

<b>Medical Benefit</b>		<b>Effective Date:</b> 12/01/19	<b>Next Review Date:</b> 03/21
<b>Preauthorization</b>	No	<b>Review Dates:</b> 07/07, 07/08, 05/09, 05/10, 05/11, 01/12, 01/13, 01/14, 09/14, 03/15, 03/16, 03/17, 03/18, 03/19, 09/19, 03/20	

***Preauthorization is encouraged for reconstructive services.***

*The following protocol contains medical necessity criteria that apply for this service. The criteria are also applicable to services provided in the local Medicare Advantage operating area for those members, unless separate Medicare Advantage criteria are indicated. If the criteria are not met, reimbursement will be denied and the patient cannot be billed. Please note that payment for covered services is subject to eligibility and the limitations noted in the patient's contract at the time the services are rendered.*

### DESCRIPTION

**Cosmetic** surgery or services are performed to reshape normal structures of the body in order to improve the patient's appearance and self-esteem.

**Reconstructive** surgery or services are generally performed to improve function on abnormal structures of the body, caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease.

**Functional Impairment** (also referred to as **physical/functional or physiological impairment**) causes deviation from the normal function of a tissue or organ. This results in a significantly limited, impaired, or delayed capacity to move, coordinate actions, or perform physical activities of daily living and is exhibited by difficulties in one or more of the following areas: physical and motor tasks; independent movement; performing basic life functions.

The concept of reconstructive may overlap with the concept of medically necessity. For example, services intended to correct a functional impairment may also be considered medically necessary and thus makes them eligible for coverage.

### POLICY

#### Medical Necessity Criteria

- Medically appropriate for the symptoms and diagnosis or treatment of the condition, illness, disease, or injury;
- Provided for the diagnosis, or the direct care and treatment of the member's condition, illness, disease, or injury;
- In accordance with national standards of good medical practice in the United States; and
- Not primarily for the convenience of the patient, the patient's family, the patient's provider.

#### Medically necessary services include:

- Services in connection with reconstructive surgery or other services when such a service is incidental to or follows surgery of the involved part, or resulting from trauma, infection, or other diseases (**However, any service solely intended to improve one's appearance is cosmetic and not medically necessary**); or

- Reconstructive surgery or services because of congenital disease or anomaly, **which has resulted in a functional defect.**

Services that are **not medically necessary** include:

- **Any service solely intended to improve one's appearance is cosmetic and not medically necessary.**

Considerations:

- The **presence of a functional** impairment may render a service **medically necessary**.
- The **absence of a functional** impairment would render a service as **not medically necessary**.

Refer to the Reconstructive Breast Surgery/Management of Breast Implants Protocol for medical guidelines on breast reconstruction after mastectomy.

### **POLICY GUIDELINES**

A requested service may be determined reconstructive and therefore **medically necessary** when:

- There has been documentation of a physical and/or physiological abnormality and quantification by physician office notes including expected outcome for the improvement of the functional impairment, objective studies and tests which confirm the abnormality's presence and degree to which it causes impairment, and photographs of the physical and/or physiological abnormality;
- There is documentation that the physical abnormality and/or physiological abnormality is causing a functional impairment that requires correction;
- The proposed treatment is of proven efficacy; and is deemed likely to significantly improve or restore the patient's physiological function; and
- Examples of impairments that might be considered reconstructive and **medically necessary** are excoriation unrelieved with other treatments, bleeding, or pain requiring prescription medication.

Removal of skin tags (acrochordons) are considered **cosmetic** when they do not cause any functional impairment. Their removal may be considered **medically necessary** when any one of the following criteria is met:

- Bleeding
- Inflammation (e.g., purulence, oozing, edema, erythema)
- Due to location, lesion is frequently traumatized (e.g., neck or axilla from shaving, bra line, waist band)
- Eyelid lesion causing visual impairment

Also refer to Protocols:

- Orthognathic Surgery
- Reconstructive Breast Surgery/Management of Breast Implants
- Reduction Mammoplasty for Breast-Related Symptoms
- Treatment of Hyperhidrosis
- Treatment of Varicose Veins/Venous Insufficiency

## MEDICARE ADVANTAGE

For Medicare Advantage, a service may be considered reconstructive and therefore **medically necessary** if required for the prompt (i.e., as soon as medically feasible) repair of accidental injury or for the improvement of the functioning of a malformed body part. For example, surgery in connection with treatment of severe burns or repair of the face following a serious automobile accident could be considered reconstructive and therefore **medically necessary**.

Refer to the Reconstructive Breast Surgery/Management of Breast Implants Protocol for medical guidelines on breast reconstruction after mastectomy.

Refer to the Treatment of Varicose Veins/Venous Insufficiency Protocol for medical guidelines on treatment of varicose veins.

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Services that are the subject of a clinical trial do not meet our Technology Assessment and Medically Necessary Services Protocol criteria and are considered investigational. *For explanation of experimental and investigational, please refer to the Technology Assessment and Medically Necessary Services Protocol.*

It is expected that only appropriate and medically necessary services will be rendered. We reserve the right to conduct prepayment and postpayment reviews to assess the medical appropriateness of the above-referenced procedures. **Some of this protocol may not pertain to the patients you provide care to, as it may relate to products that are not available in your geographic area.**

## REFERENCES

We are not responsible for the continuing viability of web site addresses that may be listed in any references below.

1. NYS Insurance Law, Chapter III, Section 52.16, #5, 9/02, "Prohibited Provision of Coverages." [https://govt.westlaw.com/nycrr/Document/I5001cca5cd1711dda432a117e6e0f345?contextData=\(sc.Default\)&transitionType=Default](https://govt.westlaw.com/nycrr/Document/I5001cca5cd1711dda432a117e6e0f345?contextData=(sc.Default)&transitionType=Default) last accessed January 17, 2019.
2. NYS Insurance Department document, "Congenital Anomalies of a Dependent Child Coverage by Health Insurance (opinion issued 11.5.04)." <http://www.dfs.ny.gov/insurance/ogco2004/rg041103.htm> last accessed January 17, 2019.
3. Legal/Product Development review, 2006, 2008.
4. Medicare Benefit Policy Manual, Chapter 16 - General Exclusions From Coverage, Section 120-Cosmetic Surgery (Rev. 1, 10-01-03).