



Promise Health Plan

# POLICY & PROCEDURE Medical Services

<b>Policy Title: Reconstructive Surgery</b>			
<b>Policy No: 70.2.33</b>		<b>Original Date: 11/99</b>	
<b>Effective Date: 12/18</b>	<b>Revision Date: 1/03, 12/18</b>		<b>Revision No: 2</b>
<b>Department Head:</b>	<b>Date:</b>	<b>Medical Services/P&amp;T Committee:</b>	<b>Date:</b>
<b>P&amp;P Committee:</b>	<b>Date:</b>	<b>Department(s): UM</b>	

## PURPOSE:

The purpose of this policy is to outline a process for the Blue Shield Promise Health Plan Utilization Department for the provision of Re-constructive Surgery as defined, but would exclude coverage for cosmetic surgery, as defined for enrollees. “Re-constructive surgery” means surgery performed to correct or repair abnormal structures of the body caused by congenital defects, development abnormalities, tumors, infections, trauma, or disease to do either of the of the following:

1. To improve function
2. To create a normal appearance, to the extent possible

“Cosmetic surgery” means surgery that is performed to alter or reshape normal structures of the body in order to improve appearance. A procedure might be considered either cosmetic or medical depending on the reason for it (e.g. breast reduction surgery for pain).

## POLICY:

Requests for re-constructive surgery for enrollees to correct a condition which has resulted in a functional defect or has resulted from injury or surgery, and has produced a major effect on the member’s appearance will generally require review by the Medical Director or a physician reviewer.

Submitted documentation of medical necessity should include all of the following:

1. Brief medical history
2. Condition being corrected
3. Date of injury (if applicable)
4. Symptoms
5. Length of time symptoms were present
6. Previous treatment attempted
7. Applicable operative reports

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8. Applicable photographs

### **PHYSICIAN REVIEWER EVALUATION**

The reviewing physician may forward the case to a Blue Shield Promise Specialty Advisor for evaluation and determination.