

Cosmetic, Reconstructive, or Plastic Surgery

Policy Number: BIP172.L

Effective Date: December 1, 2023

[➔ Instructions for Use](#)

Table of Contents	Page
Federal/State Mandated Regulations	1
State Market Plan Enhancements	2
Covered Benefits	2
Not Covered	3
Definitions	3
References	3
Policy History/Revision Information	3
Instructions for Use	4

Related Benefit Interpretation Policies

- [Dental Care and Oral Surgery](#)
- [Gender Dysphoria \(Gender Identity Disorder\) Treatment \(for Washington Only\)](#)
- [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

"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."

RCW 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.

RCW 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 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.

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 \(for Washington Only\)](#).

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.

Note: Reconstructive procedures and cosmetic surgery require preauthorization by the member's network medical group or UnitedHealthcare in accordance with the standards of care practiced by physicians specializing in reconstruction surgery.

Reconstructive surgery only when needed to correct or repair abnormal structures of the body caused by Congenital Defects, developmental abnormalities, trauma, infection, tumors or disease including port wine stain removal for covered newborns and children to correct abnormal structures of the body to improve function. Refer to the Benefit Interpretation Policy titled [Medical Necessity](#).

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
- Panniculectomy; refer to the Medical Management Guideline titled [Panniculectomy and Body Contouring Procedures](#).
- Blepharoplasty; refer to the Medical Management Guideline titled [Brow Ptosis and Eyelid Repair](#).
- 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 the surgery does not restore body function.
- 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.
- 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](#)).

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 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, Oneko 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	Summary of Changes
12/01/2023	Covered Benefits <ul style="list-style-type: none"> • Replaced language indicating “reconstructive surgery only when needed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities,

Date	Summary of Changes
	<p>trauma, infection, tumors, or disease to improve function <i>or create a normal appearance to the extent possible</i> with “reconstructive surgery only when needed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease <i>including port wine stain removal for covered newborns and children to correct abnormal structures of the body to improve function</i>”</p> <ul style="list-style-type: none"> ● Added reference link to the Medical Management Guideline titled: <ul style="list-style-type: none"> ○ <i>Panniculectomy and Body Contouring Procedures</i> for panniculectomy ○ <i>Brow Ptosis and Eyelid Repair</i> for blepharoplasty <p>Definitions</p> <ul style="list-style-type: none"> ● Removed definition of: <ul style="list-style-type: none"> ○ Cosmetic Services and Surgery ○ Reconstructive Surgery ● Updated definition of: <ul style="list-style-type: none"> ○ Cleft Palate ○ Congenital Defect <p>Supporting Information</p> <ul style="list-style-type: none"> ● Added <i>References</i> section ● Archived previous policy version BIP172.K

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.