



Cosmetic and Reconstructive Surgery and Services

I. Policy

University Health Alliance (UHA) will reimburse for reconstructive surgery and services when they are determined to be medically necessary and when they meet the medical criteria guidelines (subject to limitations and exclusions) indicated below.

Cosmetic services are excluded benefits and are ineligible for coverage. Cosmetic services are those services and supplies that are primarily intended to improve a member's natural appearance but do not restore or materially improve a physical function. Complications arising from cosmetic procedures are not covered.

Reconstructive surgery is 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.

UHA understands that certain pathologic processes may alter appearance to a degree that reconstructive intervention is not truly "cosmetic."

II. Criteria/Guidelines

- A. Reconstructive surgery is covered (subject to Limitations/Exclusions and Administrative Guidelines) only when required to restore, reconstruct, or correct one or more of the following:
 1. Any bodily function that was lost, impaired, or damaged as a result of an illness or injury; or
 2. Gender-specific services that are medically necessary for members with gender dysphoria who are undergoing gender reassignment surgery (see UHA's Gender Identity Services policy for guidelines and limitations); or
 3. Developmental abnormalities that are present from birth and which severely impair or impede normal, essential bodily functions; or
 4. The breast on which a mastectomy was performed and surgery for the reconstruction of the other breast to produce a symmetrical appearance (including prostheses).
 5. Post traumatic, infectious or congenital anomalies which affect appearance (and especially facial appearance) to such an extent that social integration would be impossible or difficult without revision will be considered for coverage on an individual basis when they first meet the statutory definition of "necessity." Post-burn scarring or post ablative surgery are examples of such cases eligible for consideration.
- B. Cosmetic services are not covered. Cosmetic services are medical and nonmedical services that are primarily intended to change a person's appearance, but which do not restore or materially improve a physical function, or which are prescribed for psychological or psychiatric reasons.
 1. Complications arising from cosmetic procedures are not covered.

NOTE:

This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine, and it should not deter a provider from expressing his/her judgment.

Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member's individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.

UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.

III. Limitations/Exclusions

- A. Cosmetic services are excluded benefits and are ineligible for coverage. Cosmetic services are those services and supplies that are primarily intended to change a member's natural appearance but do not restore or materially improve a physical function. As noted above, procedures or non-surgical care for complications arising from cosmetic procedures are non-covered.
- B. Gender-specific services that are considered cosmetic and not considered medically necessary for members with gender dysphoria who are undergoing gender reassignment surgery (see UHA's Gender Identity Service policy for guidelines and limitations) may include the following:
 - 1. Blepharoplasty, body contouring (liposuction of the waist), breast enlargement procedures such as augmentation mammoplasty and implants, face-lifting, facial bone reduction, feminization of torso, hair removal, lip enhancement, reduction thyroid chondroplasty, rhinoplasty, skin resurfacing (dermabrasion, chemical peel), and voice modification surgery (laryngoplasty, cricothyroid approximation or shortening of the vocal cords), which have been used in feminization, are considered cosmetic.
 - 2. Similarly, chin implants, lip reduction, masculinization of torso, and nose implants, which have been used to assist masculinization, are considered cosmetic.
- C. Reconstructive surgery is not covered when requested to restore, reconstruct, or correct bodily functions or physical appearance caused by an elective, willful action by the member known to cause such dysfunction or alterations. Such action includes but is not limited to elective, non-FDA approved steroid use that has a known side effect of alteration in appearance.

IV. Administrative Guidelines

- A. If a provider is planning a procedure or service that could conceivably be considered to be cosmetic in nature, prior authorization must be obtained.
- B. To request prior authorization, please submit via UHA's online portal. If a login has not been established, you may contact UHA at 808-532-4000 to establish one.

V. Policy History

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