



Policy Title: Reconstructive Surgery		POLICY #: 70.2.33	
		Line of business: ALL	
Department Name: Utilization Management	Original Date 11/99	Effective Date 5/19	Revision Date 12/18
Department Head: Sr. Director, UM 			Date: 3/21
Medical Services/P&T Committee: (If Applicable) PHP CMO 			Date: 3/21

PURPOSE

The purpose of this policy is to outline a process for the Blue Shield of California Promise Health Plan (Blue Shield Promise) 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
8. Applicable photographs

PHYSICIAN REVIEWER EVALUATION

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