

# Cosmetic, Reconstructive, or Plastic Surgery

**Policy Number:** BIP170.L

**Effective Date:** December 1, 2023

[➔ Instructions for Use](#)

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<b>Related Benefit Interpretation Policies</b>
• <a href="#">Dental Care and Oral Surgery</a>
• <a href="#">Medical Necessity</a>
• <a href="#">Post Mastectomy Surgery</a>

<b>Related Medical Management Guidelines</b>
• <a href="#">Breast Reconstruction</a>
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• <a href="#">Panniculectomy and Body Contouring Procedures</a>
• <a href="#">Pectus Deformity Repair</a>
• <a href="#">Rhinoplasty and Other Nasal Surgeries</a>

## 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](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."

### Section 6060.5 – Oklahoma Breast Cancer Patient Protection Act

<https://www.oscn.net/applications/oscn/deliverdocument.asp?id=87363&hits=>

- A. This section shall be known and may be cited as the "Oklahoma Breast Cancer Patient Protection Act".
- B. Any health benefit plan that is offered, issued or renewed in this state on or after January 1, 1998, that provides medical and surgical benefits with respect to the treatment of breast cancer and other breast conditions shall ensure that coverage is provided for not less than forty-eight (48) hours of inpatient care following a mastectomy and not less than twenty-four (24) hours of inpatient care following a lymph node dissection for the treatment of breast cancer.
- C. Nothing in this section shall be construed as requiring the provision of inpatient coverage where the attending physician in consultation with the patient determines that a shorter period of hospital stay is appropriate.
- D. Any plan subject to subsection B of this section shall also provide coverage for reconstructive breast surgery performed as a result of a partial or total mastectomy. Because breasts are a paired organ, any such reconstructive breast surgery shall

include coverage for all stages of reconstructive breast surgery performed on a nondiseased breast to establish symmetry with a diseased breast when reconstructive surgery on the diseased breast is performed, provided that the reconstructive surgery and any adjustments made to the nondiseased breast must occur within twenty-four (24) months of reconstruction of the diseased breast.

- E. In implementing the requirements of this section, a health benefit plan may not modify the terms and conditions of coverage based on the determination by an enrollee to request less than the minimum coverage required pursuant to subsections B and D of this section.
- F. A health benefit plan shall provide notice to each insured or enrollee under the plan regarding the coverage required by this section in the evidence of coverage of the plan, and shall provide additional written notice of the coverage to the insured or enrollee as follows:
  - 1. In the next mailing made by the plan to the employee;
  - 2. As part of any yearly informational packet sent to the enrollee; or
  - 3. Not later than December 1, 1997; whichever is earlier.
- G. As used in this act, "health benefit plan" means any plan or arrangement as defined in subsection C of [Section 6060.4](#) of this title.
- H. The Insurance Commissioner shall promulgate any rules necessary to implement the provisions of this section.

## 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 and cosmetic procedures require preauthorization by the member's primary care physician, contracting medical group or UnitedHealthcare in accordance with the standards of care as practiced by physicians specializing in reconstructive surgery.

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 Surgery](#).
- Surgery to correct hypospadias
- Blepharoplasty. Refer to the Medical Management Guideline titled [Brow Ptosis and Eyelid 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 or service that are 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](#)).
- 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 improvement, alterations, enhancements, augmentation, or genetic manipulation related to hair growth, aging, athletic performance, intelligence, height, weight or cosmetic appearance. Please refer to the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB) for a description of reconstructive surgery services covered by your health plan.

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:** when the tissue that makes up the roof of the mouth does not join together completely during pregnancy.

## References

Center for Disease Control and Prevention; Facts About Cleft Palate: Facts about Cleft Lip and Cleft Palate | CDC. Accessed September 20, 2023.

## Policy History/Revision Information

Date	Summary of Changes
12/01/2023	<p><b>Covered Benefits</b></p> <ul style="list-style-type: none"><li>• Replaced notation indicating “reconstructive and cosmetic procedures require preauthorization by the member’s primary care physician, medical group, or UnitedHealthcare in agreement with the standards of care as practiced by physicians specializing in reconstructive surgery <i>who are competent to evaluate the specific clinical issues involved in the care requested</i>” with “reconstructive and cosmetic procedures require preauthorization by the member’s primary care physician, <i>contracting</i> medical group, or UnitedHealthcare in agreement with the standards of care as practiced by physicians specializing in reconstructive surgery”</li></ul> <p><b>Not Covered</b></p> <ul style="list-style-type: none"><li>• Replaced instruction to refer to “[the definition of] ‘Reconstructive Surgery’ for a description of reconstructive surgery services covered by your health plan” with “the member’s Evidence of Coverage (EOC)/Schedule of Benefits (SOB) for a description of reconstructive surgery services covered by your health plan”</li></ul> <p><b>Definitions</b></p> <ul style="list-style-type: none"><li>• Removed definition of:<ul style="list-style-type: none"><li>○ Cosmetic Services and Surgery</li><li>○ Reconstructive Surgery</li></ul></li><li>• Updated definition of “Cleft Palate”</li></ul>

Date	Summary of Changes
	<p data-bbox="337 142 643 174"><b>Supporting Information</b></p> <ul data-bbox="337 180 862 237" style="list-style-type: none"> <li data-bbox="337 180 683 205">• Added <i>References</i> section</li> <li data-bbox="337 212 862 237">• Archived previous policy version BIP170.K</li> </ul>

## 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.