

Seaside Health Plan Policies and Procedures	Effective Date: Note: For origination date see History at the end of Policy
SUBJECT: RECONSTRUCTIVE/COSMETIC SURGERY	Approval Signature: Barry Smith, MD Chief Medical Officer
Manual: Utilization Management Policy/Procedure # UM- Section:	Sponsor Signature: Kimberly Ward, RN Director, Utilization Management
<input checked="" type="checkbox"/> COMMERCIAL <input checked="" type="checkbox"/> HEALTHY FAMILIES <input checked="" type="checkbox"/> MEDI-CAL <input checked="" type="checkbox"/> MEDICARE	

AUTHORITY

Division of Plan Surveys Technical Assistance Guide (TAG);
The California Health and Safety Code Section 1367.63.

POLICY

Seaside Health Plan provides covered benefits for Reconstructive Surgery that meets its definition.

Seaside Health Plan does not cover Cosmetic Surgery as defined below.

For Medicare Advantage members, Medicare generally does not cover cosmetic surgery unless it is needed because of accidental injury or to improve the function of a malformed part of the body. Medicare covers breast reconstruction if a member has had a mastectomy due to breast cancer.

DEFINITION

Reconstructive Surgery: surgery to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease, to either improve function or create a normal appearance to the extent possible.

Cosmetic Surgery: surgery that is performed to alter or reshape normal structure of the body in order to improve appearance

PROCEDURE

- I. Prior authorization for reconstructive surgery may be required.

II. Decision Process

- A. Providers are involved in development and/or adoption of criteria used for modifying, deferring or denying requested services.
 - i. Providers have access to care guidelines via the intranet.
- B. The prior authorization decision to deny, modify, defer, delay and terminate requested services is always made by the Medical Director or physician designee.
 - i. Upon review, requests may be denied based on UM criteria and/or for any of the following:
 1. Denial of the proposed surgery or surgeries if the procedure or procedures, in accordance with the standard of care as practiced by physicians specializing in reconstructive surgery, offer only a minimal improvement in the appearance of the member.
 2. The determination of whether a surgery will produce only a minimal improvement should be based upon the standard of care, as practiced by physicians specializing in reconstructive surgery or other licensed physicians competent to evaluate the specific clinical issues involved in the care rendered.
 3. Denial of payment for procedures performed without prior authorization
- C. All potential candidates for bariatric surgery are referred to Diets by Design, with medical review by clinical pharmacist, prior to consideration for surgery approval
- D. The UM process and criteria utilized in making UM decisions is disclosed to the enrollee, provider, person designated by the enrollee and public upon request.

III. Decision Notification

- A. Seaside Health Plan will notify Members and Providers in a consistent and timely manner of modification, delay or denial of reconstructive surgery services

History: New

Origination Date: