blue of california

Medical Policy

Reconstructive Services	
Type: Medical Necessity	**Policy Specific Section:** Surgery
Original Policy Date: January 11, 2008	**Effective Date:** May 2, 2014

Definitions of Decision Determinations

Medically Necessary: A treatment, procedure or drug is medically necessary only when it has been established as safe and effective for the particular symptoms or diagnosis, is not investigational or experimental, is not being provided primarily for the convenience of the patient or the provider, and is provided at the most appropriate level to treat the condition.

Investigational/Experimental: A treatment, procedure or drug is investigational when it has not been recognized as safe and effective for use in treating the particular condition in accordance with generally accepted professional medical standards. This includes services where approval by the federal or state governmental is required prior to use, but has not yet been granted.

Split Evaluation: Blue Shield of California / Blue Shield of California Life & Health Insurance Company (Blue Shield) policy review can result in a Split Evaluation, where a treatment, procedure or drug will be considered to be investigational for certain indications or conditions, but will be deemed safe and effective for other indications or conditions, and therefore potentially medically necessary in those instances.

Description

Reconstructive surgery, when it meets the definition under applicable state law, is a covered benefit. It is the intent of Blue Shield of California (BSC) to use definitions and make determinations consistent with the Reconstructive Surgery Act (AB 1621) which was added to

the California Health and Safety Code (Section 1367.63), Insurance Code (Section 10123.88) and Welfare and Institutions Code (Section 14132.62).

Policy

Reconstructive surgery is surgery performed on abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease to do **either** of the following:

- Create a normal appearance to the extent possible
- Improve function

Only a licensed physician, podiatrist, or oral and maxillofacial surgeon who is competent to evaluate the specific clinical issues involved in the care requested may deny initial requests for authorization of coverage.

Cosmetic surgery is distinguished from reconstructive surgery. Cosmetic surgery is surgery that is performed to alter or reshape normal structures of the body in order to improve appearance. Cosmetic surgery is excluded from coverage.

If a procedure is determined to be reconstructive surgery, as defined by law, the procedure may be denied under **any** of the following conditions:

- The procedure, if not primarily intended to improve function, is likely to result in only minimal improvement in appearance
- The treating surgeon cannot or will not provide sufficient documentation, including (when appropriate) medical quality color photographs, which accurately depicts the extent of the clinical problem
- There is alternative approved medical or surgical intervention with equal or superior clinical outcomes

In differentiating a normal from an abnormal structure, the qualified reviewer will consider **any** of the following:

- The availability of published normative data for specific anatomic measurements (e.g., cephalometric data for orthognathic surgery)
- The normal structural changes that are accommodative responses to gain or loss of body mass (e.g., abdominal panniculus without complications)
- The normal structural changes that are associated with aging (e.g., breast ptosis)
- The normal structures wide range of accepted variations in diverse populations (e.g., nasal size and shape)
- The presence of a cosmetic implant, in the absence of adjacent native tissue structural pathology, does not constitute an abnormal structure (e.g., cosmetic unilateral, bilateral or asymmetrical saline breast implants)

In determining whether or not a procedure is likely to result in more than minimal improvement in appearance, the qualified reviewer will consider both the size and location of the structural abnormality.

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Following written Department of Managed Health Care guidance, and upon recommendation of a plan reconstructive surgeon, the use of silicone type injectables (e.g. Sculptra), to correct or repair abnormal body structures due to HIV-related lipoatrophy, are to be allowed under the Reconstructive Surgery Act, when it is likely that the injection will result in more than minimal improvement in appearance.

As previously noted, approval or denial of coverage for a reconstructive surgical procedure is contingent on being consistent with the existing applicable California Codes. Because a qualified reviewer must consider all of these factors within the context of a specific clinical condition, it would not be appropriate to make blanket judgments related to the coverage of any specifically named surgical procedure. Blue Shield of California Medical Policies that provide greater details related to some of the more common clinical conditions and procedures are located in the Index Section.

Internal Information

There is an MD Determination Form for this Medical Policy. It can be found on the following Web page:
http://myworkpath.com/healthcareservices/MedicalOperations/PSR_Determination_Pages.htm

Documentation Required for Clinical Review
• History and physical including: clinical indications for procedure/surgery Post Service • Procedure/Operative report(s)

The materials provided to you are guidelines used by this plan to authorize, modify, or deny care for persons with similar illness or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under your contract. These Policies are subject to change as new information becomes available.

Click here to view the appendix for this policy

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