

# Cosmetic, Reconstructive, or Plastic Surgery

**Policy Number:** BIP173.L

**Effective Date:** December 1, 2023

[➔ Instructions for Use](#)

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## Related Benefit Interpretation Policies

- [Dental Care and Oral Surgery](#)
- [Gender Dysphoria \(Gender Identity Disorder\) Treatment \(for Oregon Only\)](#)
- [Medical Necessity](#)
- [Post Mastectomy Surgery](#)

## Related Medical Management Guidelines

- [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 Surgery](#)

## 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) Prosthesis and physical complications, all stages of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient."

### Mastectomy-Related Services 743A.110

<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]

## Maxillofacial Prosthetic Services, ORS §743A.148

<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](#)]

## State Market Plan Enhancements

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

## 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.

**Note:** reconstructive procedures and cosmetic surgeries require preauthorization by the member's network medical group or UnitedHealthcare.

Reconstructive surgery and cosmetic surgeries are covered for one attempt when the following applies:

- 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. 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](#))

Examples include, but are not limited to:

- Surgery to restore, correct, or repair abnormal structures of the body caused by Congenital Defects, developmental abnormalities, trauma, infection, tumors or disease
- 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
- Repair of ptosis or 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](#)
- Reconstruction to correct craniofacial abnormalities: 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 and the surgery does not restore body function.
- Non-medically necessary cosmetic or reconstructive surgery 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](#)).
- 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.  
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.

**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.

## Policy History/Revision Information

Date	Summary of Changes
12/01/2023	<p><b>Federal/State Mandated Regulations</b></p> <ul style="list-style-type: none"> <li>● Revised language pertaining to <i>Oregon Revised Statute Section 743A.110</i></li> </ul> <p><b>Covered Benefits</b></p> <ul style="list-style-type: none"> <li>● Revised list of examples of covered services; replaced:                             <ul style="list-style-type: none"> <li>○ “Brow ptosis and eyelid repair” with “repair of ptosis <i>or blepharoplasty; refer to the Medical Management Guideline titled</i> Brow Ptosis and Eyelid Repair”</li> <li>○ “Panniculectomy and body contouring procedures” with “panniculectomy; <i>refer to the Medical Management Guideline titled</i> Panniculectomy and Body Contouring Procedures”</li> <li>○ “<i>Orthognathic surgery</i>” with “<i>reconstruction to correct craniofacial abnormalities</i>”</li> </ul> </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:                             <ul style="list-style-type: none"> <li>○ Cleft Palate</li> <li>○ Congenital Defect</li> </ul> </li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>● Added <i>References</i> section</li> <li>● Archived previous policy version BIP173.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.