MEDICAL POLICY	Cosmetic and Reconstructive Procedures (All Lines of Business Except Medicare)
Effective Date: 9/1/2022  9/1/2022 Medical Officer Date	Medical Policy Number: 98 Medical Policy Committee Approved Date: 7/90; 5/95; 7/97; 6/98; 9/98; 5/99; 5/00; 5/01; 7/02; 7/03; 2/04; 4/04; 1/06; 1/07; 7/08; 5/10; 5/11; 4/13; 4/14; 8/15; 4/16; 6/17; 7/18; 5/19; 11/19; 8/2020; 9/2021; 3/2022; 4/2022; 8/2022

See Policy CPT/HCPCS CODE section below for any prior authorization requirements

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as "Company" and collectively as "Companies").

APPLIES TO:

All lines of business except Medicare (*unless otherwise directed by a Medicare medical policy. Note that investigational services are considered "**not medically necessary**" for Medicare members.)*

BENEFIT APPLICATION

Medicaid Members

Oregon: Services requested for Oregon Health Plan (OHP) members follow the OHP Prioritized List and Oregon Administrative Rules (OARs) as the primary resource for coverage determinations. Medical policy criteria below may be applied when there are no criteria available in the OARs and the OHP Prioritized List.

POLICY CRITERIA

Notes:

- Many member contracts have specific language regarding covered reconstructive services and excluded cosmetic procedures. Contract language takes precedence over medical policy.
- This policy does not address services and procedures related to the treatment of gender dysphoria, which is addressed in the PHP Gender Affirming Surgical Interventions medical policy.
- This policy does not address breast reconstruction following a mastectomy, which is addressed in the PHP Breast Reconstruction medical policy.

- Other, more specific, PHP medical policies may apply to indications and/or procedures mentioned in this policy. Please see Cross References section below for medical policies, which may apply.

I. Reconstructive procedures may be considered **medically necessary and covered** (subject to benefits) when intended to address *abnormal* structures of the body, caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease. This includes, but is not limited to the following situations:

A. Conditions resulting from trauma, infection, tumors or other diseases, if the condition occurs while you are a member of Providence Health Plan **or** the surgery is needed for treatment of a condition that occurred before you became a member; **or**

B. Congenital defects or developmental abnormalities, including those due to a genetic/hereditary condition (e.g., Marfan, Noonan, Turner syndrome) if there is a resultant significant functional impairment. A functional impairment is defined as a state in which the special, normal or proper action of any body part or organ is damaged; **or**

C. When necessary, because of an accidental injury, or to correct a scar or defect that resulted from treatment of an accidental injury; **or**

D. When necessary to correct a scar or defect on the head or neck that resulted from a covered surgery.
(Please see Policy Guidelines section below for more information on functional impairment.)

The following are examples of procedures generally considered to be reconstructive and may be considered **medically necessary and covered** when specific criteria are met: (Not an all-inclusive list.)

- Breast reconstruction (See separate policy: Breast Reconstruction).
- Breast tattoo to provide an areola and/or nipple (See separate policy: Breast Reconstruction).
- Blepharoplasty. (See separate policy: Eye: Blepharoplasty, Blepharoptosis Repair and Brow Lift.)
- Chemical peels (medium or deep peels only) to treat actinic keratoses or other precancerous skin lesions.
- Cleft lip and/or cleft palate repair. (See separate policy: Orthognathic Surgery.)
- Collagen injections or implants when intended to address a significant variation from normal related to accidental injury, disease, trauma, treatment of a disease or a congenital defect.
- Dermal injections of FDA-approved fillers (e.g., Sculptra, Radiesse) to treat facial lipodystrophy syndrome due to antiretroviral therapy in HIV-infected persons when there is a functional impairment or when it is likely the injections will result in more than minimal improvement in appearance.

- Ear repair/reconstruction (including otoplasty) when intended to restore a significantly abnormal (or missing) external ear or auditory canal related to accidental injury, disease, trauma, or treatment of a disease or congenital defect.
- Keloid or scar surgical repair/revision with symptoms of functional impairment.
- Panniculectomy (See separate policy: Surgical Treatment for Skin Redundancy.)
- Pectus excavatum repair (open or Nuss procedures only) with documented cardiac compression/displacement by echocardiography OR reduced lung capacity (total lung capacity less than or equal to 80%) by pulmonary function testing OR exercise intolerance by cardiopulmonary exercise testing.
- Port wine stain laser treatment (See separate policy: Hemangioma and Vascular Malformation Treatment).
- Skin tag removal, when located in an area of friction with documentation of repeated irritation and bleeding.

II. Cosmetic surgery or the expenses incurred in connection with such surgery, as well as any follow-up care or complications are considered **cosmetic and not covered**, including but not limited to the following situations:

A. Procedures that correct an anatomical congenital anomaly without improving or restoring physiologic function.
B. Procedures to relieve the suffering of psychological consequences or socially avoidant behavior as a result of an injury, sickness or congenital anomaly.
C. Any procedure that does not meet the reconstructive criteria above or is not addressed in another PHP medical policy.

The following are examples of procedures considered to be **cosmetic** in nature and therefore **non-covered**: (Not an all-inclusive list.)
*__Note__: For all breast-related surgeries, please first refer to the medical policies: Breast Reconstruction, and Breast Surgery: Reduction Mammoplasty, as they may apply.

- Abdominoplasty (See separate policy: Surgical Treatment for Skin Redundancy.)
- Blepharoplasty. (See separate medical policy: Eye: Blepharoplasty, Blepharoptosis Repair and Brow Lift.)
- Body and ear piercing and complications.
- Injections of compounds to treat skin wrinkles, including but not limited to gel-particle hyaluronic acid (e.g., Restylane, Perlane), calcium hydroxylapatite (e.g., Radiesse) and collagen (e.g., Zyderm). (For Botox treatment for any indication, please see separate Pharmacy policy: Botulinum Toxin.)
- Brachioplasty (arm lift) to remove excess skin. (See separate policy: Surgical Treatment for Skin Redundancy.)
- Chemical peels for treatment of photoaged skin, wrinkles, acne scarring or uneven epidermal pigmentation (e.g., melasma, lentigines).

- Dermabrasion for the purpose of removing acne scars or treating active acne and wrinkles.
- Ear repair/reconstruction (including otoplasty) for ears that are constricted, cupped, large, prominent or protruding, or following any elective cosmetic procedure (e.g., ear piercing, plugging or gauging).
- Frown line removal, including but not limited to the excision or correction of glabellar frown lines or forehead lift (cosmetic foreheadplasty).
- Gynecomastia surgery to reduce male breast size.
- Hair removal (e.g., laser, electrolysis).
- Hair transplant/hairplasty for male or female androgenic alopecia or age-related thinning.
- Laser skin resurfacing, for all indications including but not limited to acne scarring and wrinkles.
- Lipectomy (See separate policy: Surgical Treatment for Skin Redundancy.)
- *Mammoplasty (augmentation) to enlarge or uplift breast.
- *Mammoplasty to equalize breast size.
- *Mammoplasty (reduction). (See separate policy: Breast Surgery: Reduction Mammoplasty.)
- *Mastopexy (breast lift) in the absence of medically necessary breast reconstruction or reduction.
- Mentoplasty/genioplasty (chin) done for a receding chin or to reduce a prominent chin.
- Neck tuck/lift (Platysmaplasty or Submental Lipectomy).
- Orthognathic Surgery. (See separate policy: Orthognathic Surgery.)
- Pectus excavatum without documented functional impairment of heart or lungs (not meeting criteria above).
- Penile procedures, including but not limited to phalloplasty and fat injections, when intended to improve the appearance (e.g., length, circumference) or enhance sexual performance.
- Rhytidectomy (meloplasty/face lift) for aging skin.
- Rosacea treatment (nonpharmacologic and nonsurgical), including but not limited to laser, dermabrasion and chemical peels.
- Sclerotherapy or other treatments of superficial varicosities (i.e., telangiectasias/spider veins and reticular/feeder veins). (See separate policy: Varicose Veins.)
- Skin tag removal, when performed to improve or change appearance or self-esteem.
- Tattoo removal or follow up.
- Vaginal procedures including rejuvenation/vaginal tightening, designer vaginoplasty, revirgination, G-spot amplification for all indications.
- Vaginal procedures including labia surgery/reshaping/reduction (labiaplasty) when intended to improve the appearance or enhance sexual performance.

POLICY GUIDELINES

The criteria in this PHP Medical policy are based on, and compliant with, the following references:

- Federal:
  - Patient Protection and Affordable Care Act, Title 42 U.S.C. § 18001[1]
  - Title 45 CFR Part 156.125: Essential Health Benefits[2]

- State:
  - OAR 836-053-0012: Essential Health Plan Benefits[3]
  - ORS 743A.150: Treatment of craniofacial anomaly[4]
  - WAC 284-43-5622(7): Plan Design[5]
  - WAC 284-43-5642(3)(b)(ii): Essential health benefit categories[5]
  - RCW 48.44.212: Coverage of dependent children to include newborn infants and congenital anomalies from moment of birth.[6]

Definitions

Per the American Medical Association (AMA) policy H-475.992:[7]

> *Reconstructive Surgery* is defined as surgery performed on *abnormal* structures of the body, caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. It is generally performed to improve function but may also be done to approximate a normal appearance.
>
> *Cosmetic Surgery* is defined as surgery performed to reshape *normal* structures of the body to improve the patient's appearance and self-esteem.

Functional Impairment is defined as a state in which the special, normal or proper action of any body part or organ is damaged, resulting in a direct and measurable reduction in the physical performance.

Examples of functional impairments may include, but are not limited to problems with:

- respiration
- eating
- swallowing
- ambulation
- mobilization
- communication
- visual impairments
- skin integrity
- distortion of nearby body parts
- obstruction of an orifice

Causes of functional impairments may include, but are not limited to:

- pain
- structure
- congenital anomalies

Functional impairment excludes social, emotional, and psychological impairments or potential impairments.
The following definitions were taken from a number of authoritative sources:

Chemical peels[8]:

- Light chemical peel: A light (superficial) chemical peel removes the outer layer of skin (epidermis) to treat fine wrinkles, acne, uneven skin tone and dryness for cosmetic purposes. Common agents used in light peels may include combinations of alphahydroxy acids and beta hydroxy acids, such as glycolic acid, lactic acid, salicylic acid and maleic acid.
- Medium chemical peel: Removes skin cells from the epidermis and from portions of the upper part of your middle layer of skin (dermis) to treat precancerous skin lesions as well as cosmetic indications including wrinkles, acne scars and uneven skin tone. Trichloroacetic acid is used for medium peels.
- Deep chemical peel: Removes skin cells from the epidermis and from portions of the mid to lower layer of your dermis. These peels may be used if you have deeper wrinkles, scars or precancerous growths. Phenol is the agent used for deep peels.

Congenital anomalies[9]: A wide range of abnormalities of body structure or function that are present at birth and are of prenatal origin. Congenital defects (also commonly called birth defects) can be found before birth, at birth, or any time after birth. Most are found within the first year of life.

Developmental disabilities[10]: A group of conditions due to an impairment in physical, learning, language, or behavior areas. These conditions begin during the developmental period, may impact day-to-day functioning, and usually last throughout a person's lifetime.
Laser Skin Resurfacing: This procedure typically uses either a carbon dioxide (CO2) or erbium laser to improve the appearance of skin or treat minor facial flaws by removing layers of skin. This procedure may be used to cosmetically treat wrinkles, scars, warts, as well as superficial and moderately deep lines and wrinkles on the face, hands, neck and chest.

Revirgination[11]: Also known as hymenoplasty, hymenorrhaphy or hymenal reconstruction/restoration/repair. A procedure performed in an attempt to approximate the virginal state.

G-spot amplification[11]: Injection of collagen into the anterior wall of the vagina.

BILLING GUIDELINES

- HCPCS codes Q2026 and Q2028 are considered reconstructive and covered when requested for lipoatrophy/lipodystrophy related to human immunodeficiency virus (HIV). There, these codes are only covered when requested with the following ICD-10 codes:
  - B20 Human immunodeficiency virus [HIV] disease
  - E88.1 Lipodystrophy, not elsewhere classified

  All other diagnosis codes are considered cosmetic and will be denied.

CPT/HCPCS CODES

Codes for cosmetic and reconstructive surgeries and procedures may include but are not limited to any of the CPT/HCPCS codes listed below. Additional codes may apply.

Note: The following CPT code ranges may be used for either reconstructive or cosmetic procedures.

- CPT code range 13100 – 13153 includes: 13100, 13101, 13102, 13120, 13121, 13122, 13131, 13132, 13133, 13151, 13152, 15153
- CPT code range 15832 – 15847 includes: 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15847

All Lines of Business Except Medicare	
Prior Authorization Required The following code(s) do not require prior authorization when billed with diagnosis code F64.0, F64.1, F64.8 or F64.9	
11920	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.0 sq cm or less
11921	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; 6.1 to 20.0 sq cm
11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin, including micropigmentation; each additional 20.0 sq cm, or part thereof (list separately in addition to code for primary procedure)
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad

15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (list separately in addition to code for primary procedure)
15876	Suction assisted lipectomy; head and neck
15877	Suction assisted lipectomy; trunk
15878	Suction assisted lipectomy; upper extremity
15879	Suction assisted lipectomy; lower extremity
19300	Mastectomy for gynecomastia
19316	Mastopexy
19325	Mammaplasty, augmentation; with prosthetic implant
19340	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19342	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
21121	Genioplasty; sliding osteotomy, single piece
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)
21123	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
21740	Reconstructive repair of pectus excavatum or carinatum; open
21742	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), without thoracoscopy
21743	Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (Nuss procedure), with thoracoscopy
54400	Insertion of penile prosthesis; non-inflatable (semi-rigid)
54401	Insertion of penile prosthesis; inflatable (self-contained)
54405	Insertion of multi-component, inflatable penile prosthesis, including placement of pump, cylinders, and reservoir
56800	Plastic repair of introitus
57291	Construction of artificial vagina, without graft
57292	Construction of artificial vagina, with graft
C1813	Prosthesis, penile, inflatable
C2622	Prosthesis, penile, non-inflatable
No Prior Authorization Required	
11200	Removal of skin tags, multiple fibrocutaneous tags, any area; up to and including 15 lesions
11201	Removal of skin tags, multiple fibrocutaneous tags, any area; each additional 10 lesions, or part thereof (List separately in addition to code for primary procedure)
12051	Layer closure of wounds of face, ears, eyelids, nose, lips, and/or mucous membranes; 2.5 cm or less

13100 - 13153	Repair, complex [procedures on the integumentary system]
15769	Grafting of autologous soft tissue, other, harvested by direct excision (eg, fat, dermis, fascia)
17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions
17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions
49250	Umbilectomy, omphalectomy, excision of umbilicus (separate procedure)
54360	Plastic operation on penis to correct angulation
54440	Plastic operation on penis for injury
56810	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)
69320	Reconstruction external auditory canal for congenital atresia, single stage
G0429	Dermal filler injection(s) for the treatment of facial lipodystrophy syndrome
No Prior Authorization Required *The following code(s) may be considered medically necessary and covered when billed with diagnosis code F64.0, F64.1, F64.8, or F64.9. If billed without one of these diagnosis codes, the CPT code will deny as cosmetic.*	
11950	Subcutaneous injection of filling material (eg, collagen); 1cc or less
11951	Subcutaneous injection of filling material (eg, collagen); 1.1 to 5.0 cc
11952	Subcutaneous injection of filling material (eg, collagen); 5.1 to 10.0 cc
11954	Subcutaneous injection of filling material (eg, collagen); over 10.0 cc
17380	Electrolysis epilation, each 30 minutes
21120	Genioplasty; augmentation (autograft, allograft, prosthetic material)
21137	Reduction forehead; contouring only
21270	Malar augmentation, prosthetic material
Not Covered	
10040	Acne surgery (eg, marsupialization, opening or removal of multiple milia, comedones, cysts, pustules)
15775	Punch graft for hair transplant; 1 to 15 punch grafts
15776	Punch graft for hair transplant; more than 15 punch grafts
15780	Dermabrasion; total face (eg, for acne scarring, fine wrinkling, rhytids, general keratosis)
15781	Dermabrasion; segmental, face
15782	Dermabrasion; regional, other than face
15783	Dermabrasion; superficial, any site (eg, tattoo removal)
15786	Abrasion; single lesion (e.g. keratosis, scar)

15787	Abrasion; each additional 4 lesions or less (List separately in addition to code for primary procedure)
15788	Chemical peel, facial; epidermal
15789	Chemical peel, facial; dermal
15792	Chemical peel, nonfacial; epidermal
15793	Chemical peel, nonfacial; dermal
15824	Rhytidectomy; forehead
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)
15826	Rhytidectomy; glabellar frown lines
15828	Rhytidectomy, cheek, chin, and neck
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap
69090	Ear piercing
69300	Otoplasty, protruding ear, with or without size reduction
Not Covered (Unless paired with ICD-10 codes for HIV-associated lipoatrophy: B20 AND E88.1)	
Q2026	Injection, radiesse, 0.1 ml
Q2028	Injection, sculptra, 0.5 mg
Unlisted Codes All unlisted codes will be reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is billed related to services addressed in this policy then **prior-authorization is required.**	
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue
67999	Unlisted procedure, eyelids
69399	Unlisted procedure, external ear
96999	Unlisted special dermatological service or procedure

REVIEW OF EVIDENCE

The criteria outlined in this medical policy are primarily based on clinical consensus and clinical practice guidelines. Therefore, an evidence review was not performed.

CLINICAL PRACTICE GUIDELINES

Clinical practice guidelines used as a basis for some of the criteria outlined in this medical policy are described below.

American Academy of Otolaryngology—Head and Neck Surgery (AAO-HNS)

In 2021, AAO-HNS updated their guidance on the treatment of microtia and anotia.[12] The AAO-HNS stated that microtia and anotia are congenital birth defects that "are associated with appreciable psychological and functional ramifications if left untreated. Reconstructive surgery is appropriate as a

primary treatment in both children and adults. Therefore, microtia and anotia shall be considered reconstructive surgery to restore a missing or significantly deformed body part visibly present under normal circumstances."

American College of Obstetricians and Gynecologists (ACOG)

In 2020, ACOG published guidance titled "Elective Female Genital Cosmetic Surgery".[13] The committee defined the term Female genital cosmetic surgery as a broad term that included procedures such as:

- Labioplasty
- Clitoral hood reduction
- Hymenoplasty
- Labia majora augmentation,
- Vaginoplasty
- G-spot amplification

ACOG made the following recommendations:

- "Patients should be made aware that surgery or procedures to alter sexual appearance or function (excluding procedures performed for clinical indications, such as clinically diagnosed female sexual dysfunction, pain with intercourse, interference in athletic activities, previous obstetric or straddle injury, reversing female genital cutting, vaginal prolapse, incontinence, or gender affirmation surgery) are **not medically indicated**, pose substantial risk, and their safety and effectiveness have not been established.
- Women should be informed about the lack of high-quality data that support the effectiveness of genital cosmetic surgical procedures and counseled about their potential complications, including pain, bleeding, infection, scarring, adhesions, altered sensation, dyspareunia, and need for reoperation.
- Obstetrician–gynecologists should have sufficient training to recognize women with sexual function disorders as well as those with depression, anxiety, and other psychiatric conditions. Individuals should be assessed, if indicated, for body dysmorphic disorder. In women who have suspected psychological concerns, a referral for evaluation should occur before considering surgery.
- In responding to a patient's concern about the appearance of her external genitalia, the obstetrician–gynecologist can reassure her that the size, shape, and color of the external genitalia vary considerably from woman to woman. These variations are further modified by pubertal maturity, aging, anatomic changes resulting from childbirth, and atrophic changes associated with menopause or hypoestrogenism, or both.
- As for all procedures, obstetrician–gynecologists who perform genital cosmetic surgical procedures should inform prospective patients about their experience and surgical outcomes. Advertisements in any media must be accurate and not misleading or deceptive. "Rebranding" existing surgical procedures (many of which are similar to, if not the same as, the traditional

anterior and posterior colporrhaphy) and marketing them as new cosmetic vaginal procedures is misleading.

American Urological Association (AUA)

In 2018, the AUA reaffirmed their recommendation against the use of penile augmentation surgeries, stating[14]:

> "The American Urological Association (AUA) and the Urology Care Foundation consider subcutaneous fat injection for increasing penile girth to be a procedure which has not been shown to be safe or efficacious.
>
> The AUA also considers the division of the suspensory ligament of the penis for increasing penile length in adults to be a procedure which has not been shown to be safe or efficacious."

National Comprehensive Cancer Network (NCCN)

NCCN guidelines on squamous cell skin cancer (Version 2.2021) provide Category 2A treatment recommendations for precancers (diffuse actinic keratoses, field cancerization).[15]
Actinic keratoses:

- Cryotherapy
- Topical 5-fluorouracil (5-FU) with or without calcipotriol (calcipotriene)
- Topical imiquimod
- topical ingenol mebutate
- photodynamic therapy (eg, aminolevulinic acid [ALA], porfimer sodium)
- Curettage and electrodesiccation

Hyperkeratotic actinic keratoses, pretreatment with the following:

- topical tazarotene
- curettage
- topical keratolytics (topical urea, lactic acid, and salicylic acid)
- ablative skin resurfacing (eg, laser, dermabrasion)

Other modalities may be considered:

- topical diclofenac (category 2B)
- chemical peel (trichloroacetic acid)
- ablative skin resurfacing (e.g., laser, dermabrasion)

NCCN states there are fewer higher-quality studies regarding the efficacy and safety of these two modalities compared to established therapies, such as photodynamic therapy. However, the available studies have all confirmed that these two modalities significantly reduced the quantity of actinic keratoses, although in some studies they were less effective than photodynamic therapy.

INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days' notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

POLICY CROSS REFERENCES

Medical Policies

- Breast Surgery: Reduction Mammoplasty, Reconstructive Surgery, and Implant Management (All Lines of Business Except Medicare)
- Eye: Blepharoplasty, Blepharoptosis Repair and Brow Lift (All Lines of Business Except Medicare)
- Gender Affirming Interventions
- Orthognathic Surgery
- Hemangioma and Vascular Malformation Treatment
- Rhinoplasty (All Lines of Business Except Medicare)
- Surgical Treatments for Lymphedema (All Lines of Business Except Medicare)
- Surgical Treatment for Skin Redundancy (All Lines of Business Except Medicare)
- Varicose Veins (All Lines of Business Except Medicare)

Pharmacy Policy

- Pharmacy Policy: Botulinum Toxin

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