



Plastic reconstructive surgery

Clinical Policy ID: CCP.1184

Recent review date: 10/2024

Next review date: 2/2026

Policy contains: Cosmetic surgery; plastic reconstructive surgery.

AmeriHealth Caritas has developed clinical policies to assist with making coverage determinations. AmeriHealth Caritas' clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of "medically necessary," and the specific facts of the particular situation are considered, on a case by case basis, by AmeriHealth Caritas when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. AmeriHealth Caritas' clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. AmeriHealth Caritas' clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, AmeriHealth Caritas will update its clinical policies as necessary. AmeriHealth Caritas' clinical policies are not guarantees of payment.

Coverage policy

The purpose of this policy is to supplement coverage guidance for plastic surgical procedures with cosmetic aspects that may not be contained in a separate clinical policy.

Plastic, also known as reconstructive, surgery is clinically proven and, therefore, may be medically necessary when **both** of the following criteria are met:

- The need for the surgical procedure is clinically proven.
- The goal of surgery is to correct a functional impairment of a body area caused by a congenital defect, trauma, burns, infection, tumors, or disease.

Limitations

Surgery performed to improve body appearance in the absence of a functional impairment is considered cosmetic and, therefore, not medically necessary.

All requests for coverage of plastic surgery for a non-Medicare member require prior review by a Medical Director on a case-by-case basis, except for those procedures addressed in another clinical policy or required by state or federal authorities.

Alternative covered services

- Prescription drug therapy may be appropriate for certain conditions.
- Behavioral health services.

Background

While both cosmetic and plastic surgery address improving a patient's body, the overarching philosophies guiding the training, research, and goals for patient outcomes are different from those of other surgeries (American Society of Plastic Surgeons, 2024b). Cosmetic surgical procedures, techniques, and principles are entirely focused on reshaping structures of the body to improve aesthetic appeal, symmetry, and proportion in a person's appearance. Because the treated areas function properly, cosmetic surgery is elective. Cosmetic surgery can be performed by doctors from a variety of medical fields, including plastic surgeons (American Society of Plastic Surgeons, 2024a).

Plastic surgery is a surgical specialty dedicated to correcting functional impairments of the face and body caused by congenital defects, trauma, burns, infection, tumors, and disease. A functional impairment is a direct and measurable reduction in physical performance of an organ or body part. Surgery is generally performed to improve function (American Society of Plastic Surgeons, 2024b).

The field of plastic surgery continuously strives for innovation to provide the highest quality of care. Evidence-based medicine integrates the best research evidence with clinical expertise and patient values, but, until recently, its adoption for plastic surgery was slow. The American Society of Plastic Surgery actively promotes the use of evidence-based medicine to encourage publication of higher-quality evidence from well-designed randomized controlled trials, cohort studies, case-control studies, systematic reviews, and, if possible, meta-analyses of plastic surgery technologies and treatments (Kowalski, 2013). McGuire (2019) offers cautious interpretation of meta-analyses that introduce a high risk of bias when attempting to synthesize low level and heterogeneous primary studies.

In recent years, plastic surgery journals have published higher-quality research and a significantly greater proportion of robust Level I and II studies (Rifkin, 2020; Rohrich, 2021). These publications will ensure improvement in the best available evidence on which decisions permitting use of plastic surgical procedures can be based. Further improvement in the quality of publications is needed, as concluded by an analysis of 227 systematic reviews on breast plastic surgery (Tumeh, 2023).

Findings

Not applicable.

References

On August 9, 2024, we searched PubMed and the databases of the Cochrane Library, the U.K. National Health Services Centre for Reviews and Dissemination, the Agency for Healthcare Research and Quality, and the Centers for Medicare & Medicaid Services. Search terms were "cosmetic techniques" (MeSH), "evidence based medicine" (MeSH), "surgery, plastic" (MeSH), "plastic surgery," and "reconstructive surgical procedures." We included the best available evidence according to established evidence hierarchies (typically systematic reviews,

meta-analyses, and full economic analyses, where available) and professional guidelines based on such evidence and clinical expertise.

American Society of Plastic Surgeons. Cosmetic procedures. <https://www.plasticsurgery.org/cosmetic-procedures>. Published 2024.(a)

American Society of Plastic Surgeons. Reconstructive surgery. <https://www.plasticsurgery.org/reconstructive-procedures>. Published 2024.(b)

Kowalski E, Chung KC. The outcomes movement and evidence-based medicine in plastic surgery. *Clin Plast Surg*. 2013;40(2):241-247. Doi: 10.1016/j.cps.2012.10.001.

McGuire C, Samargandi OA, Corkum J, Retrouvey H, Bezuhly M. Meta-analyses in plastic surgery: Can we trust their results? *Plast Reconstr Surg*. 2019;144(2):519-530. Doi: 10.1097/prs.0000000000005880.

Rifkin WJ, Yang JH, DeMitchell-Rodriguez E, Kantar RS, Diaz-Siso JR, Rodriguez ED. Levels of evidence in plastic surgery research: a 10-year bibliometric analysis of 18,889 publications from four major journals. *Aesthet Surg J*. 2020;40(2):220-227. Doi: 10.1093/asj/sjz156.

Rohrich RJ, Cohen JM, Savetsky IL, Avashia YJ, Chung KC. Evidence-based medicine in plastic surgery: From then to now. *Plast Reconstr Surg*. 2021;148(4):645e-649e. Doi: 10.1097/PRS.0000000000008368.

Tumeh RA, Neto MS, Sales GD, Ferreira LM. Quality regarding the systematic reviews in breast plastic surgery. *Aesthetic Plast Surg*. 2023;47(2):559-567. Doi: 10.1007/s00266-023-03264-8.

Policy updates

8/2015: initial review date and clinical policy effective date: 10/2015.

8/2016: Policy references updated.

8/2017: Policy references updated.

7/2018: Policy references updated. Policy ID changed.

9/2019: Policy references updated. The topic of scar revision removed from policy.

10/2020: Policy references updated.

10/2021: Policy references updated.

10/2022: Policy references updated.

10/2023: Policy references updated. Title changed from “Cosmetic and Plastic Reconstructive Surgery” to “Plastic Reconstructive Surgery.”

10/2024: Policy references updated.