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Plastic and Reconstructive Surgery MP9022

Covered Service: Yes

Prior Authorization Required: No

Additional Information: For female breast reduction surgery see Female Breast Reduction Surgery – Reduction Mammoplasty MP9582. For breast implants see Breast Implant Removal, Revision, or Reimplantation MP9580. For surgery related to gender reassignment see Gender Reassignment (Gender Affirmation) Procedures MP9642.

American Medical Association (AMA) approved definitions:

Cosmetic: Cosmetic surgery is performed to reshape normal structure of the body in order to improve the patient's appearance and self-esteem.

Reconstructive surgery: Reconstructive surgery is performed on abnormal structures of the body, caused by congenital defect, developmental abnormalities, trauma, infection, tumors or disease. It is generally performed to improve function.

Medica Medical Policy:

1.0 The following specific plastic surgery procedures **do not require** prior authorization when the listed criteria are met:

- 1.1 Congenital nevus if > 1 cm in diameter or any sebaceous or atypical nevi with the potential for malignancy;
- 1.2 Congenital ear tags if **one or more** of these characteristics are present:
  - 1.2.1 Bleeding
  - 1.2.2 Itching
  - 1.2.3 Pain or evidence of inflammation
  - 1.2.4 Located such that they are subject to recurrent trauma;
- 1.3 Bell's Palsy if sling is necessary to lift facial muscles;
- 1.4 Removal of lesions or warts if **one or more** of the following is documented:
  - 1.4.1 Any of these characteristics are present: bleeding, itching, pain, or recurrent trauma in an anatomical region
  - 1.4.2 With physical evidence of inflammation (e.g. purulence, edema, erythema)

1.4.3 Lesion is obstructing an orifice, or clinically restricting vision

1.4.4 When clinical uncertainty of diagnosis exists, particularly where malignancy is a realistic consideration based on lesion appearance or prior biopsy;

1.5 Surgery to correct mid-face retrusion or hemifacial microsomnia (Parry-Romberg Disease);

1.6 Breast reconstruction for congenital anomalies, e.g. Poland syndrome, congenital tubular, constricted, or absent breast.

2.0 The following breast procedures are considered experimental and investigational, and therefore not medically necessary:

2.1 Autologous fat transplant with the use of adipose-derived stem cells

2.2 Vascularized lymph node transfer (VLNTx)

2.3 Xenograft cartilage grafting

3.0 Breast reconstruction procedures following mastectomy and lumpectomy that results in significant deformity (e.g. mastectomy or lumpectomy for treatment of or prophylaxis for breast cancer and mastectomy or lumpectomy performed for chronic, severe fibrocystic breast disease) **OR** in order to produce a symmetrical appearance **do not** require prior authorization and are considered medically necessary:

3.1 Breast reconstruction performed on the disease/affected breast which the mastectomy/lumpectomy was performed), including:

3.1.1 Areolar and nipple reconstruction

3.1.2 Areolar and nipple tattooing

3.1.3 Capsulectomy

3.1.4 Capsulotomy

3.1.5 Implantation of tissue expander

3.1.6 Tissue/muscle reconstruction procedures

4.0 Procedures that are generally performed to enhance body appearance and are not reconstructive in nature are **not medically necessary**. The following procedures are examples (not an all-inclusive list):

4.1 Body contouring (including liposuction or subcutaneous injection of filling material)

4.2 Breast augmentation, areolar and nipple reconstruction or tattooing unless criteria as outlined in Section 8.0 or in Gender Reassignment (Gender Affirmation) Procedures MP9465 are not otherwise met

4.3 Brow lift

4.4 Calf implants

4.5 Cheek (malar) implants, nose implants or chin implants

4.6 Chemodenervation for wrinkle reduction

4.7 Collagen implants for other than treatment of incontinence

4.8 Correction of flop ears

4.9 Correction of asymptomatic inverted nipples

4.10 Dermabrasion

4.11 Ear of body piercing including complications such as torn ear lobes, allergic reactions

4.12 Electrolysis

4.13 Face lift or neck lift (rhytidectomy)

4.14 Facial bone reduction

4.15 Intense pulsed light laser for facial redness

4.16 Laser hair removal (unless Gender Reassignment (Gender Affirmation) Procedures MP9465 criteria are met)

4.17 Lip reduction or enhancement

4.18 Mastopexy

4.19 Neck Tucks

4.20 Pectoral implants

4.21 Removal of excess or redundant skin

4.22 Removal of extra digits (unless there is a functional deficit)

4.23 Removal of lesions/skin tags

4.24 Scars that are asymptomatic

4.25 Sclerotherapy for spider veins or telangiectasia

4.26 Selective neurectomy of gastrocnemius muscle for correction of calf hypertrophy

4.27 Skin resurfacing or procedures to improve the appearance of the skin (including dermabrasion, chemical peel, collagen injection, cryotherapy or chemical exfoliation)

4.28 Tattooing (unless Female Breast Reduction Surgery MP9582 criteria are met)

4.29 Tattoo removal – salabrasion

4.30 Voice modification surgery (including laryngoplasty, cricothyroid approximation or vocal cord shortening).

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