



Keystone First

Coverage by Vista Health Plan,
an independent licensee of the Blue Cross and Blue Shield Association.

Clinical Policy Title: Cosmetic, plastic and scar revision surgery

Clinical Policy Number: 16.03.08

Effective Date: October 1, 2015
Initial Review Date: August 19, 2015
Most Recent Review Date: September 21, 2016
Next Review Date: September 2017

Policy contains:

- Cosmetic surgery.
- Plastic (reconstructive) surgery.
- Scar revision.

Related policies:

- CP# 10.03.01** Blepharoplasty
- CP# 11.03.01** Neonatal circumcision in males
- CP# 16.03.05** Breast reduction surgery
- CP# 16.03.07** Mastectomy for male gynecomastia
- CP# 17.03.01** Transgender reassignment: medical and surgical
- CP# 18.03.03** Body contouring surgery after massive weight loss

ABOUT THIS POLICY: Keystone First has developed clinical policies to assist with making coverage determinations. Keystone First's clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of "medically necessary," and the specific facts of the particular situation are considered by Keystone First when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. Keystone First's clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. Keystone First's clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, Keystone First will update its clinical policies as necessary. Keystone First's clinical policies are not guarantees of payment.

The purpose of this policy is to supplement coverage guidance for surgical procedures with cosmetic aspects that may not be contained in a separate clinical policy.

Coverage policy

Keystone First considers plastic (also called reconstructive) surgery to be clinically proven and, therefore, medically necessary when both of the following criteria are met:

- The need for the surgical procedure is clinically proven.
- The goal of surgery is to correct functional impairment of a body area caused by a congenital defect, developmental abnormality, trauma, burns, infection, tumors or disease.

Keystone First considers revision of scar tissue to be medically necessary if it is required to correct an objective functional impairment and the scar resulted from an accidental injury or a medically necessary surgical procedure.

Limitations:

- Surgery performed to improve body appearance in the absence of a functional impairment is considered cosmetic and, therefore, not medically necessary.
- Surgical revision of scar tissue caused by a cosmetic procedure or otherwise non-covered procedures is considered cosmetic and, therefore, not medically necessary.
- All requests for coverage of plastic surgery of a non-Medicare member require prior review by a medical director on a case-by-case basis, except for those procedures addressed in another clinical policy or required by state or federal authorities. See Related policies on page 1 of this policy.

For Medicare members only:

Keystone First considers plastic surgery procedures to be clinically proven and, therefore, medically necessary for medical indications identified in the following applicable Local Coverage Determinations (LCDs) for cosmetic and reconstructive surgery: L33428, L34698 and L35090, listed later in this policy.

These claims are reviewed by medical staff and considered on a case-by-case basis. Medical records are requested by the contractor to determine medical necessity. See Documentation Requirements for each LCD.

Alternative covered services:

- Prescription drug therapy may be appropriate for certain conditions.

Background

While both cosmetic surgery and plastic surgery deal with improving a patient's body, the overarching philosophies guiding the training, research and goals for patient outcomes are different (American Board of Cosmetic Surgery [ABCS] 2015, American Society of Plastic Surgery [ASPS] 2015). Cosmetic surgical procedures, techniques and principles are entirely focused on reshaping normal structures of the body to improve aesthetic appeal, symmetry and proportion in a person's appearance. Because the treated areas function properly, cosmetic surgery is elective. Cosmetic surgery is practiced by doctors from a variety of medical fields, including plastic surgeons (ABCS 2015, ASPS 2015).

Plastic surgery is a surgical specialty dedicated to correcting dysfunctional areas of the face and body caused by congenital defects, developmental abnormalities, trauma, burns, infection, tumors and disease (ABCS 2015, ASPS 2015). It is generally performed to improve function, but may also be done to approximate a normal appearance. While many plastic surgeons choose to complete additional training and perform cosmetic surgery, the basis of their surgical training remains reconstructive surgery (ABCS 2015, ASPS 2015).

Scar tissue may form as skin heals after an injury or surgery. The amount of scarring is determined by factors such as the size, depth and location of the wound; the age of the person; heredity; and skin characteristics, including color (pigmentation). Scar revision may be performed to correct, remove or improve scar tissue (ASPS 2015).

The field of plastic surgery continuously strives for innovation to provide the highest quality of care. Evidence-based medicine (EBM) integrates the best research evidence with clinical expertise and patient values, but, until recently, the specialty was slow to adopt EBM (Chung 2009, Burns 2011). As a result, both established and novel practices are often adopted without sufficient data supporting their safety or efficacy (Chung 2009, Ayeni 2012, Agha 2013). The ASPS actively promotes EBM to encourage publication of higher-quality evidence from well-designed, randomized controlled trials, cohort studies, case-control studies, systematic reviews and, if possible, meta-analyses of plastic surgery technologies and treatments (Chung 2009, Burns 2011). Going forward, this will ensure improvement in the best available evidence on which decisions permitting use of plastic surgical procedures can be based.

Searches

Keystone First searched PubMed and the databases of:

- UK National Health Services Centre for Reviews and Dissemination.
- Agency for Healthcare Research and Quality's National Guideline Clearinghouse and other evidence-based practice centers.
- The Centers for Medicare & Medicaid Services (CMS).

We conducted searches on August 9, 2016. Search terms were: "cosmetic surgery (MeSH)," and "Reconstructive Surgical Procedures (MeSH)."

We included descriptive articles, guidelines and regulatory documents relevant to this policy.

Glossary

Cosmetic surgery — A subspecialty of plastic surgery, procedures that are performed to reshape normal structures of the body to improve the patient's appearance and self-esteem. These procedures can be performed for medically necessary or cosmetic reasons.

Functional impairment — A direct and measurable reduction in physical performance of an organ or body part.

Plastic (reconstructive) surgery — Procedures generally 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.

References

Professional society guidelines/other:

American Society of Plastic Surgeons (ASPS). Evidence-based clinical practice guideline: reduction mammoplasty. Arlington Heights (IL): ASPS; 2011 May. 16 p. [33 references].

Peer-reviewed references:

Agha RA, Camm CF, Edison E, Orgill DP. The methodological quality of randomized controlled trials in plastic surgery needs improvement: a systematic review. *J Plast Reconstr Aesthet Surg*. Apr 2013; 66(4): 447 – 452.

Ayeni O, Dickson L, Ignacy TA, Thoma A. A systematic review of power and sample size reporting in randomized controlled trials within plastic surgery. *Plast Reconstr Surg*. Jul 2012; 130(1): 78e – 86e.

Burns PB, Rohrich RJ, Chung KC. The Levels of Evidence and their role in Evidence-Based Medicine. *Plast Reconstr Surg*. 2011; 128(1): 305 – 310.

Chung KC, Swanson JA, Schmitz D, Sullivan D, Rohrich RJ. Introducing evidence-based medicine to plastic and reconstructive surgery. *Plastic and reconstructive surgery*. Apr 2009; 123(4): 1385 –1389.

Cosmetic Surgery vs. Plastic Surgery. The American Board of Cosmetic Surgery website.

<http://www.americanboardcosmeticsurgery.org/patient-resources/cosmetic-surgery-vs-plastic-surgery/> . Accessed August 9, 2016.

The American Society of Plastic Surgeons (ASPS) Home page. ASPS website. <http://www.plasticsurgery.org/>. Accessed August 9, 2016.

Kowalski E, Chung KC. The outcomes movement and evidence-based medicine in plastic surgery. *Clin Plast Surg*. Apr 2013; 40(2): 241 – 247.

CMS National Coverage Determinations (NCDs):

No NCDs identified as of the writing of this policy.

National Benefit Category Analyses. Reconstructive Treatments for Facial Lipodystrophy Syndrome. November 18, 2013. CMS website. <http://www.cms.gov/medicare-coverage-database/details/medicare-coverage-document-details.aspx?MCDId=20&McdName=Reconstructive+Treatments+for+Facial+Lipodystrophy+Syndrome>. Accessed August 9, 2016.

A52729 Cosmetic vs. Reconstructive Surgery. CMS website. <http://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=52729&ver=2>. Accessed 9, 2016.

Local Coverage Determinations (LCDs):

L33428 Cosmetic and Reconstructive Surgery. CMS website. <http://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=33428&ver=18>. Accessed August 9, 2016.

L34698 Cosmetic and Reconstructive Surgery. CMS website. <http://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34698&ver=15>. Accessed August 9, 2016.

L35090 Cosmetic and Reconstructive Surgery. CMS website. <http://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=35090&ver=13>. Accessed August 9, 2016.

Commonly submitted codes

Below are the most commonly submitted codes for the service(s)/item(s) subject to this policy. This is not an exhaustive list of codes. Providers are expected to consult the appropriate coding manuals and bill accordingly.

CPT Code	Description	Comment
Extensive list	Specific procedures not specified in policy.	

ICD 10 Code	Description	Comment
Extensive list	Use an applicable ICD 10 code based on procedure performed	