

Cosmetic, Reconstructive, or Plastic Surgery

Policy Number: BIP171.J
Effective Date: January 1, 2022

[➔ Instructions for Use](#)

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- [Post Mastectomy Surgery](#)

Related Medical Management Guidelines

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Federal/State Mandated Regulations

Women's Health and Cancer Rights Act of 1998, § 713 (a)

https://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/whcra_factsheet

"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 a 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) All stages of 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."

Sec. 1357.004. Reconstructive Surgery Following Mastectomy

<https://statutes.capitol.texas.gov/DocViewer.aspx?DocKey=IN%2fIN.1357&Phrases=1357.004&HighlightType=1&ExactPhrase=False&QueryText=1357.004>

Coverage Required

- (a) A health benefit plan that provides coverage for mastectomy must provide coverage for:
 - (1) Reconstruction of the breast on which the mastectomy has been performed;
 - (2) Surgery and reconstruction of the other breast to achieve a symmetrical appearance; and

- (3) Prostheses and treatment of physical complications, including lymphedemas, at all stages of mastectomy.
- (b) Coverage required under this section:
- (1) Shall be provided in a manner determined to be appropriate in consultation with the attending physician and the enrollee;
 - (2) May be subject to annual deductibles, copayments, and coinsurance that are consistent with annual deductibles, copayments, and coinsurance required for other coverage under the health benefit plan; and
 - (3) May not be subject to dollar limits other than the lifetime maximum benefits under the plan.

Texas Insurance Code Sec. 1367.153 Reconstructive Surgery for Craniofacial Abnormalities; Definition Required

<https://statutes.capitol.texas.gov/DocViewer.aspx?DocKey=IN%2fIN.1367&Phrases=1367.153&HighlightType=1&ExactPhrase=False&QueryText=1367.153>

1. 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.

State Market Plan Enhancements

None

Covered Benefits

Important Note: Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/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. (Refer to the Benefit Interpretation Policy titled [Medical Necessity](#))

Note: Reconstructive Procedures and Cosmetic Surgeries require preauthorization by the Member's Primary Care Physician, Medical Group or UnitedHealthcare and will be reviewed in accordance with the standards of care practiced by Physicians specializing in Reconstruction Surgery who are competent to evaluate the specific clinical issues involved in the care requested.

Examples include, but are not limited to:

- Surgery to restore body function related to a Congenital Defect
- 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
- Release of scar contracture causing pain or impairing function
- Breast reduction surgery (mammoplasty) based on medical necessity. Refer to the Medical Management Guideline titled [Breast Reduction Surgery](#)
- Treatment of gynecomastia, including:
 - Evaluation for pathology/etiology
 - Breast surgery for abnormal pathology. Refer to the Medical Management Guideline titled [Gynecomastia Treatment](#)
- Surgery to correct hypospadias
- Blepharoplasty. Refer to the Medical Management Guideline titled [Blepharoplasty, Blepharoptosis and Brow Ptosis Repair](#)
- Panniculectomy: Refer to the Medical Management Guideline titled [Panniculectomy and Body Contouring Procedures](#)
- Orthognathic Surgery: Refer to the Medical Management Guideline titled [Orthognathic \(Jaw\) Surgery](#)

Not Covered

- 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
- 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) (Refer to the Benefit Interpretation Policy titled [Medical Necessity](#))
- Non-medically necessary Elective or voluntary Enhancement Procedures or Services, supplies and medications
Examples include, but are not limited to:
 - Surgical Procedures to correct consequences of normal aging
 - Surgical Procedures to remove common, benign skin lesions not caused by Congenital Defects, developmental abnormalities, trauma, infection, tumors, or disease
 - Services related to hereditary pattern baldness, sexual performance, athletic performance, Cosmetic purposes, anti-aging, and mental performance
 - Tattoo removal, dermabrasion or liposuction

Definitions

Cleft Palate: A condition that may include a Cleft Palate, Cleft lip, or other craniofacial anomalies related with a Cleft Palate.

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.

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.

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.

Policy History/Revision Information

Date	Summary of Changes
01/01/2022	Federal/State Mandated Regulations <ul style="list-style-type: none">• Updated reference link to <i>Women's Health and Cancer Rights Act of 1998, § 713 (a)</i> Supporting Information <ul style="list-style-type: none">• Archived previous policy version BIP171.I

Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. 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.