

Department:	Medical Management	Original Approval:	11/05/1998
Policy #:	MM141	Last Approval:	07/05/2019
Title:	Reconstructive Plastic Surgery		
Approved By:	UM Medical Subcommittee		

REQUIRED DOCUMENTATION:

Clinical documentation, indicating the significant clinical signs and symptoms and pre-operative photographs, visual fields or pathology reports must be available and submitted, if pertinent, if requested to support medical necessity of the reconstructive procedures.

BACKGROUND

This guideline primarily serves to clarify the covered reconstructive plastic surgery services for each of Community Health Plan of Washington's (CHPW) product lines.

DEFINITIONS

Reconstructive surgery: Surgery performed to restore bodily function or to correct a deformity resulting from disease, injury, trauma, birth defects, congenital anomalies, infections, burns or previous medical treatment, such as surgery or radiation therapy.

Cosmetic surgery: Surgery addressing appearance alone.

INDICATIONS/CRITERIA

Medicaid Members	<i>Continue to criteria for approval below.</i> MCG current edition
Medicare Members	Noridian Local Coverage Determination (LCD): PLASTIC SURGERY (L37020)

WASHINGTON APPLE HEALTH:

INDICATIONS/CRITERIA FOR APPLE HEALTH MEMBERS:

MCG current edition

MEDICARE MEMBERS:

INDICATIONS/CRITERIA FOR MEDICARE MEMBERS:

The indications/criteria for the following procedures are detailed in this link: [Noridian Local Coverage Determination \(LCD\): PLASTIC SURGERY \(L37020\)](#). Noridian LCD (L37020) is the source of criteria for Medicare members for the procedures it addresses:

MM141_CCC_Reconstructive_Plastic_Surgery

1 of 4



- Reduction Mammoplasty
- Removal of breast implants
- Mastectomy for gynecomastia
- Abdominal lipectomy/panniculectomy
- Suction assisted lipectomy
- Dermabrasion
- Rhytidectomy
- Rhinoplasty
- Cosmetic nasal surgery
- Reconstructive nasal surgery

Noridian [Local Coverage Determination \(LCD\): BLEPHAROPLASTY, Eyelid Surgery, and Brow Lift \(L36286\)](#) is the source of criteria for Medicare members for the procedures that it addresses:

- Blepharoplasty and blepharoptosis

For any procedure not listed by the LCD L37020 or LCD L36286, CHPW uses MCG current edition as the review criteria for Medicare members.

SPECIAL CONSIDERATIONS

Gender reassignment surgery is not addressed in this policy but in the CHPW policy [MM166 Gender Transition Policy](#).

LIMITATIONS/EXCLUSIONS

Specific treatments or services that are not covered include procedures done for cosmetic reasons, face lifts, piercings, tattoos, and tattoo removals, among all other cosmetic procedures.

Please refer to a product line's certificate of coverage for benefit limitations and exclusions for these services:

PRODUCT LINE	LINK TO CERTIFICATE OF COVERAGE
MEDICARE ADVANTAGE	http://healthfirst.chpw.org/for-members/resource-library/handbooks-and-guides
WASHINGTON APPLE HEALTH	http://chpw.org/our-plans/apple-health/
INTEGRATED MANAGED CARE	http://chpw.org/our-plans/apple-health/

Citations & References

CFR		
WAC		
RCW		
Contract Citation	<input checked="" type="checkbox"/> WAH	General Description of Contracted Services; Contracted Services; Provider Services; Services to Correct Defects
	<input checked="" type="checkbox"/> IMC	Benefits; General Description of Contracted Services; Provider Services; Services to Correct Defects
	<input checked="" type="checkbox"/> MA	
Other Requirements		
NCQA Elements		

Revision History

Revision Date	Revision Description	Revision Made By
11/05/1998	Approval	MMLT
12/03/2008	Approval	MMLT
12/08/2010	Approval	MMLT
12/14/2011	Approval	MMLT
11/28/2012	Approval	MMLT
09/24/2014	Approval	MMLT
09/11/2015	Updated links	K. Brostoff MD
09/21/2015	Approval	MMLT
09/20/2016	Replaced Noridian Local Coverage Article A47276 Cosmetic vs. Reconstructive Surgery with Noridian Local Coverage Article L35163 Plastic Surgery. Minor changes to reference links	Cyndi Stilson, RN
09/20/2016	Reviewed – No changes	Jane Daughenbaugh, RN
09/27/2016	Approved	MMLT

MM141_CCC_Reconstructive_Plastic_Surgery

3 of 4

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09/13/2017	Reviewed – No changes	Cyndi Stilson, RN
09/13/2017	Reviewed – no changes	LuAnn Chen, MD
09/14/2017	Approval	MMLT
03/26/2018	Moved from UM014	Cindy Bush
04/05/2018	Transferred to new template	Cindy Bush
07/31/2018	Added required documentation. Corrected LCD which provides criteria for these procedures for MA members. Removed reference to PA. Specified that MCG criteria are used for AH members. Changed approving body from MMLT to UM Medical Subcommittee.	LuAnn Chen, MD
08/14/2018	Approval	UM Medical Subcommittee
06/18/2019	Reviewed, links checked, clarified that L37020 is the source of criteria for Medicare members for the procedures it addresses. Added link for BLEPHAROPLASTY, Eyelid Surgery, and Brow Lift (L36286)	LuAnn Chen, MD
07/05/2019	Approval	UM Medical Subcommittee