

BLUE CROSS OF NORTHEASTERN PA "BCNEPA" MEDICAL POLICY BULLETIN	MANUAL: MEDICAL POLICY
	REFERENCE NO.: MPO-490-0027
EFFECTIVE DATE October 1, 2014	SUBJECT: Cosmetic Procedures vs. Reconstructive Procedures

Blue Cross of Northeastern Pennsylvania ("BCNEPA") Medical Policy

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical policy and claims payment policy are applied. Policies are provided for informational purposes only and are developed to assist in administering plan benefits and do not constitute medical advice. Treating providers are solely responsible for medical advice and treatment. Policies are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and information are constantly changing and BCNEPA may review and revise its medical policies periodically. Also, due to the rapid pace of changing technology and the advent of new medical procedures, BCNEPA may not have a policy to address every procedure. In those cases, BCNEPA may review other sources of information including, but not limited to, current medical literature and other medical resources, such as Technology Evaluation Center Assessments (TEC) published by the Blue Cross Blue Shield Association. BCNEPA may also consult with health care providers possessing particular expertise in the services at issue.

I. DESCRIPTION:

Cosmetic Procedures – Medical or surgical procedures which are primarily performed to improve the appearance of any portion of the body.

Reconstructive Procedures – Procedures performed on a structure of the body to restore or establish satisfactory bodily function; or to correct a functionally significant deformity resulting from disease, accidental injury, or a previous therapeutic process.

II. BENEFIT POLICY STATEMENT:

BCNEPA makes decisions on coverage based on Policy Bulletins, benefit plan documents, and the member's medical history and condition. Benefits may vary based on product line, group or contract, therefore, Member benefits must be verified. In the event of a conflict between the Member's benefit plan document and topics addressed in Medical Policy Bulletins (i.e., specific contract exclusions), the Member's benefit plan document always supersedes the information in the Medical Policy Bulletins. BCNEPA determines medical necessity only if the benefit exists and no contract exclusions are applicable.

Benefits are determined by the terms of the Member's specific benefit plan document [i.e., the Fully Insured policy, the Administrative Services Only (ASO) agreement applicable to the Self-Funded Plan Participant, or the Individual Policy] that is in effect at the time services are rendered.

The eligibility of a service may be based on: an exclusion for a specific service, or cosmetic designation, or both.

BCNEPA considers the following benefit contract exclusions: removal of skintags; treatment of alopecia; dermabrasion; diastasis recti repair; ear or body piercing; electrolysis for hirsutism; excision or treatment of decorative or self-induced tattoos; salabrasion; chemosurgery and other such skin abrasion procedures associated with the removal of scars; hairplasty; lipectomy; otoplasty; rhytidectomy; blepharoplasty; chemical peels; surgical treatment of acne; removal of port wine lesions, except when involving the face; augmentation mammoplasty, except to establish symmetry following a Mastectomy; removal, repair or replacement for an implant, except when reconstruction and implant are pursuant to breast reconstruction following Mastectomy; reduction mammoplasty, except to establish symmetry following Mastectomy; treatment of gynecomastia, except when mandated for breast disease; echosclerotherapy for treatment of varicose veins; non-invasive laser treatment of superficial small veins, and treatment of spider veins, or superficial telangiectasias.

BCNEPA will not provide coverage for prescription drugs administered during a procedure whose indication and/or use is of a cosmetic nature or to enhance physical appearance.

III. MEDICAL POLICY STATEMENT:

Coverage is subject to the terms, conditions, and limitations of the member's contract.

- A. Reconstructive surgery is covered following accidental injury, infection, or disease in order to achieve reasonable physical or bodily function.
- B. Reconstructive surgery is covered in connection with congenital disease or anomaly through the age of eighteen (18) years.
- C. Reconstructive surgery is covered in connection with the treatment of malignant tumors or other destructive pathology which causes functional impairment.
- D. Reconstructive surgery of the breast is covered following a mastectomy.
- E. Reconstructive surgery is covered for the treatment of complications resulting from surgery.
- F. BCNEPA will not provide coverage for treatment of port wine lesions of the face with lasers in combination with photodynamic therapy or topical angiogenesis inhibitors as it is considered investigational.
- G. BCNEPA will not provide coverage for the use of autologous fat grafting and adipose-derived stem cells for augmentation or reconstruction of the breast as this is considered investigational.
- H. BCNEPA will provide coverage for the following mastectomy and breast disease surgery services in compliance with Pennsylvania Act 51 of 1997 (Members enrolled in a Self-Funded/POS Account may be excluded from the State Mandate but not the Federal Mandate.):
 - 1. Inpatient mastectomy care for the length of stay the treating physician determines is necessary to meet generally accepted criteria for safe discharge. The plan will not require mastectomies in an outpatient setting.

2. A home health care visit if the Member is discharged within forty-eight (48) hours of the admission, and the treating physician determines the visit is medically necessary. The visit must occur within 48 hours of the discharge.
3. The mastectomy, initial and subsequent prosthetic devices, and reconstructive surgery incident to any mastectomy. (Reconstructive surgery for post-mastectomy has no time limit from the initial mastectomy.)
4. Reconstructive surgery to re-establish symmetry or to alleviate functional impairment.
5. The removal or reinsertion of new implants.
6. Physical complications of all stages of mastectomy, including lymphedema.

I. BCNEPA will provide coverage for repair of brow ptosis and blepharoptosis when visual impairment is documented as follows:

1. An automated visual field study, interpreted by the doctor who performed the study; and,
2. A statement from the doctor who performed the visual field study that the visual deficit shown by the study is caused by the eyelid's condition and that the proposed surgery is being performed in an attempt to correct the visual deficit; and,
3. Preoperative photographs, maintained in the patient's records, include one view of the patient in primary position, one view looking up and one looking down and should demonstrate one or more of the following:
 - The upper eyelid margin within 2.5 mm (1/4 of the diameter of the visible iris) of the corneal light reflex (MRD \leq 2.5 mm), with patient in primary gaze
 - The upper eyelid skin rests on the eyelashes
 - The upper eyelid indicates the presence of dermatitis
 - The upper eyelid position contributes to difficulty tolerating a prosthesis in an ophthalmic socket
 - The brow position is below the superior orbital rim.
4. Repair of brow ptosis and blepharoptosis not meeting the criteria outlined above is considered cosmetic and therefore a benefit contract exclusion.

IV. DEFINITIONS:

Accidental: Occurring suddenly, unexpectedly, inadvertently, under unforeseen circumstances.

Congenital Anomalies: An abnormality that is present at birth.

Cosmetic Surgery: Surgery to improve the appearance or performed for psychosocial reasons. Cosmetic services are usually considered to be those that are primarily performed to restore appearance and that otherwise do not meet the definition of reconstructive, or those whose etiology is not exempted from the definition of cosmetic.

Mastectomy for Gynecomastia: A surgical procedure to remove breast glandular tissue from a male with enlarged breasts.

Reconstructive Mammoplasty: A surgical excision of a substantial portion of the breast, including the skin and underlying glandular tissue, may reduce the size, change the shape, and/or lift the breast tissue.

Applicable to Pennsylvania Act 51

Mastectomy: The removal of all or part of the breast for medically necessary reasons as determined by a licensed physician.

Prosthetic Devices: The use of initial and subsequent artificial devices to replace the removed breast or portions thereof, pursuant to an order of the patient's physician.

Reconstructive Surgery: A surgical procedure performed on one breast or both breasts following a mastectomy, as determined by the treating physician, to re-establish symmetry between the two breasts or alleviate functional impairment caused by the mastectomy. The term "reconstructive surgery" shall include, but is not limited to augmentation mammoplasty, reduction mammoplasty and mastopexy.

The definition of reconstructive may be based on two distinct factors:

- a) whether the service is primarily indicated to improve or correct a functional impairment or is primarily to improve appearance; and
- b) what the etiology of the defect is (e.g., congenital anomaly, anatomic variant, post-traumatic, post-therapeutic intervention, disease process).

Symmetry between breasts: Approximate equality in size and shape of the non-diseased breast with the diseased breast after definitive reconstructive surgery in the diseased or non-diseased breast has been performed.

CODING:

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The five character codes included in the **Blue Cross of Northeastern Pennsylvania's Medical Policy** are obtained from Current Procedural Terminology (CPT*), copyright 2013 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures.

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- **The identification of a code in this section does not denote coverage or separate reimbursement.**
- Covered procedure codes are dependent upon meeting criteria of the policy and appropriate diagnosis code.
- The following list of codes may not be all-inclusive, and are subject to change at any time.
- Benefits are determined by the terms of the Member's specific benefit plan document [i.e., the Fully Insured policy, the Administrative Services Only (ASO) agreement applicable to the Self-Funded Plan Participant, or the Individual Policy] that is in effect at the time services are rendered.

PROCEDURE CODES

11920	19105	19342	21087	21147
11921	19301	19350	21120	21150
11922	19302	19355	21121	21151
11950	19303	19357	21122	21154
11951	19304	19361	21123	21155
11952	19305	19364	21125	21159
11954	19306	19366	21127	21160
11960	19307	19367	21137	21175
15731	19316	19368	21138	21179
15770	19318	19369	21139	21180
17106	19324	19370	21141	21181
17107	19325	19371	21142	21182
17108	19328	19380	21143	21183
17110	19330	20926	21145	21184
17111	19340	21083	21146	21188

21193	21249	30420	67906	L8031
21194	21255	30430	67908	L8035
21195	21256	30435	67908	L8039
21196	21260	30450	67909	L8600
21198	21261	30520	67911	Q2026
21199	21263	30620	C9800	Q2028
21206	21267	40650	G0429	Q4100
21208	21268	40652	L8000	S2066
21209	21270	40654	L8001	S2067
21244	21275	67900	L8002	S2068
21245	21280	67901	L8010	
21246	21282	67902	L8015	
21247	30400	67903	L8020	
21248	30410	67904	L8030	

ICD-9 DIAGNOSIS CODES

V51.8 701.4 706.1 757.32

**ICD-10 DIAGNOSIS CODES
INFORMATIONAL ONLY**

L70.0	L70.3	L70.5	L70.9	L91.0	Z42.8
L70.1	L70.4	L70.8	L73.0	Q82.5	