Policy: Reconstructive surgery is performed on abnormal structures of the body, caused by congenital defects, developmental abnormalities, trauma, infection, tumors, involution defects, or disease. It is generally performed to improve function, but may also be done to approximate a normal appearance.

When a surgical procedure primarily restores bodily function, whether or not there is also a concomitant improvement in physical appearance, the surgical procedure does not fall within the provisions of this policy. Surgeries for the purpose of sex reassignment are not considered as restoring bodily function and are excluded from coverage.

Cosmetic surgery is performed to reshape normal structures of the body in order to improve the patient's appearance and self-esteem. Therapies and procedures intended to change or restore appearance for cosmetic purposes are not a covered benefit. Coverage is not provided for elective cosmetic procedures regardless of the underlying causes of the condition and even if it is expected that the proposed cosmetic procedure may be psychologically beneficial to the member. Cosmetic surgery or expenses incurred in connection with such surgery are not covered under the Medicaid program, except when required for the prompt (i.e., as soon as medically feasible) repair of accidental injury or for the improvement of the functioning of a malformed body member.

Procedure:
1. Cosmetic Surgery: MHP only covers medically indicated cosmetic surgery if prior authorization has been obtained. The physician may request prior authorization if any of the following exist (requesting a prior
authorization is does not mean the procedure has been approved; it needs to be reviewed for meeting criteria and medical necessity):

a. The condition interferes with employment.
b. It causes significant disability or psychological trauma (as documented by psychiatric evaluation).
c. It is a component of a program of reconstructive surgery for congenital deformity or trauma.
d. It contributes to a major health problem.
e. It causes functional disturbance of an organ system.

The physician must identify the specific reasons any of the above criteria are met in the PA request, as well as photographs to support the medical documentation.

2. Scar Revision: The following procedures will be considered on an individual basis:

The scar causes chronic symptoms which are refractory to non-operative measurements including injection therapies

a. documentation of chronic pain requiring medication or limiting activities of daily living,
b. documentation of ulcerated or inflamed scar despite medical management including photograph of scar,
c. Revision of disfiguring and extensive scars resulting from neoplastic surgery.

3. Excision of excessive skin and subcutaneous tissue:

a. Must be considered reasonable and medically necessary when these procedures are performed due to another surgery being done at the same time and would affect the healing of the surgical incision.
b. Photograph must be provided as well as description of planned surgical incision that would heal improperly unless excision of excessive skin and subcutaneous tissue is performed.

4. Mastectomy benefits for members with breast cancer include:

a. Reconstruction of the breast on which the mastectomy was performed;
b. Surgery and reconstruction of the other breast to produce A-symmetrical appearance;
c. Prosthesis (breast implants);
d. Treatment of physical complications at all stages of the mastectomy, including lymphedema (swelling caused by an accumulation of lymph fluid in the arm).

Special Instructions:

Medicaid/All States:

Limitations and Exclusions: MHP does not consider therapies and procedures that are intended to change or restore one’s appearance for cosmetic purposes a covered benefit. Coverage is not provided for cosmetic procedures regardless of the underlying cause of the condition, however, it can be approved for psychological trauma if documented by a psychiatrist. While this policy statement addresses many common procedures, it does not address all procedures that might be considered cosmetic surgery and excluded from coverage. Procedures that are cosmetic and not medically necessary are not a benefit of the health plan. Cosmetic reconstructive or plastic surgery performed in connection with certain conditions is specifically excluded. The following procedures are considered cosmetic in nature, therefore, not a covered benefit:

1. Dental congenital anomalies, such as absent tooth buds, malocclusion, and similar conditions.
2. Procedures related to transsexualism, hermaphroditism, gender identity disorders, or body dysmorphic disorders.
3. Cosmetic reconstructive or plastic surgery procedures performed primarily for psychological reasons or as a result of the aging process.
4. Breast augmentation mammoplasty, surgical insertion of prosthetic testicles, penile implant procedures, and surgeries for the purpose of sex reassignment.
5. Any procedure performed for personal reasons, to improve the appearance of an obvious feature or part of the body which would be considered by an average observer to be normal and acceptable for the patient’s age or ethnic or racial background.

6. Cosmetic, reconstructive, or plastic surgery procedures which are justified primarily on the basis of a psychological or psychiatric need.

7. Face lifts and other procedures related to the aging process.

8. Reduction mammoplasties, unless there is medical documentation of intractable pain not amendable to other forms of treatment as the result of increasingly large pendulous breasts.

9. Panniculectomy and body sculpture procedures, unless there is medical documentation of chronic infection or other complication.

10. Repair of sagging eyelids, unless there is demonstrated and medically documented significant impairment of vision.

11. Rhinoplasties, unless there is evidence of accidental injury occurring within the past six months which resulted in significant obstruction of breathing.

12. Chemical peeling for facial wrinkles

13. Dermabrasion of the face

14. Revision of scars resulting from surgery or a disease process, except disfiguring and extensive scars resulting from neoplastic surgery.

15. Removal of tattoos

16. Hair transplants

17. Electrolysis

18. Sex reassignment

When it is determined that a cosmetic reconstructive or plastic surgery procedure does not qualify for Medicaid coverage, all related services and supplies, including institutional costs, are also excluded.

Coverage is available for otherwise covered services and supplies required in the treatment of complications resulting from a non-covered incident of treatment, but only when the subsequent complications represent a separate medical condition, such as systemic infection, cardiac arrest, acute drug reaction, or similar conditions.

Coverage shall not be extended for any subsequent care or procedure related to the complication that is essentially similar to the initial non-covered care. Examples of complications similar to the initial care are repair of facial scarring resulting from Dermabrasion for acne or repair of a prolapsed vagina in a biological male who has undergone transsexual surgery.

**CPT/HCPCS Codes:**

11200, 11300, 11301, 11302, 11303, 11305, 11306, 11307, 11308, 11310, 11311, 11312, 11313, 11400, 11401, 11402, 11403, 11404, 11406, 11420, 11421, 11422, 11423, 11424, 11426, 11440, 11441, 11442, 11443, 11444, 11446, 11920, 11921, 11922, 11950, 11951, 11952, 11954, 12011, 12051, 15220, 15221, 15780, 15781, 15782, 15783, 15784, 15785, 15786, 15787, 15788, 15789, 15792, 15793, 15820, 15821, 15822, 15823, 15830

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<td>Corporate Chief Operating Officer</td>
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References:
2. Michigan Department of Community Health. Medicaid Provider Manual. Hospital, Sec. 3.29C pg. 30 (Version Date: July 1, 2015).
4. CMS- Medicare Benefit Policy Manual, Chapter 16, General Exclusions from Coverage. (Rev. 122; April 9, 2010)

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