic or not medically necessary services and will not reimburse for any services, procedures, drugs or supplies associated with those investigational, cosmetic or not medically necessary services.**

Examples of Cosmetic and Reconstructive Procedures

The following table is not all inclusive, but contains examples of both cosmetic and reconstructive procedures. The majority of these procedures can be used for cosmetic or reconstructive purposes. The cosmetic and reconstructive uses of each procedure are categorized under the appropriate heading.

Cosmetic Procedures	Reconstructive Procedures
Hairplasty for any form of alopecia **	When meets the definition of reconstruction.
Excision/correction of glabellar frown lines	Not reconstructive
* Blepharoplasty of upper lids for blepharochalasis (skin excess) without documentation of upper/outer visual fields impairment *Refer to Medical Policy entitled Reconstructive Eyelid Surgery and Brow Lift for policy guidelines.	* Blepharoplasty of upper lids for documented peripheral vision impairment. Prior approval may be required.
* Blepharoplasty of lower lids for skin excess *Refer to Medical Policy entitled Reconstructive Eyelid Surgery and Brow Lift for policy guidelines.	* Blepharoplasty of lower lids for dry eye, or corneal ulcer
* Otoplasty for large or protruding ears *Refer to Medical Policy entitled Otoplasty for policy guidelines.	* Otoplasty for absent or deformed ears resulting from trauma or accidental injury.
Ear piercing	Not reconstructive
Rhinoplasty for external nasal deformity <u>not due</u> * to trauma or accidental injury *Refer to Medical Policy entitled Rhinoplasty for policy guidelines.	Rhinoplasty for external nasal deformity due to trauma* or accidental injury
Rhytidectomy of face for aging skin	Rhytidectomy for the treatment of burns

Policy: Cosmetic and Reconstructive Surgery

Cosmetic Procedures	Reconstructive Procedures
Epidermal chemical peels used to photoaged skin, wrinkles, or acne scarring *Refer to Medical Policy entitled Non-Pharmacologic Treatment of Rosacea, MED1307	Epidermal chemical peels used to treat patients with active acne that have failed a trial of topical and/or oral antibiotic acne therapy
Dermal chemical peels used as treatment of end-stage acne scarring	Dermal chemical peels used to treat patients with numerous (>10) actinic keratosis or other premalignant skin lesions, such that treatment of the individual lesions becomes impractical
Laser resurfacing for wrinkling, aging skin, acne vulgaris or telangectasias resulting from rosacea <u>Refer to Medical Policy entitled Non-Pharmacologic Treatment of Rosacea</u>	Laser resurfacing used to treat patients with numerous (>10) actinic keratosis or other premalignant skin lesions, such that treatment of the individual lesions becomes impractical
Dermal fillers and volume producing agents such as but not limited to Poly-L-Lactic (Sculptra) and Radiesse	Dermal fillers and volume producing agents such as but not limited to Poly-L-Lactic (Sculptra) and Radiesse are not reconstructive as they are specifically used to improve appearance.
<u>Dermabrasion</u> for wrinkling or pigmentation or severe acne scarring	Not reconstructive
<u>Electrolysis</u> for hirsutism	Not reconstructive
Chin implant for deformity not the result of accidental injury or trauma	Chin implant for deformities of the maxilla or mandible resulting from trauma* or accidental injury
Neck tuck or lift	Not reconstructive
<u>Pectus excavatum</u> repair when asymptomatic	<u>Pectus excavatum</u> repair when documented functional impairment exists. <u>Refer to policy number SUR6684, Surgical Treatment of Chest Wall Deformities (Congenital or Acquired).</u>
Insertion or injection of <u>prosthetic</u> material to replace absent <u>adipose</u> tissue *Refer to Medical Policy entitled <u>Collagen Implantation or Prosthetic Appliances for policy guidelines</u>	Insertion or injection of <u>prosthetic</u> material for significant deformity from accidental injury or trauma
<u>Augmentation</u> of small but otherwise normal breasts *Refer to Medical Policy entitled <u>Breast Surgeries for policy guidelines</u>	Not reconstructive
*Removal of breast tissue in the male for gynecomastia (the presence of glandular breast tissue in males) resulting from obesity, adolescence, or drug treatment which can be discontinued <u>*Refer to Medical Policy entitled Breast Surgeries for policy guidelines</u>	*Removal of breast tissue in the male for gynecomastia which is not the result of obesity, adolescence, or reversible effects of drug treatment which cannot be discontinued**

Policy: Cosmetic and Reconstructive Surgery

Cosmetic Procedures	Reconstructive Procedures
Repositioning of the breast <u>*Refer to Medical Policy entitled Breast Surgeries for policy guidelines</u>	*Post mastectomy reconstruction of the remaining breast, including reconstruction of the nipple and areolar complex . Reconstruction of the contralateral (non-diseased) breast may be necessary to achieve symmetry between the two breasts and would be eligible for coverage.
Telangiectasis or spider veins <u>*Refer to Medical Policy entitled Varicose Veins. Treatment for, for policy guidelines</u>	Congenital Vascular Malformations (Port Wine Stains)

Policy: Cosmetic and Reconstructive Surgery

Cosmetic Procedures	Reconstructive Procedures
<p><u>Panniculectomy</u> (tummy tuck) is generally cosmetic</p>	<p>A <u>panniculectomy</u> may be considered reconstructive when all of the following criteria are met: ***Note: Photographs and documentation may be required.</p> <ol style="list-style-type: none"> 1. The pannus hangs at or below the level of the pubic symphysis; <u>AND</u> 2. There has been a significant weight loss (>100lbs)*; <u>AND</u> <ol style="list-style-type: none"> a. If the weight loss was accomplished without bariatric surgery, the member must have maintained a stable weight for a minimum of 6 months <u>and</u> have a BMI of <35*, <u>or</u> b. If the weight loss is a result of bariatric surgery a panniculectomy should not be performed until at least 18 months after surgery and only after weight has been stable for the most recent 6 months <u>and</u> the member has a BMI of <35*, <u>AND</u> 3. The pannus causes bacterial cellulitis that has: <ol style="list-style-type: none"> a. Failed to respond or recurred after at least two courses of antibiotic treatment (oral or parenteral); <u>AND</u> b. The bacterial cellulitis is unresponsive to conservative treatment including adequate hygiene and topical anti-infective medications; <u>AND</u> c. It has been present for over a 6 month period resulting in fibrosis and thickening of the pannus with discoloration and/or lymphedema or peau d'orange effect (pitting or prominence or pore due to fibrosis and swelling) of the overlying skin. <p>*The majority of requests for coverage for panniculectomy are for patients who have sustained significant weight loss, or who remain morbidly obese. Because surgical outcomes are superior when performed in patients who have achieved stable weight loss, BCBSNC requires that stable weight loss with BMI less than 35 be obtained prior to authorization of coverage for panniculectomy surgery, except in rare, unusual cases.</p>

Policy: Cosmetic and Reconstructive Surgery

Cosmetic Procedures	Reconstructive Procedures
Diastasis recti repair in the absence of a true mid-line hernia	Not reconstructive
Buttock or thigh lifts	Not reconstructive
Excision/treatment of decorative tattoos	Excision/treatment of tattoos of traumatic or therapeutic origins
Repair/revision of vaccination scars	Repair/revision of significantly symptomatic scars resulting from covered surgery or therapeutic process
*Psoralens ultraviolet A (PUVA), UVB light box , or any other light therapy for the treatment of vitiligo	Not reconstructive
Lipectomy or liposuction	Not reconstructive

* Some certificates limit coverage of reconstructive surgery following trauma or injury occurring while a member.

**Hair serves little or no functional purpose, thus restoration of hair loss is generally considered cosmetic. Psychiatric and/or emotional distress are not considered medically necessary indications for cosmetic procedures. Benefits are available for treatment of the underlying medical disease causing hair loss.

Policy Guidelines

- Any strabismus treatment in individuals 18 years of age or older should be reviewed by individual consideration for medical necessity.
- Occasionally, there may be [congenital](#) anomalies which do not result in functional impairment but which are so severely disfiguring as to merit consideration for corrective surgery. Examples are the cranio-facial anomalies associated with Crouzon's Syndrome and Treacher-Collins Syndrome. Such cases should be reviewed by individual consideration.
- Poly-L-lactic acid injection (Sculptra) used for HIV lipoatrophy is considered cosmetic because the sole purpose is to improve appearance and it does not restore physiological function.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable Code:

Refer to the individual codes for each specific procedure.

If documentation is requested, it should include the following:

1. medical records indicating that the procedure will be or was performed to restore/improve bodily function or to correct deformity resulting from accidental injury, trauma, or previous therapeutic process. In the absence of this documentation, the surgery or procedure must be considered cosmetic.

Policy: Cosmetic and Reconstructive Surgery

2. photographs.
3. copies of consultations.
4. operative reports.
5. any other pertinent information.

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Medical Term Definitions

Adipose

fat or tissue containing fat cells.

Alopecia

baldness, absence of hair from skin areas where it is normally present.

Anomaly

a marked deviation from the normal standards, especially as a result of congenital defects.

Areolar complex

circular area of darker color surrounding the nipple of the breast.

Augmentation

process of enlarging.

Blepharoplasty

a surgical procedure, which is performed to correct a drooping upper or lower eyelid.

Congenital

existing at, and usually before, birth; referring to conditions that are apparent at birth, regardless of their causation.

Dermabrasion

a surgical procedure which involves the controlled abrasion of the upper layers of the skin to smoothen the skin, remove wrinkles, small scars or foreign bodies (tattoos).

Diastasis recti

separation of the rectus muscles of the abdominal wall.

Electrolysis

the removal of unwanted body hair with an electrified needle.

Lipectomy

removal of fat deposits by suction

Policy: Cosmetic and Reconstructive Surgery

Otoplasty

surgical correction of protruding ears.

Panniculectomy

surgical excision of the abdominal apron of fat in the obese.

Pectus excavatum

abnormal sinking in of the chest from depression of the sternum (breast bone); also called "hollowed breast."

Prosthetic

an artificial substitute for a missing body part, may be functional or cosmetic or both.

Rhinoplasty

plastic surgery of the nose to correct a deformity or to restore nasal function.

Rhytidectomy

a surgical procedure designed to reduce the visible signs of aging in the face. Commonly referred to as a "face-lift."

Vitiligo

nonpigmented white patches of varied sizes, often symmetrically distributed and bordered by a hyperpigmented area. The skin is otherwise normal.

Scientific Background and Reference Sources

BCBSA Medical Policy Reference Manual

Certificate Provisions

North Carolina Senate Bill 714, Provision of Coverage for Reconstructive Breast Surgery Resulting from Mastectomy, July 10, 1997

Medical Policy Advisory Group - 12/2/99

Specialty Matched Consultant Advisory Panel - 7/2000

Medical Policy Advisory Group - 9/14/2000

Specialty Matched Consultant Advisory Panel - 10/2000

Medical Policy Advisory Group - 12/2000

Specialty Matched Consultant Advisory Panel - 9/2002

BCBSA Medical Policy Reference Manual, 8.01.16, 7/12/02

BCBSA Medical Policy Reference Manual, 10.01.09, 7/12/02

BCBSA Medical Policy Reference Manual [Electronic Version]. 8.01.16, 10/9/03

BCBSA Medical Policy Reference Manual [Electronic Version]. 10.01.09, 10/9/03

van Zuuren, EJ, Graber, MA, Hollis, S, Chaudhry, M, Gupta, AK. (2004) Interventions for rosacea. *The Cochrane Library*, Issue 2. Retrieved on 5/11/04 from <http://212.49.218.203/newgenMB/ASP/Document.asp?docNo=977>.

Specialty Matched Consultant Advisory Panel - 7/2004

Policy: Cosmetic and Reconstructive Surgery

Specialty Matched Consultant Advisory Panel - 6/2006

Medical Director Review 7/2007

Specialty Matched Consultant Advisory Panel - 5/29/08

Senior Medical Director Review - 9/2009

Specialty Matched Consultant Review - 7/2009

Policy Implementation/Update Information

8/79 Original policy

6/83 Reaffirmed

3/85 Reaffirmed

4/86 Reaffirmed with revisions

9/88 Reaffirmed with revisions

3/89 Reaffirmed with revisions

Local Review Dates

1/93 Reviewed: PCP Physician Advisory Group

11/93 Reviewed: PCP Physician Advisory Group

11/95 Reviewed: PCP Physician Advisory Group

2/97 Revised: Hairplasty may be reconstructive if for permanent alopecia. References to local policies for blepharoplasty, otoplasty, removal of breast tissue for male gynecomastia and PUVA

8/97 Revised: Added statement under Policy section regarding Post-mastectomy reconstruction, "Reconstruction of the contralateral (non-diseased) breast may be necessary to achieve symmetry between the two breasts and would be eligible for coverage" based on NC Senate Bill 714.

12/97 Revised: Notation regarding Medical Policy for Reconstructive Breast Surgery Post Mastectomy, (L)19324 added.

2/98 Revised: Notation added regarding Medical Policy for Rhinoplasty, (L)30420.SUR

7/99 Reformatted, Medical Term Definitions added.

12/99 Reaffirmed, Medical Policy Advisory Group

7/00 Specialty Matched Consultant Advisory Panel. No changes to criteria.

9/00 Medical Policy Advisory Group review. Approve. No change in criteria. Typographic errors corrected.

12/00 Specialty Matched Consultant Advisory Group review. Examples of Cosmetic and Reconstructive procedures table reworked for clarity. Added telangiectasis, spider veins, congenital vascular malformations or Port Wine Stains to table. Medical Policy Advisory Group review. No change in criteria. Approve.

1/01 Added reference to Cosmetic and Reconstructive Procedures table to refer reader to Venous Insufficiency policy and Laser Treatment of Congenital Vascular Malformations for additional information. No change in criteria.

11/01 Coding format change.

Policy: Cosmetic and Reconstructive Surgery

- 4/02 Policy reformatted for clarity. Laser resurfacing added to Examples of Cosmetic and Reconstructive Procedures table. No change to Billing/Coding Section.
- 10/02 Specialty Matched Consultant Advisory Panel review. Added "or when future cardiovascular compromise is anticipated" to Reconstructive Procedures column for Pectus Excavatum. Added additional information concerning dermal and epidermal chemical peels, and panniculectomy. Removed reference to policy on Laser Treatment of Congenital Vascular Malformations.
- 5/13/04 Benefits Application and Billing/Coding sections updated for consistency. Statement added in grid under Cosmetic Procedures indicating that laser resurfacing for telangiectasias resulting from rosacea is cosmetic. Notification given 5/13/04. Effective date 7/15/04.
- 8/12/04 Specialty Matched Consultant Advisory Panel review 7/14/2004. No changes to criteria. Added "or" under section When Cosmetic and Reconstructive surgery is covered at the end of B. 1. for clarification. Removed product names from Reconstructive Procedures table, Blepharoplasty. Now states "Prior approval may be required." References added.
- 7/24/06 Specialty Matched Consultant Advisory Panel review 6/20/2006. Added "Laser resurfacing used to treat patients with numerous (>10) actinic keratosis or other premalignant skin lesions, such that treatment of the individual lesions becomes impractical." under "Reconstructive" indications. Added additional criteria to the reconstructive indication for panniculectomy to indicate; "A panniculectomy may be considered reconstructive when the pannus hangs at or below the level of the pubic symphysis and causes recurrent and significant bacterial cellulitis, that requires at least 2 treatments with an oral antibiotic and is unresponsive to conservative treatment including adequate hygiene and topical anti-infective medications over a 6 month period resulting in fibrosis and thickening of the pannus with discoloration and/or lymphedema or peau d'orange effect (pitting or prominence or pore due to fibrosis and swelling) of the overlying skin. If there has been a significant weight loss (>100lbs) the member must have maintained a stable weight for a minimum of 6 months. If the weight loss is a result of bariatric surgery a panniculectomy should not be performed until at least 18 months after surgery and only after weight has been stable for the most recent 6 months. Panniculectomy may be medically necessary when considered a critical part of a surgical repair of a clinically significant (>5cm) ventral or umbilical hernia . Photographs and documentation may be required." Updated names of specific referenced Medical Policies as appropriate. Added "liposuction, tummy tuck, lift" to "Key Words" section.
- 8/28/06 Revised the section under "Examples of Cosmetic and Reconstructive Procedures" regarding "panniculectomy" for clarification.
- 8/13/07 Updated references in policy to "disease" and replaced with the wording "accidental injury" for consistency with the benefit language definition of cosmetic. Added new information to "Examples of Cosmetic and Reconstructive Procedures" indicating "Dermal fillers and volume producing agents such as but not limited to Poly-L-Lactic (Sculptra) and Radiesse " under "Cosmetic" and "Dermal fillers and volume producing agents such as but not limited to Poly-L-Lactic (Sculptra) and Radiesse are not reconstructive as they are specifically used to improve appearance." Added "severe acne scarring" to "Dermabrasion" as Cosmetic and "Not reconstructive". Added reference to the Medical Policy entitled "Collagen Implantation" in relation to "Insertion or injection of prosthetic material to replace absent adipose tissue." Added "UVB light box, and any other light therapy" to "Psoralen ultraviolet A (PUVA) for the treatment of vitiligo". Removed reference to the medical policy entitled PUVA (Psoralens with Ultraviolet A) Therapy. Under "Policy Guidelines" added the following statement; "Poly-L-lactic acid injection (Sculptra) used for HIV lipotrophy is considered cosmetic because the sole purpose is to improve appearance and it does not restore physiological function." "Key Words" updated.
- 5/19/08 Under "Examples of Cosmetic and Reconstructive Surgery", revised statement "Telangiectasis or spider veins. Refer to Medical Policies entitled *Varicose Vein Excision and Ligation, Endoluminal Radiofrequency or Laser Ablation of Varicose Veins, and Sclerotherapy as a Treatment of Varicose Veins* for policy guidelines." to indicate the new combined policy entitled "*Varicose Veins, Treatment for*".

Policy: Cosmetic and Reconstructive Surgery

- 7/28/08 Specialty Matched Consultant Advisory Panel review 6/23/08. Added comment related to "hair-plasty" under the "Reconstructive Procedures" section that indicates; "When meets the definition of reconstruction". Added "Refer to Medical Policy entitle Non-Pharmacologic Treatment of Rosacea, MED1307" in regards to "Epidermal chemical peels". Added "acne vulgaris" to the "Cosmetic Procedures" section regarding "Laser resurfacing". Reworded "A.2." in regards to reconstructive panniculectomy from; "causes recurrent and significant bacterial cellulitis, that has failed at least 2 treatments with an oral antibiotic." to "causes bacterial cellulitis that has failed to respond or recurred after at least two courses of antibiotic treatment." References added.
- 5/18/09 Added reference to "policy number SUR6684, Surgical Treatment of Chest Wall Deformities (Congenital or Acquired)." to "Pectus Excavatum" section in table.
- 9/28/09 Added ""***NOTE: BCBSNC does not cover investigational, cosmetic or not medically necessary services and will not reimburse for any services, procedures, drugs or supplies associated with those investigational, cosmetic or not medically necessary services." to the "When Not Covered" section for clarification. Updated the definition of "congenital" from "existing at, and usually before, birth; referring to conditions that are **present** at birth, regardless of their causation." to "existing at, and usually before, birth; referring to conditions that are **apparent** at birth, regardless of their causation." to be consistent with the member benefit booklet language. Reviewed with Senior Medical Director 9/2/09. (btw)
- 9/28/09 Reformatted information related to medical necessity for panniculectomy and added a requirement of "a BMI of <35". Also added informational note indicating; "The majority of requests for coverage for panniculectomy are for patients who have sustained significant weight loss, or who remain morbidly obese. Because surgical outcomes are superior when performed in patients who have achieved stable weight loss, BCBSNC requires that stable weight loss with BMI less than 35 be obtained prior to authorization of coverage for panniculectomy surgery, except in rare, unusual cases." Reviewed with Senior Medical Director 9/2/09. Notice given 9/28/09. Policy effective 1/5/10. (btw)

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.