
COSMETIC SURGERY

Policy

VCHCP does not cover cosmetic surgery except in the limited circumstances outlined below.

Definitions

Medically Necessary: In this document, procedures are considered medically necessary if there is a significant physical functional impairment AND the procedure can be reasonably expected to improve the physical functional impairment including pain.

Reconstructive: In this document, procedures are considered reconstructive when intended to address a significant variation from normal related to accidental injury, disease, trauma, treatment of a disease or congenital defect.

NOTE: Not all benefit contracts include benefits for reconstructive services as defined by this document. Benefit language supersedes this document.

Cosmetic: In this document, procedures are considered cosmetic when intended to change a physical appearance that would be considered within normal human anatomic variation. Cosmetic services are often described as those that are primarily intended to preserve or improve appearance.

Discussion

Cosmetic surgery includes any surgical procedure directed solely at improving appearance, except when required for the prompt (i.e., as soon as medically feasible) repair of injury due to an accident or to medically necessary surgery that occurs while the member is covered by VCHCP.

Coverage exclusion does not apply to cosmetic surgery that improves the functioning of a malformed body part. For example, this exclusion does not apply to surgery in connection with treatment of severe burns or facial scarring following a serious automobile accident, or to surgery for therapeutic purposes which coincidentally also improves cosmesis or to medically necessary treatment of complications resulting from cosmetic surgery.

Reconstructive surgery is performed to improve or restore bodily function and is generally eligible for coverage. The correction of severe congenital anomalies is covered subject to a review of the reasonableness of such procedures.

Facial surgery is considered cosmetic rather than reconstructive when no functional impairment is present. For example, septoplasty is covered for a severely deviated septum that interferes with breathing, but a rhinoplasty is considered cosmetic even if done with a septoplasty.

Psychiatric indications do not warrant coverage for cosmetic surgery when no functional impairment is present. However, severe psychological impairment, appropriately documented, could be classified as "significant functional impairment" on an individual consideration basis.

The following procedures are nearly always cosmetic in nature. As such they are not covered except when a case specific review justifies a medical exception:

- Excision, excessive skin, thigh, leg, hip, buttock, arm, forearm or hand, submental fat pad, other areas (CPT-4 Codes 15831-15839).
- Chemical peel (CPT-4 Codes 15788-15793)
- Salabrasion (CPT-4 Codes 15810, 15811)
- Chemical exfoliation for acne (CPT-4 Code 17360)
- Grafts, fat (CPT-4 Codes 15770, 20926)
- Electrolysis for hirsutism (CPT-4 Code 17380)
- Suction assisted lipectomy (CPT-4 Codes 15876-15879)
- Correction of diastasis recti abdominis.
- Removal of spider angiomas (CPT-4 Codes 36468, 36469)
- Procedures on the Female Genitalia: Reduction of labia minora, Reshaping of labia major, Clitoral reduction, Hymenoplasty, Pubic liposuction or lift
- Phalloplasty
- Gynecomastia
- Port Wine Stains and Other Hemangiomas
- Rhinophyma
- Ear or Body Piercing
- Collagen injection
- Laser and Surgical Treatment of Acne Rosacea
- Tattoos

- Hair procedures
- Cranial Nerve Procedures: Transfers, anastomosis or other procedures of the facial nerve or other cranial nerves or their branches are considered **reconstructive** when performed for the treatment of congenital or acquired facial palsy resulting in a significantly altered appearance.
- Buttock/Thigh Lift
- Other Cosmetic Skin Procedures: Laser skin resurfacing is considered **cosmetic and not medically necessary** for all indications. Removal or excision of a tattoo is considered **cosmetic and not medically necessary** for all indications. Treatment of telangiectasias (spider veins) is considered **cosmetic and not medically necessary** unless the above medically necessary criteria are met for the treatment of acne rosacea.

Coverage for the following procedures will be extended subject to the indicated criteria. Documentation including photographs, letters documenting medical necessity, chart records, etc., may be required.

1. Abdominal lipectomy: When abdominal folds cause symptoms such as chronic pain, dermatitis, or ulceration, and have not responded to at least 3 months of appropriate medical therapy.
2. Blepharoplasty: When the eyelids significantly obstruct the visual field.
3. Breast reconstruction: For covered indications, see e.g. reconstructive surgery following mastectomy.
4. Dermabrasion: For removal of superficial basal cell carcinomas and pre-cancerous actinic keratoses when conventional methods of removal such as cryotherapy, curettage, excision, and 5-FU (Efudex) are impractical due to the number and distribution of the lesions. (Dermabrasion for removal of acne scars is not covered because its use for these indications is considered cosmetic.)
5. Keloids: treatment of keloids which are secondary to an injury or non-cosmetic procedure, and cause significant pain requiring chronic analgesic medication or significant functional impairment.
6. Lipomas: excision of lipomas which are tender and which inhibit ability to perform activities of daily living because they are located on body parts that are subject to regular touch or pressure.

7. Otoplasty (CPT-4 Code 69300): For significant congenital or acquired malformation.
8. Rhinoplasty (CPT-4 Codes 30460-30462): For nasal deformity secondary to congenital cleft lip and/or palate.
9. Rhytidectomy (CPT-4 Codes 15824-15829) (meloplasty, face lift): When functional impairment as a result of a disease state exists (e.g., facial paralysis).
10. Scar Revision: Correction of scars when functional impairment exists. The staged repair of scars resulting from trauma is a covered service. Coverage is also extended to scar revision surgery that does not correct a functional impairment, but has been postponed after an accidental injury or surgery until maximum recovery occurs, or for a child, until growth has stopped.
11. Septoplasty: When the septal deviation causes significant functional impairment.
12. Skin Tag Removal: When located in an area subject to repeated irritation and bleeding.

Procedure:

A treatment authorization request (TAR) must be submitted to UR for approval by the UR Physician or Medical Director.

- A. **Attachments:** None
- B. **Reviewers :** R. Ashby MD, W. Starr MD, QA Committee **Date:** May 2001
Reviewed/Revised: S. Haas, MD & C. Wilhelmy, MD **Date:** Aug 2005
Committee Review: UM Committee **Date:** 08-08-05
QA Committee **Date:** 08-23-05
- C. **Reviewed/Updates by** Albert Reeves, M.D. **Date:** 08.11.11
Committee Review: UM on 08.11.11 & QA on .8.23.11

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