

OHCA Guideline

Medical Procedure Class:	Cosmetic and Reconstructive Procedures
Initial Implementation Date:	7/6/2021
Last Review Date:	3/10/2025
Effective Date:	3/25/2025
Next Review/Revision Date:	March 2028
* This document is not a contract, and these guidelines do not reflect or represent every conceivable situation. Although all items contained in these guidelines may be met, this does not reflect or imply any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.	
<input type="checkbox"/> New Criteria <input checked="" type="checkbox"/> Revision of Existing Criteria	
Summary	
Purpose:	To provide guidelines to assure medical necessity and consistency in the prior authorization process.
Definitions	
<p>Acquired condition or deformity – medically diagnosed condition or deformity that occurs after birth that significantly deviates from the common structure or function of the body that may have been caused by trauma, infection, tumor, or disease. Examples include burn wounds, lacerations, growths, and problems associated with aging. For example, some older adults with redundant or drooping eyelid skin blocking their fields of vision might have eyelid surgery.</p> <p>Congenital abnormality – medically diagnosed condition present at or from birth that significantly deviates from the common structure or function of the body, whether caused by a hereditary or developmental disability or disease. Some common examples of congenital abnormalities are birthmarks, cleft lip and palate deformities, hand deformities such as syndactyly (webbed fingers) or extra or absent fingers, and abnormal breast development (for example Poland's Syndrome).</p> <p>Cosmetic procedure/surgery – surgical procedure performed to reshape and adjust normal structures of the body to improve the patient's appearance and self-esteem. Cosmetic surgery is intended primarily to preserve or improve appearance</p> <p>Reconstructive procedure/surgery – surgical procedure performed to restore and improve function and correct any deformities or abnormal structures of the body that have been caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease.</p>	
CPT Codes Covered Requiring Prior Authorization (PA)	
11920, 11921, 11922, 11950, 11951, 11952, 11954, 11960, 11970, 14301, 14302, 15772, 15773, 15774, 15777, 15780, 15781, 15782, 15783, 15786, 15787, 15788, 15789, 15792, 15793, 15820, 15821, 15822, 15823, 15824, 15825, 15826, 15828, 15829, 15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15847, 15876, 15877, 15878, 15879, 19300, 19303, 19316, 19318, 19325, 19328, 19350, 19355, 21120, 21121, 21122, 21123, 21125, 21127, 21141, 21142, 21143, 21145, 21146, 21147, 21188, 21193, 21194, 21195, 21196, 21198, 21206, 21208, 21247, 21248, 21249, 21255, 21260, 21270, 21275, 21280, 21282, 30400, 30410, 30420, 30430, 30435, 30450, 36465, 36466, 36470, 36471, 37761, 56620, 56625, 56630, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 67911, 69300, 96912, 96920, 96921, 96922	
Approval Criteria	
Reconstructive Surgery:	

- A. Reconstructive surgery may be considered for coverage when the procedure does at least **ONE** of the following:
1. Improves or restores physical function; **or**
 2. Corrects significant deformity resulting from disease, trauma, or previous therapeutic process; **or**
 3. Corrects congenital or developmental anomalies that have resulted in significant functional impairment or disfigurement.
- B. The following information must be submitted with each prior authorization request to determine medical necessity:
1. The location and cause of the defect; **and**
 2. Medical reasons for the procedure; **and**
 3. Pre-surgery medical photographs of the defect; **and**
 4. Listing of the CPT codes describing the procedures to be performed; **and**
 5. Documentation of symptoms of pain or infection; **and**
 6. Documentation of function that will be improved or restored.

Note: Some reconstructive procedures have additional medical coverage criteria that are listed in separate guidelines. Additional OHCA guidelines are available for breast procedures (reduction, reconstruction, etc.), eye procedures (blepharoplasty, brow ptosis, blepharoptosis repair, and lid retraction correction), labiaplasty, panniculectomy, rhinoplasty, sclerotherapy, and septoplasty.

Cosmetic Surgery

- A. For members aged 21 years and older, procedures performed for cosmetic reasons are not a covered benefit.
- B. For members aged 0-20 years, cosmetic procedures may be considered for coverage if the member has a DSM (Diagnostic and Statistical Manual of Mental Disorders) classified diagnosis and documentation from a treating physician certifying the procedure is emotionally necessary. *All requests should be referred to an OHCA Medical Director/Physician Consultant for review.*

References

1. Oklahoma Health Care Authority Policy Manual, OAC 317:30-3-1; 30-3-59; 30-3-60; 30-5-2
2. Novitas, LCD L35090, Cosmetic and Reconstructive Surgery, effective 7/11/2021
3. American Society of Plastic Surgeons, Cosmetic Procedures, <https://plasticsurgery.org/cosmetic-procedures>, accessed 3/10/2025
4. American Society of Plastic Surgeons, Reconstructive Procedures, <https://plasticsurgery.org/reconstructive-procedures> , accessed 3/10/2025