



**BlueCross BlueShield  
of Illinois**

# Blue Cross and Blue Shield of Illinois Provider Manual

## HMO Scope of Benefits Section 2020

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

# Cosmetic/Reconstructive Surgery

## Benefit

Cosmetic/reconstructive surgery is in benefit if performed to restore bodily function, to correct congenital deformities, or for conditions resulting from accidental injuries, tumors, disease or previous therapeutic processes. Psychological or psychiatric indications do not, by themselves, qualify cosmetic surgery for coverage.

## Interpretation

Many cosmetic surgical procedures may be performed for medical, rather than cosmetic, reasons. The etiology of the underlying condition for which the surgery is performed, rather than the type of procedure, is the factor which determines benefit eligibility.

## Covered Procedures

Reconstructive surgery to correct or revise previous surgery (including non-cosmetic revision of procedures done purely for cosmetic reasons), disease or accidental injury is in benefit regardless of insurance coverage at the time the causative condition developed. Covered procedures may include, *but are not limited to*, the following:

- Reconstruction or repair of congenital anomalies.
- Reconstruction of anybody member if absent or deformed as a result of trauma, disease or covered therapeutic processes.
- Revision or treatment of complications of procedures originally considered "cosmetic" if such treatment is not done for purely cosmetic reasons.
- Removal of implant material when encapsulated, infected, displaced or hardened; replacement of an implant is not covered if the implant was originally cosmetic in nature. (See benefits interpretation on Breast Surgery—section on complications)
- Revision of symptomatic scars (i.e. scar tissue restricts movement, affects the function of another organ, is painful, infected or keloidal in nature).
- Revision of scars secondary to congenital deformity, injury, tumor, or disease, *whether symptomatic or not*.
- Removal of traumatic or therapeutic tattoos.
- Dermabrasion or chemical peel for severe acne scarring.
- Rhytidectomy for correction of functional impairment (any body part).
- Sex-reassignment (transgender) surgery
- Hairplasty clearly associated with scarring or alopecia resulting from disease, trauma or previous therapeutic processes.
- Post-mastectomy reconstruction with or without prosthesis, including reconstruction of nipple and areola.
- Mammoplasty or mastopexy of the contralateral breast to bring it into symmetry with the post-mastectomy reconstructed breast.
- Augmentation mammoplasty and mastopexy to construct congenitally absent breast tissue.
- Reduction mammoplasty for excessively large pendulous breasts, justified by documentation relative to pain from deep shoulder grooving, postural problems or inflammatory intertrigo.
- Abdominal lipectomy for panniculus adiposus when the excess tissue causes significant symptoms or major disfigurement, such as folds hanging below the pubis.
- Revision of excess remaining tissue after massive weight loss, when such tissue causes significant symptoms or major disfigurement.
- Diastasis recti repair incidental to a covered abdominal lipectomy or midline hernia.
- Blepharoplasty (upper eye lids only) for marked blepharochalasis or skin excess with secondary impairment of peripheral vision (documentation with photographs or visual field chart necessary).
- Strabismus surgery regardless of the age of the member or date of origin of the condition. Also, subsequent surgical corrections required to obtain the desired results.
- Mentoplasty with or without implant for deformities of the maxilla and mandible resulting from birth defects, disease or injury. (See benefit interpretation on orthognathic surgery.)

- Mandibular or maxillary resection for prognathism or micrognathism in the presence of severe handicapping malocclusion with documenting cephalometric X-rays and occlusal models. (See benefit interpretation on orthognathic surgery.)
- Rhinoplasty or septoplasty for external nasal/septal deformity with airway impairment due to nasal bone deformity.
- Otoplasty (unilateral or bilateral) for congenital or acquired malformation.
- Pectus excavatum.
- Treatment of warts
- Laser treatment of rosacea
- Or such other procedures as determined by the Primary Care Physician (PCP)

### Not in Benefit

Benefits are not provided for **purely** cosmetic procedures, **unless there is documentation that the surgery/treatment is being performed for correction of congenital deformities or for conditions resulting from accidental injuries, tumors or disease. The Etiology of the Underlying Condition for Which the Surgery/treatment Is Performed, Rather Than the Type of Procedure, Is the Factor Which Determines Benefit Eligibility.** In the absence of appropriate documentation, the following procedures are considered cosmetic and not in benefit:

- Revision or treatment of complications, procedures or conditions that were originally considered cosmetic and revision is performed for purely aesthetic purposes.
- Excision or treatment of decorative or self-induced tattoos.
- Chemical peel or dermabrasion of face or other areas for wrinkling or pigmentation.
- Rhytidectomy solely for aging skin; buttock and thigh lifts; neck tucks.
- Excision or correction of glabellar frown lines.
- Revision of vaccination scars.
- Insertion or injection of prosthetic material to replace absent adipose tissue
- Hairplasty (any type) for male pattern alopecia (male or female member).
- Electrolysis for hirsutism.
- Augmentation of otherwise normal breasts, regardless of size.
- Reduction or repositioning mammoplasty when asymptomatic.
- Lipectomy when asymptomatic.
- Diastasis recti repair in absence of true midline hernia (ventral or umbilical) or overhanging lower abdominal panniculus adiposus.
- Blepharoplasty of upper or lower eyelids for blepharochalasis or skin excess without documentation of visual impairment.
- Ear or other body piercing. (however, revision of keloids associated with ear piercing and repair of torn ear lobes resulting from ear piercing are in benefit).

<b>Paid by</b>	Professional Charges	<b>IPA</b>
	Inpatient and/or Outpatient Surgical Facility Charges	<b>HMO</b>

**Note: See related benefits interpretations on Breast Surgery and Orthognathic Surgery**