

COSMETIC, RECONSTRUCTIVE, OR PLASTIC SURGERY

Policy Number: BIP171.G
Effective Date: January 1, 2019

Table of Contents

	Page
A. FEDERAL/STATE MANDATED REGULATIONS	2
B. STATE MARKET PLAN ENHANCEMENTS	2
C. COVERED BENEFITS	2
D. NOT COVERED	3
E. DEFINITIONS	3
F. POLICY HISTORY/REVISION INFORMATION	3

Related Benefit Interpretation Policies:

- [Dental Care and Oral Surgery](#)
- [Medical Necessity](#)
- [Post Mastectomy Surgery](#)

Related Medical Management Guidelines:

- [Blepharoplasty, Blepharoptosis and Brow Ptosis Repair](#)
- [Breast Reconstruction Post Mastectomy](#)
- [Breast Reduction Surgery](#)
- [Breast Repair/ Reconstruction Not Following Mastectomy](#)
- [Cosmetic and Reconstructive Procedures](#)
- [Gynecomastia Treatment](#)
- [Orthognathic \(Jaw\) Surgery](#)
- [Panniculectomy and Body Contouring Procedures](#)
- [Pectus Deformity Repair](#)
- [Rhinoplasty and Other Nasal Surgeries](#)

Covered benefits are listed in three (3) Sections - A, B and C. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.

Essential Health Benefits for Individual and Small Group

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs (such as maternity benefits), the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when

using this guideline, it is important to refer to the member specific benefit document to determine benefit coverage.

A. FEDERAL/STATE MANDATED REGULATIONS

1. **Women's Health and Cancer Rights Act of 1998, § 713 (a):** "In general, a group health plan, and a health insurance issuer providing health insurance coverage in connection with a group health plan, that provides medical and surgical benefits with respect to a mastectomy shall provide, in case of a participant or beneficiary who is receiving benefits in connection with a mastectomy and who elects breast reconstruction in connection with such mastectomy, coverage for (1) reconstruction of the breast on which the mastectomy has been performed; (2) surgery and reconstruction of the other breast to produce symmetrical appearance; and (3) prostheses and physical complications, all stages of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient."
2. **Texas Insurance Code Sec. 1367.153. Reconstructive Surgery for Craniofacial Abnormalities; Definition Required.** A health benefit plan that provides coverage for a child who is younger than 18 years of age must define "reconstructive surgery for craniofacial abnormalities" under the plan to mean surgery to improve the function of, or to attempt to create a normal appearance of, an abnormal structure caused by congenital defects, developmental deformities, trauma, tumors, infections, or disease.

B. STATE MARKET PLAN ENHANCEMENTS

None

C. COVERED BENEFITS

IMPORTANT NOTE: Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.

Reconstructive Surgery is covered to improve the function of, or attempt to create a normal appearance of, an abnormal structure of the body or craniofacial abnormalities caused by Congenital Defects, developmental abnormalities, trauma, infection, tumors or disease. The purpose of Reconstructive Surgery is to correct abnormal structures of the body to improve function or create a normal appearance to the extent possible. (See the Benefit Interpretation Policy titled [Medical Necessity](#))

Note: Reconstructive Procedures require preauthorization by the Member's Primary Care Physician, Medical Group or UnitedHealthcare in accordance with the standards of care practiced by Physicians specializing in Reconstruction Surgery.

Examples include, but are not limited to:

1. Surgery to restore body function related to a Congenital Defect
2. Surgery that is incident to a several stage treatment plan following a trauma (e.g., a serious auto accident, severe burns) for which medically necessary Reconstructive Surgery is necessary to improve functional impairment, as determined by member's provider/practitioner
3. Release of scar contracture causing pain or impairing function
4. Breast reduction surgery (mammoplasty) based on medical necessity. See the Medical Management Guideline titled [Breast Reduction Surgery](#)
5. Treatment of gynecomastia, including:
 - a. Evaluation for pathology/etiology
 - b. Breast surgery for abnormal pathology. See **the** Medical Management Guideline titled [Gynecomastia Treatment](#)
6. Surgery to correct hypospadias
7. Blepharoplasty. See the Medical Management Guideline titled [Blepharoplasty, Blepharoptosis and Brow Ptosis Repair](#)

8. Panniculectomy: See the Medical Management Guideline titled [Panniculectomy and Body Contouring Procedures](#)
9. Orthognathic Surgery: See Medical Management Guideline titled [Orthognathic \(Jaw\) Surgery](#)

D. NOT COVERED

1. When there is another more appropriate surgical procedure that has been offered to the member as determined or defined by UnitedHealthcare or designee or when only minimal improvement in the member's appearance is expected to be achieved
2. Non-medically necessary Cosmetic or Reconstructive Surgery and Services that is performed only to improve appearances and is not intended to improve the physical functioning of a malformed body part(s) (see the Benefit Interpretation Policy titled [Medical Necessity](#))
3. Non-medically necessary Elective or voluntary Enhancement Procedures or Services, supplies and medications
Examples include, but are not limited to:
 - a. Surgical Procedures to correct consequences of normal aging
 - b. Surgical Procedures to remove common, benign skin lesions NOT caused by Congenital Defects, developmental abnormalities, trauma, infection, tumors, or disease
 - c. Services related to hereditary pattern baldness, sexual performance, athletic performance, Cosmetic purposes, anti-aging, and mental performance
 - d. Tattoo removal, dermabrasion or liposuction

E. DEFINITIONS

1. **Cosmetic Services and Surgery:** Cosmetic Surgery and Cosmetic Services are defined as Surgery and Services performed to alter or reshape normal structures of the body in order to improve appearance. Surgeries or Services that would ordinarily be classified as Cosmetic will not be reclassified as Reconstructive, based on a Member's dissatisfaction with his or her appearance, as influenced by that Member's underlying psychological makeup or psychiatric condition.
2. **Reconstructive Surgery:** Surgery performed to reshape abnormal structures of the body when necessary to improve functional impairment. An example of Reconstructive Surgery would be the repair of a Congenital Defect, such as cleft-lip or palate, which impedes functional ability.
3. **Elective Enhancements:** Procedures, technologies, Services, drugs, devices, items and supplies for Elective, non-Medically Necessary improvements, alterations, Enhancements or augmentation of appearance, skills, performance capability, physical or mental attributes, or competencies are not covered. This exclusion includes, but is not limited to, Elective improvements, alterations, Enhancements, augmentation, or genetic manipulation related to hair growth, aging, athletic performance, intelligence, height, weight or Cosmetic appearance.

F. POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
01/01/2019	Covered Benefits <ul style="list-style-type: none"> • Revised list of examples of Reconstructive Procedures requiring preauthorization; added "Orthognathic Surgery (refer to the Medical Management Guideline titled Orthognathic (Jaw) Surgery)" • Archived previous policy version BIP171.F