

Plastic Surgery

Introduction

Surgical procedures performed for the sole purpose of improving a covered person's appearance by plastic restoration, removal of blemishes, freckles, etc., are not covered. Surgery to correct a specific condition, and which may result in beautification as a by-product, is covered.

The underwriting intent is clear. Cosmetic surgery for purpose of beautifying, preserving or restoring comeliness is excluded. Only surgery which is medically necessary and primarily for care and treatment of an injury or disease is covered.

Plastic Surgery. Any reconstructive operation to save life, stop pain, repair injury, help correct nature's mistakes, remove tumors and to increase patient's worth to himself and to others is called plastic surgery. More specifically, it is concerned with altering shape of body parts or restoring lost tissues chiefly by tissue transfer.

The following types of plastic surgical procedures are usually elective and primarily performed to improve patient's appearance:

- Reduction of wide scar to a narrow and less conspicuous scar
- Rhinoplastic procedures performed within the nose to reduce size of nose
- Face-lifting procedures in which incisions are made for the most part within the hairline, except for small ones in front of ear
- Breast enlargements by insertion of plastic material generally referred to as augmentation *mammoplasty*.

The following types of plastic surgical procedures are usually medically indicated rather than elected solely for beautification:

- Rhinoplasty for an active sinus condition wherein cosmetic improvement results simultaneously with the correction of a covered organic or functional disorder. Only charges for functional aspects of rhinoplastic procedures are covered. If breakdown of charge is not obtainable, consider not more than 50% of overall charge for medically indicated functional procedure.
- Excision of enlarged, infected or inflammatory scars including keloid formations.
- Reduction of wide scar when medically indicated as a planned sequel to initial repair, i.e., prompt (as soon as medically feasible) plastic repair of a laceration. Length of time between initial and secondary repair is not the sole criterion and whether the plan pays or not depends on indications for reduction and physician's recommendation.
- Scar tissue excision or reduction when necessary as an independent procedure to improve function of a malformed body part or member.

- Dermabrasion or skin planning, also known as *sandpapering* and *abrasive therapy*, for deep acne scars and pitted skin, or to aid in removing foreign bodies accidentally ground into skin.

When in doubt these guidelines will be helpful.

Plastic Surgery Procedures

Eyelid Surgery for Baggy Eyelids

This is done for baggy eyelids. The diagnosis may be blepharochalasis, bleparoptosis or herniation of orbital fat.

Additional information:

- Relevant visual tests performed before and after surgery. These should include corrected central visual acuity and peripheral vision.
- Perimetry test. If this is impairment, this will show 15 degree or more restriction.
- *Do not* get admission summary, as this will not provide relevant information.

Actions by examiner:

- On these cases the surgeon may allege visual impairment. This may be a valid diagnosis in some exceptional cases, but never for lower eyelids.
- If no evidence of surgically corrected visual impairment is developed, deny the claim as cosmetic.
- If no test of visual impairment was done, deny the claim as cosmetic.

Other Eyelid Surgery

There may be surgery for conditions not related to baggy eyelids.

Additional information:

- Operative Report – operative report should indicate correction of muscle weakness or loss of innervation. Report may refer to such procedures as palpebral muscle shortening, shortening of the upper eyelid including tarsal plate, muscle nerve transplants or facial sling.
- If only procedure described involves wrinkle and orbital fat pad excision follow guidelines for baggy eyelids as above.

Actions by examiner.

- If no injury or disease is recorded and no history of breathing difficulty or impairment of the sense of smell is shown, deny the claim as cosmetic. If external rhinoplasty is done to treat an old injury, the claim is paid in accordance with the policy provisions governing plastic surgery to repair injuries. Preexisting restrictions should be applied.
- If correction of septal deformity which interferes with properly respiration or obstructs the opening of the sinuses is indicated, pay the claim.
- Correction of the following conditions is covered:

Entropion: a condition in which the eyelid turns in causing the eyelashes to scratch the eyeball.

Ectropion: turning out of an eyelid so it does not lie close to the surface of the eyeball.

Xanthoma: a tumor, usually on eyelids.

Otoplasty

This is external ear surgery. The diagnosis may be protruding ears, lap ears, hypoplastic ears, and misplaced ears.

Additional information:

- Operative report
- Pre and post operative photos
- Hospital records.

Actions by examiner:

- Claims be moderate and severe deformities may be paid.
- Refer questionable claims to the medical consultant.
- If operative report only shows excision of wrinkles or fat pads refer to guidelines shown in baggy eyelid surgery paragraph above.
- If correction of a non-cosmetic condition is established by the operative report, pay the claim as an illness.

Rhinoplasty

This is plastic surgery on the nose.

Additional information:

- Hospital records – admission history may refer to circumstances leading to surgery.
- Operative report – a cosmetic procedure to external rhinoplasty will refer to such actions as scraping down dorsal hump, trimming and recontouring external cartilages, lateral infracturing and transposition of the externally visible nose to midline.
- Non-cosmetic procedure will refer to an intra nasal incision with cutting away of spurs, cartilage or bone from septum (i.e., submucous resection or septoplasty).

Facial Surgery

These are the so-called facelifts. The diagnosis are facial rhytidectomy, meloplasty, mentoplasty, browplasty and metopoplasty.

Additional information:

- Hospital records
- Surgeon records.

Actions by examiner:

- If no illness or injury is indicated (normally it would not be) deny as cosmetic.
- If illness or injury is indicated as a reason for these procedures, refer to medical consultant.

Jam Surgery

Additional information:

- Hospital records
- Surgeon records.

Actions by examiner:

- If moderate to severe deformity due to congenital disease or restoration of function is indicated, claim is payable (e.g. alveolar ridge surgery, vestibuloplasty, maxillary surgery).

Mammoplasty

This is either breast enlargement or reduction.

Additional information:

- Hospital records
- Surgeon records.

Actions by examiner:

- If record shows a history of congenital aplasia (non-development of breast) or hypoplasia (under-development of breast) refer to medical consultant.
- If history of intertrigo, chronic abrasive dermatitis in folds of skin beneath the breast or chronic back ache and over 250 grams per breast is removed, claim is payable. Refer questionable claims to medical consultant.

Abdominal Rhytidectomy

This procedure smooths out abdominal skin wrinkles, streaks, or stripes.

Additional information:

- Hospital records
- Surgeons reports.

Actions by examiner:

- This is normally a cosmetic procedure and should not be covered, even if claimant meets the definition of morbid obesity.
- Circumstances which are indicative of medical necessity for this procedure includes diagnosis of Cushing's Syndrome, postpartum striae following an abnormal, complicated pregnancy, delivery prior to age 16, fetus in excess of 10 pounds, multiple births or polyhydramnios.

Panniculectomy

This is the cutting away of excess fat. Names attached to this would be lipectomy, abdominoplasty or apronectomy.

Additional information:

- Hospital report
- Surgeon's report.

Actions by the examiner:

- This may be cosmetic treatment of obesity.
- May be covered if hospital records/operative reports show either (a) documented history of chronic backache, intertrigo, fatigue, muscle weakness, loss or mobility, exercise intolerance or other functional incapacity or (b) pathology report indicating bat wing specimens greater than 500 grams per arm, abdominal specimen greater than 3,000 grams.

Frequently the diastasis rectal muscle is repaired in conjunction with abdominal lipectomy. This procedure is functional and should be treated as a covered charge.

Collagen Therapy

These are zyderm collagen implants.

Additional information:

- Narrative or treatment notes with complete diagnosis; operative report, if appropriate.
- Before and after photographs.

Actions by the examiner:

- Correction of skin indentations due to acne, wrinkles or blemishes is normally cosmetic in nature, unless a severe deformity caused by accident or illness documented. Collagen therapy normally includes a pre-treatment skin test and a series of injections at 2 week intervals. Touch-up treatment in 6-24 months may also occur.

Omnibus Reconciliation Act Of – 1990

This federal law held cosmetic surgery to be not recognized as a medical expense for purposes of IRC §213, unless the surgery or procedure is necessary to ameliorate a deformity arising from, or directly related to a congenital abnormality, a personal injury resulting from an accident or trauma, or disfiguring disease. The Act defines cosmetic surgery as any procedure which is directed at improving the patient's appearance and does not meaningfully promote the proper function of the body or prevent or treat illness or disease. Note: *The definition of cosmetic surgery does not just include surgical procedures*

Relevant Court Decisions

Gastric by-pass surgery was performed on participant with a medical diagnosis of morbid obesity; claim was denied, citing elective or cosmetic surgery. Participant followed the proper appeal procedures. Ample medical testimony was given to support the claim. Court held plan was arbitrary and capricious in its denial because it failed to do proper research or seek medical pinion on its own. As a result, plan had to pay all legal fees.

Participant had an abnormally large left breast reduced for health reasons; she had the right one reduced for symmetry. Plan paid for the left one as medically necessary and denied the right one for cosmetic reasons. The court concurred with the way the Plan paid the claim.

Participant had jejune-ileostomy surgery which was necessary for exogenous obesity. Diet control by programs and pills did not work. The obesity was responsible for various symptoms. When Plan denied, Participant sued: court said that the surgery was necessary to treat an *illness*.