

Cosmetic, Reconstructive, or Plastic Surgery

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[Instructions for Use](#)

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Related Benefit Interpretation Policies
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Related Medical Management Guidelines
<ul style="list-style-type: none"> Breast Reconstruction Breast Reduction Surgery Brow Ptosis and Eyelid Repair Cosmetic and Reconstructive Procedures Gynecomastia Surgery Orthognathic (Jaw) Surgery Panniculectomy and Body Contouring Procedures Pectus Deformity Repair Rhinoplasty and Other Nasal Procedures

Federal/State Mandated Regulations

Women's Health and Cancer Rights Act of 1998, Section 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."

Oklahoma

Oklahoma Statutes, 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.

Oregon

Oregon Revised Statutes (ORS) Section 743A.110, Mastectomy-Related Services

<https://www.oregonlaws.org/ors/743A.110>

- (1) As used in this section, "mastectomy" means the surgical removal of all or part of a breast or a breast tumor suspected to be malignant.
- (2) All insurers offering a health benefit plan as defined in ORS [743B.005 \(Definitions\)](#) shall provide payment, coverage or reimbursement for mastectomy and for the following services related to a mastectomy as determined by the attending physician and enrollee to be part of the enrollee's course or plan of treatment:
 - (a) All stages of reconstruction of the breast on which a mastectomy was performed, including but not limited to nipple reconstruction, skin grafts and stippling of the nipple and areola;
 - (b) Surgery and reconstruction of the other breast to produce a symmetrical appearance;
 - (c) Prostheses;
 - (d) Treatment of physical complications of the mastectomy, including lymphedemas; and
 - (e) Inpatient care related to the mastectomy and post-mastectomy services.
- (3) An insurer providing coverage under subsection (2) of this section shall provide written notice describing the coverage to the enrollee at the time of enrollment in the health benefit plan and annually thereafter.
- (4) A health benefit plan must provide a single determination of prior authorization for all services related to a mastectomy covered under subsection (2) of this section that are part of the enrollee's course or plan of treatment.
- (5) When an enrollee requests an external review of an adverse benefit determination as defined in ORS [743B.001 \(Definitions\)](#) by the insurer regarding services described in subsection (2) of this section, the insurer or the Director of the Department of Consumer and Business Services must expedite the enrollee's case pursuant to ORS [743B.252 \(External review\)](#) (5).
- (6) The coverage required under subsection (2) of this section is subject to the same terms and conditions in the plan that apply to other benefits under the plan.
- (7) This section is exempt from [ORS 743A.001 \(Automatic repeal of certain statutes on individual and group health insurance\)](#). [Formerly 743.691; 2011 c.208 §1; 2011 c.500 §41]

ORS Section 743A.148, Maxillofacial Prosthetic Services

<https://www.oregonlaws.org/ors/743A.148>

- (1) The Legislative Assembly declares that all group health insurance policies providing hospital, medical or surgical expense benefits include coverage for maxillofacial prosthetic services considered necessary for adjunctive treatment.
- (2) As used in this section, "maxillofacial prosthetic services considered necessary for adjunctive treatment" means restoration and management of head and facial structures that cannot be replaced with living tissue and that are defective because of disease, trauma or birth and developmental deformities when such restoration and management are performed for the purpose of:
 - (a) Controlling or eliminating infection;
 - (b) Controlling or eliminating pain; or
 - (c) Restoring facial configuration or functions such as speech, swallowing or chewing but not including cosmetic procedures rendered to improve on the normal range of conditions.
- (3) The coverage required by subsection (1) of this section may be made subject to provisions of the policy that apply to other benefits under the policy including, but not limited to, provisions relating to deductibles and coinsurance.
- (4) The services described in this section shall apply to individual health policies entered into or renewed on or after January 1, 1982. [Formerly [743.706](#); 2016 c.11 §5]

Texas

Texas Insurance Code (TIC) Chapter 1357, Reconstructive Surgery Following Mastectomy

Section 1357.004, Coverage Required

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

- (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.

TIC Chapter 1367, Coverage of Children

Section 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>

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.

Washington

Revised Code of Washinton (RCW) Section 48.44.330, Reconstructive Breast Surgery

<https://app.leg.wa.gov/RCW/default.aspx?cite=48.44.330>

- (1) Each contract for health care entered into or renewed after July 24, 1983, between a health care services contractor and the person or persons to receive the care shall provide coverage for reconstructive breast surgery resulting from a mastectomy which resulted from disease, illness, or injury.
- (2) Each contract for health care entered into or renewed after January 1, 1986, between a health care services contractor and the person or persons to receive the care shall provide coverage for all stages of one reconstructive breast reduction on the nondiseased breast to make it equal in size with the diseased breast after definitive reconstructive surgery on the diseased breast has been performed.

RCW Section 48.44.212, Coverage of Dependent Children to Include Newborn Infants and Congenital Anomalies from Moment of Birth – Notification Period

<https://app.leg.wa.gov/rcw/default.aspx?cite=48.44.212>

- (1) Any health care service plan contract under this chapter delivered or issued for delivery in this state more than one hundred twenty days after February 16, 1974, which provides coverage for dependent children of the insured or covered group member, shall provide coverage for newborn infants of the insured or covered group member from and after the moment of birth. Coverage provided in accord with this section shall include, but not be limited to, coverage for congenital anomalies of such infant children from the moment of birth.
- (2) If payment of an additional premium is required to provide coverage for a child, the contract may require that notification of birth of a newly born child and payment of the required premium must be furnished to the contractor. The notification period shall be no less than sixty days from the date of birth. This subsection applies to policies issued or renewed on or after January 1, 1984.

RCW Section 48.46.280, Reconstructive Breast Surgery

<https://app.leg.wa.gov/RCW/default.aspx?cite=48.46.280>

- (1) Any health care service plan issued, amended, or renewed after July 24, 1983, shall provide coverage for reconstructive breast surgery resulting from a mastectomy which resulted from disease, illness, or injury.

- (2) Any health care service plan issued, amended, or renewed after January 1, 1986, shall provide coverage for all stages of one reconstructive breast reduction on the nondiseased breast to make it equal in size with the diseased breast after definitive reconstructive surgery on the diseased breast has been performed.

State Market Plan Enhancements

Oregon and Washington

Members may have benefits for transgender reassignment surgery (a sex change). Refer to the Benefit Interpretation Policy titled [Gender Dysphoria \(Gender Identity Disorder\) Treatment \(for Oregon Only\)](#) and [Gender Dysphoria \(Gender Identity Disorder\) Treatment \(for Washington Only\)](#).

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 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.
- **Oklahoma and Texas:** Coverage includes reconstructive surgery to improve the function of a craniofacial anomaly.
- **Oregon:** Cosmetic or reconstructive surgery must take place within 18 months or as medically necessary after the injury, surgery, scar, or defect first happened. (Refer to the Benefit Interpretation Policy titled *Medical Necessity*.)
- **Washington:** Coverage includes port wine stain removal for covered newborns and children.

Examples of reconstructive procedures include, but are not limited to:

- Medically necessary breast reduction surgery (mammoplasty). Refer to the Medical Management Guideline titled [Breast Reduction Surgery](#).
- Medically necessary evaluation and treatment of gynecomastia. Refer to the Medical Management Guideline titled [Gynecomastia Surgery](#).
- Orthognathic Surgery: Refer to the Medical Management Guideline titled [Orthognathic \(Jaw\) Surgery](#).
- Panniculectomy. Refer to the Medical Management Guideline titled [Panniculectomy and Body Contouring Procedures](#).
- Release of scar contracture causing pain or impairing function.
- Repair of ptosis or blepharoplasty. Refer to the Medical Management Guideline titled [Brow Ptosis and Eyelid Repair](#).
- 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.
- Surgery to correct hypospadias.
- Surgery to restore body function related to a Congenital Defect, developmental abnormality, trauma, infection, tumors, or disease.

Not Covered

- Elective Enhancements, including, but not limited to:
 - Services related to hereditary pattern baldness, sexual performance, athletic performance, cosmetic purposes, anti-aging, and mental performance
 - 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
 - Tattoo removal, dermabrasion, or liposuction

Refer to the *Exclusions and Limitations* section of the member’s Evidence of Coverage (EOC)/Schedule of Benefits (SOB) for additional information.

- 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](#)).
- Reconstructive surgery when there is another more appropriate surgical procedure that has been offered to the member as determined or defined by UnitedHealthcare or designee.

Oklahoma and Texas Only

- Reconstructive surgery when only minimal improvement in the member’s appearance is expected to be achieved as a result of the cosmetic or reconstructive surgery.

Definitions

Cleft Palate: When the tissue that makes up the roof of the mouth does not join together completely during pregnancy.

Congenital Defect (also commonly referred to as birth defects, congenital anomalies, congenital disorders, congenital malformations, or congenital abnormalities): Conditions of prenatal origin that are present at birth, potentially impacting an infant's health, development, and/or survival.

References

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

DeSilva M, Munoz FM, Mcmillan M, Kawai AT, Marshall H, Macartney KK, Joshi J, Onoko M, Rose AE, Dolk H, Trotta F, Spiegel H, Tomczyk S, Shrestha A, Kochhar S, Kharbanda EO; Brighton Collaboration Congenital Anomalies Working Group. Congenital anomalies: Case definition and guidelines for data collection, analysis, and presentation of immunization safety data. *Vaccine*. 2016 Dec 1;34(49):6015-6026. doi: 10.1016/j.vaccine.2016.03.047. Epub 2016 Jul 18. PMID: 27435386; PMCID: PMC5139892.

Policy History/Revision Information

Date	State	Summary of Changes
12/01/2024	Oklahoma	<p>Covered Benefits</p> <ul style="list-style-type: none"> • Revised list of examples of reconstructive procedures; replaced: <ul style="list-style-type: none"> ○ “Treatment of gynecomastia, <i>including evaluation for pathology/etiology and breast surgery for abnormal pathology</i>” with “<i>medically necessary evaluation and treatment of gynecomastia</i>” ○ “Blepharoplasty” with “<i>repair of ptosis or blepharoplasty</i>” ○ “Surgery to restore body function related to a Congenital Defect” with “<i>surgery to restore body function related to a Congenital Defect, developmental abnormality, trauma, infection, tumors, or disease</i>” <p>Not Covered</p> <ul style="list-style-type: none"> • Added language to clarify <i>reconstructive surgery</i> [is 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 <p>Elective Enhancements</p> <ul style="list-style-type: none"> • Removed language indicating 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 <ul style="list-style-type: none"> ○ 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

Date	State	Summary of Changes
		<ul style="list-style-type: none"> ○ This exclusion does not apply when medically necessary for the treatment of mental health and substance use disorders ● Replaced instruction indicating “refer to the member’s Evidence of Coverage (EOC)/Schedule of Benefits (SOB) for a <i>description of reconstructive surgery services covered by [the member’s] health plan</i>” with “refer to the member’s Evidence of Coverage (EOC)/Schedule of Benefits (SOB) for <i>additional information</i>” <p>Definitions</p> <ul style="list-style-type: none"> ● Added definition of “Congenital Defect (also commonly referred to as birth defects, congenital anomalies, congenital disorders, congenital malformations, or congenital abnormalities)” <p>Supporting Information</p> <ul style="list-style-type: none"> ● Updated <i>References</i> section to reflect the most current information ● Archived previous policy version BIP170.L
	Oregon	<p>Covered Benefits</p> <ul style="list-style-type: none"> ● Added language to indicate: <ul style="list-style-type: none"> ○ 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 <i>Medical Necessity</i> ● Replaced notation indicating “reconstructive procedures and cosmetic <i>surgeries</i> require preauthorization by the member’s <i>network</i> medical group or UnitedHealthcare” with “reconstructive and cosmetic procedures require preauthorization by the member’s <i>primary care physician, contracting</i> medical group, or UnitedHealthcare <i>in accordance with the standards of care as practiced by physicians specializing in reconstructive surgery</i>” ● Removed language indicating reconstructive surgery and cosmetic surgeries are covered for one attempt when the following applies: <ul style="list-style-type: none"> ○ When needed to correct or repair a functional disorder; or ○ When needed because of an accidental injury, or to correct a scar or defect that resulted from treatment of an accidental injury; or ○ When needed to correct a scar or defect on the head or neck that resulted from a surgery covered under the health plan ● Revised list of examples of reconstructive procedures; replaced: <ul style="list-style-type: none"> ○ “Treatment of gynecomastia, <i>including evaluation for pathology/etiology and breast surgery for abnormal pathology</i>” with “<i>medically necessary evaluation and treatment of gynecomastia</i>” ○ “Reconstruction to correct craniofacial abnormalities” with “orthognathic surgery” ○ “Surgery to restore, <i>correct, or repair abnormal structures of the body caused by Congenital Defects, developmental abnormalities, trauma, infection, tumors, or disease</i>” with “<i>surgery to restore body function related to a Congenital Defect, developmental abnormality, trauma, infection, tumors, or disease</i>” <p>Not Covered</p> <ul style="list-style-type: none"> ● Replaced language indicating [reconstructive surgery is 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 <i>and the surgery does not restore body function</i>” with “<i>reconstructive surgery [is 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</i>” <p>Elective Enhancements</p>

Date	State	Summary of Changes
		<ul style="list-style-type: none"> Removed language indicating 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 <ul style="list-style-type: none"> 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 This exclusion does not apply when medically necessary for the treatment of mental health and substance use disorders Added instruction to refer to the <i>Exclusions and Limitations</i> section of the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB) for additional information <p>Supporting Information</p> <ul style="list-style-type: none"> Archived previous policy version BIP173.L
	Texas	<p>Covered Benefits</p> <ul style="list-style-type: none"> Replaced notation indicating “reconstructive procedures and cosmetic surgeries require preauthorization by the member’s primary care physician, contracting medical group, or UnitedHealthcare <i>and will be reviewed</i> in accordance with the standards of care practiced by physicians specializing in reconstruction surgery” with “reconstructive and cosmetic procedures require preauthorization by the member’s primary <i>care</i> physician, contracting medical group, or UnitedHealthcare in accordance with the standards of care as practiced by physicians specializing in reconstructive surgery” Revised list of examples of reconstructive procedures; replaced: <ul style="list-style-type: none"> “Treatment of gynecomastia, <i>including evaluation for pathology/etiology and breast surgery for abnormal pathology</i>” with “<i>medically necessary evaluation and treatment of gynecomastia</i>” “Blepharoplasty” with “<i>repair of ptosis or blepharoplasty</i>” “Surgery to restore body function related to a Congenital Defect” with “<i>surgery to restore body function related to a Congenital Defect, developmental abnormality, trauma, infection, tumors, or disease</i>” <p>Not Covered</p> <ul style="list-style-type: none"> Added language to clarify <i>reconstructive surgery</i> [is 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 <p>Elective Enhancements</p> <ul style="list-style-type: none"> Removed language indicating 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 <ul style="list-style-type: none"> 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 This exclusion does not apply when medically necessary for the treatment of mental health and substance use disorders Added instruction to refer to the <i>Exclusions and Limitations</i> section of the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB) for additional information <p>Definitions</p> <ul style="list-style-type: none"> Added definition of “Congenital Defect (also commonly referred to as birth defects, congenital anomalies, congenital disorders, congenital malformations, or congenital abnormalities)”

Date	State	Summary of Changes
	Washington	<p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information Archived previous policy version BIP171.L <p>Covered Benefits</p> <ul style="list-style-type: none"> Replaced language indicating: <ul style="list-style-type: none"> “Reconstructive surgery [is covered] <i>only when needed</i> to correct or <i>repair</i> abnormal structures of the body caused by Congenital Defects, developmental abnormalities, trauma, infection, tumors, or disease to correct abnormal structures of the body to improve function” with “reconstructive surgery is covered to <i>improve the function of, or attempt to create a normal appearance of,</i> an abnormal structure of the body or <i>craniofacial abnormalities</i> 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” “Reconstructive procedures and cosmetic <i>surgery</i> require preauthorization by the member’s <i>network</i> medical group or UnitedHealthcare in accordance with the standards of care practiced by physicians specializing in reconstruction surgery” with “reconstructive and cosmetic procedures require preauthorization by the member’s <i>primary care physician, contracting</i> medical group, or UnitedHealthcare in accordance with the standards of care as practiced by physicians specializing in reconstructive surgery” Revised list of examples of reconstructive procedures; replaced: <ul style="list-style-type: none"> “Treatment of gynecomastia, <i>including evaluation for pathology/etiology and breast surgery for abnormal pathology</i>” with “<i>medically necessary</i> evaluation and treatment of gynecomastia” “Blepharoplasty” with “<i>repair of ptosis or</i> blepharoplasty” “Surgery to restore body function related to a congenital defect” with “surgery to restore body function related to a Congenital Defect, <i>developmental abnormality, trauma, infection, tumors, or disease</i>” <p>Not Covered</p> <ul style="list-style-type: none"> Replaced language indicating [reconstructive surgery is 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 <i>and the surgery does not restore body function</i>” with “<i>reconstructive surgery</i> [is 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” <p>Elective Enhancements</p> <ul style="list-style-type: none"> Removed language indicating 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 <ul style="list-style-type: none"> 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 This exclusion does not apply when medically necessary for the treatment of mental health and substance use disorders Added instruction to refer to the <i>Exclusions and Limitations</i> section of the member’s Evidence of Coverage (EOC)/Schedule of Benefits (SOB) for additional information <p>Supporting Information</p> <ul style="list-style-type: none"> Archived previous policy version BIP172.L

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.