



Cosmetic and Reconstructive Surgery

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P&P # C.5.14

A. Documentation Required:

To facilitate the authorization process referral requests must include the following:

1. Physician detailed physical exam and patient medical history;
2. Physical or physiological cause of functional deficit;
3. Appropriate clinical studies/test/interventions to confirm the degree of the impairment;
4. Photographs or descriptive measurement (if applicable to request) of the deformity/anomaly;
5. Treating physician's plan of care (proposed procedures), which must include the expected outcomes of functional improvement as a result of the treatment.

B. General Criteria for Medical Necessity:

Cosmetic and reconstructive surgical procedures are medically necessary if the following criteria are met:

1. The requested procedure has proven efficacy; and is deemed to significantly improve or restore the patient's physiological or physical function; and results in **ONE** of the following:
 - a. Restores a bodily function; **OR**
 - b. Corrects a physical functional impairment; **OR**
 - c. Remedies ongoing or recurrent medical complications which have not been responsive to standard conservative treatment measures for the condition.

NOTE: Removal of benign skin lesions does not require a prior authorization.

C. Medical Necessity Criteria for Specific Conditions:

1. Keloid Removal or Revision
 - a. Treatment of a keloid is considered medically necessary when there is documented evidence of significant physical or functional impairment related to the keloid and is not specifically excluded in the member's certificate of coverage.
2. Scar Revision
 - a. Scar revision is considered medically necessary when there is documented evidence of significant physical or functional impairment related to the scar and the treatment can be reasonably expected to improve the physical functional impairment.

D. Indications Considered Experimental, Investigational, or not Medical Necessity because they are considered cosmetic: *(Not an all-inclusive list)*

1. **Eye Procedures: (Cosmetic)**
 - a. Epikeratoplasty;
 - b. Keratomileusis- refractive eye surgery;
 - c. Keratophakia- refractive eye surgery;
 - d. Lateral canthopexy;
 - e. Medial canthopexy.

2. Ear Procedures: (Cosmetic)

- a. Ear Piercing;
- b. Otoplasty;
- c. Total External Ear Reconstruction;
- d. Ear lobe repair of chronic distortion related to ear piercing.
- e. Reconstruction of the ear related to complications from ear piercing.

3. Facial Procedures: (Cosmetic)

- a. Forehead reduction;
- b. Malar augmentation
- c. Masseter reduction;
- d. Rhytidectomy;
- e. Genioplasty

4. Abdominal Procedures: (Cosmetic)

- a. Abdominoplasty;
- b. Diastasis recti repair

5. Skin Procedures: (Cosmetic)

- a. Dermabrasion
- b. Chemical Peel (dermal and epidermal);
- c. Microdermabrasion and chemical peels for photo-aged skin, wrinkles or superficial irregular skin surfaces;
- d. Treatments for acne and acne scarring including, but not limited to dermal fillers to raise acne scar, dermabrasion, acne surgery, cryotherapy for acne, laser resurfacing for facial acne scars or treatment of pain or discomfort from acne;
- e. Removal of a decorative tattoo;
- f. Cosmetic tattooing for treatment of vitiligo;
- g. Removal of skin tags without symptoms of functional impairment or when excluded in the member's certificate of coverage;
- h. Injection (subcutaneous or otherwise) of dermal filling materials for the treatment of acne or chicken pox scars, facial wrinkles or other cosmetic purposes;
- i. Liposuction, also known as suction lipectomy or suction assisted lipectomy (**Exception:** approve liposuction when its used as part of mandated breast reconstruction post mastectomy);
- j. Hair removal by any method, temporary or permanent, including, but not limited to, electrolysis, waxing, or laser.
- k. Rhytidectomy;
- l. Removal of breast tissue in the male for gynecomastia;
- m. Buttock lifts, thigh lifts, breast lifts and/or arm lift brachioplasty;
- n. Removal of redundant skin after bariatric surgery or weight loss;
- o. Permanent cosmetics.
- p. Reconstruction procedures related to complications from body piercing.
- q. Panniculectomy

6. Hair Transplants: (Cosmetic)

- a. To correct male pattern baldness, age-related hair thinning, baldness (alopecia) due to disease, previous therapy, or congenital scalp disorders.

REFERENCES:

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