

Reconstructive Plastic Surgery	
<input type="checkbox"/> Original	Original Committee Approval: November 5, 1998
<input checked="" type="checkbox"/> Revised	Last Committee Approval: December 3, 2008
	Last Review: October 2008

This guideline primarily serves to clarify the covered reconstructive/plastic surgery services for each of CHP's product lines. Prior authorization is required for such interventions to insure that these are medically indicated, and to avoid cosmetic treatment. *(Please refer to the Certificates of Coverage for each of the CHP product lines for more details.)*

****Note: Cosmetic surgery is not covered under any of CHP's product lines.**

Please refer to CHP's Breast Prostheses/Implants Guideline for more details about coverage for those services.

Basic Health Plan

Prior authorization is required for these covered benefits:

- Surgical treatment of birth defects/congenital anomalies
 - Medical necessity must be demonstrated (rather than only cosmetic concerns)
- Reconstructive/plastic surgery to correct a physical/medical disorder resulting from an injury or previous surgery
- To restore function to malformed body parts

Healthy Options, S-CHIP, S-MED, and Basic Health Plus

Prior authorization is required for these covered benefits:

- Surgical evaluation and treatment of birth defects/congenital anomalies
 - Medical necessity must be demonstrated (rather than only cosmetic concerns)
- Reconstructive/plastic surgery to correct a physical/medical disorder resulting from an injury or previous surgery
- To restore function to malformed body parts

GA-U

CHP will cover the following services (which do require prior authorization), if they are performed in an outpatient facility or same-day surgery site. Some surgeries may require prior authorization from DSHS under Fee-for-Service arrangements. *(Please refer to the DSHS/HRSA website for additional information.)*

Prior authorization is required for these covered benefits:

- Reconstructive/plastic surgery to correct a physical/medical disorder resulting from an injury or previous surgery
- To restore function to malformed body parts

Note: All professional services are covered by CHP.

Medicare Advantage and Medicare Advantage with Pharmacy

Prior authorization is required for these covered benefits:

- Reconstructive/plastic surgery to correct a physical/medical disorder resulting from an injury or previous surgery
- To restore function to malformed body parts
- Other indications determined to be medically necessary by CHP

Medicare Advantage/Special Needs Plan

Prior authorization is required for these covered benefits:

- Reconstructive/plastic surgery to correct a physical disorder resulting from an injury or previous surgery
- To restore function to malformed body parts
- Other indications determined to be medically necessary by CHP

Required Approvals

Prior authorization by the CHP Medical Director or his/her designee.