



EFFECTIVE DATE: 04/19/2007
POLICY LAST UPDATED: 04/07/2014

OVERVIEW

This policy was written to document the services that are considered cosmetic. Cosmetic procedures are performed primarily to refine or reshape body structures that are not functionally impaired, to improve appearance or self-esteem, or for other psychological, psychiatric, or emotional reasons. For services that could possibly be considered not cosmetic, refer to the individual policies listed in the related policy section.

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

Commercial products

The following procedures are Contract Exclusions as these are considered cosmetic.

- Abdominoplasty
- Brow ptosis surgery
- Cervicoplasty;
- Chemical exfoliations, peels, abrasions (or dermabrasions or planning for acne, scarring, wrinkling, sun damage or other benign conditions);
- Correction of variations in normal anatomy including augmentation mammoplasty and correction of congenital breast asymmetry;
- Dermabrasion;
- Ear Piercing and/or repair of a torn earlobe;
- Excision of Excess Skin or Subcutaneous Tissue (except Panniculectomy as listed above);
- Genioplasty;
- Hair Transplants;
- Hair Removal (including electrolysis epilation);
- Inverted nipple surgery;
- Surgery for Gynecomastia, including but not limited to mastectomy and reduction mammoplasty;
- Osteoplasty: Facial Bone Reduction;
- Otoplasty; Procedures to correct visual acuity including, but not limited to, cornea surgery or lens implants;
- Removal of Asymptomatic Benign Skin Lesions;
- Repeated cauterizations or electrofulguration methods used to remove growths on the skin;
- Rhinoplasty;
- Rhytidectomy;
- Scar Revision, regardless of symptoms;
- Sclerotherapy for Spider Veins;
- Subcutaneous Injection of Filling Material;
- Suction assisted Lipectomy; ~~or~~
- Tattooing or Tattoo Removal (except tattooing of the nipple/areola related to a mastectomy);
- Testicular prosthesis surgery;
- Treatment of Vitiligo.

For coverage of procedures done in conjunction with a noncovered service, please refer to the following policy:

Coverage of Complications Following a Non-covered Procedure

BlueCHiP for Medicare

Cosmetic services are not covered under BlueCHiP for Medicare because they are not determined to be reasonable and necessary.

MEDICAL CRITERIA

BlueCHiP for Medicare and Commercial products

None

BACKGROUND

Cosmetic surgery and expenses incurred in connection with cosmetic surgery are not covered.

Cosmetic procedures are performed primarily to refine or reshape body structures that are not functionally impaired, to improve appearance or self-esteem, or for other psychological, psychiatric, or emotional reasons. Although cosmetic procedures are not covered, procedures with a documented functional impairment may be covered if they meet the medical necessity criteria outlined in the individual medical policies.

Medical and hospital services are sometimes required to treat a condition that arises as a result of services that are not covered because they are determined to be not reasonable and necessary or because they are excluded from coverage for other reasons. Services “related to” noncovered services (e.g., cosmetic surgery), including services related to follow-up care and complications of noncovered services which require treatment during a hospital stay in which the noncovered service was performed, and are not covered services under BlueCHiP for Medicare.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement for the applicable non-covered surgery service benefits/coverage.

CODING

Please refer to individual medical policies for coding information.

RELATED POLICIES

Blepharoplasty,
Abdominoplasty and Panniculectomy
Bariatric Surgery
Rhinoplasty with Nasal Reconstruction
Orthognathic surgery
Reduction Mammoplasty
Breast Implant removal
Laser Treatment for Proliferative Vascular Lesions
Varicose Vein Treatments
Breast Reconstruction and Applicable Mandates
Coverage of Complications After a Non-covered Procedure

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REFERENCES

BCBSRI 2014 VantageBlue Subscriber agreement
Medicare Benefit Policy Manual, chapter 16- General Exclusions From Coverage
MLN: Items and Services That Are Not Covered Under the Medicare Program

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