

Policy Number: CP-IFP22-027A

Effective Date: January 1, 2024

Cosmetic Services

The purpose of this policy is to provide clarity and specificity for Cosmetic surgery or nonsurgical procedures, including some dental services, performed to improve or change a member’s appearance (other than reconstructive surgery) that is not medically necessary to treat a related illness or injury are not covered.

DISCLAIMER

Coverage Policies are developed to assist in identifying coverage for UCare benefits under UCare’s health plans. They are intended to serve only as a general reference regarding UCare’s administration of health benefits and are not intended to address all issues related to coverage for health services provided to UCare members.

These services may or may not be covered by all UCare products (refer to product section of individual coverage policy for product-specific detail). Providers are encouraged to have their UCare patient refer to their UCare plan documents (Evidence of Coverage/Member Handbook/Member Contract) for specific coverage information. If there is a conflict between a coverage policy and the UCare plan documents, the UCare plan documents prevail.

Coverage Policies do not constitute medical advice. Providers are responsible for submission of accurate and compliant claims.

Product Summary

This coverage policy applies to the following UCare products:

UCare product	Applies to
UCare Individual & Family Plans (IFP), UCare IFP with M Health Fairview	✓
UCare Medicare Plans, UCare Medicare with M Health Fairview & North Memorial Health, UCare Advocate Plus (HMO I-SNP), EssentiaCare	
UCare’s Minnesota Senior Health Options (MSHO) (HMO D-SNP)	
UCare Connect + Medicare (HMO D-SNP)	
UCare Connect (SNBC)	
Prepaid Medical Assistance Program (PMAP), MinnesotaCare	
Minnesota Senior Care Plus (MSC+)	

Benefit category:

Exclusions – Services Not Covered

Definitions or summary

Cosmetic procedures-surgical and non-surgical procedures that enhance and reshape structures of the body to improve appearance and confidence.

Reconstructive surgery- Surgery and follow-up treatment to correct or improve a part of the body due to birth defects, accidents, injuries or medical conditions or when such service is performed on a covered dependent child because of congenital disease or anomaly which has resulted in a functional defect as determined by the attending physician.

Examples of plastic surgery procedures include, but are not limited to the following:

- Breast augmentation or reduction
- Fat reduction procedures like liposuction
- Body lifts or contouring including abdominoplasty, brachioplasty (arm lift), buttock enhancement
- Face & Neck lifts including Otoplasty (ears), eyelid surgery (in the absence of documented visual impairment) Rhinoplasty (nose)
- Gynecomastia surgery (male breast reduction)
- Genital plastic surgery

Minimally invasive services

- Injections (Botox®, Dysport®, Jeuveau®, Xeomin®) for cosmetic reasons
- Dermabrasion, chemical peel, laser skin resurfacing
- Sclerotherapy for spider vein treatment
- Tattoo removal
- Nonsurgical aesthetic genital procedures

Coverage policy

Cosmetic procedures are excluded from coverage under the member's contract

Non covered

- Cosmetic dental services such as appliances and braces to improve the appearance of the teeth
- Cosmetic surgery to improve or change appearance (other than reconstructive surgery) that is not medically necessary to treat a related illness or injury.
 - *Does not apply to port wine stain removal and reconstructive surgery.*
- Cosmetic surgery, services, and treatments to improve the member's appearance or self- esteem.
- Dental Procedures that are non-accidental or injury related or cosmetic in nature
- Drugs used for cosmetic purposes
- Gender-confirming surgical procedures that are not medically necessary.
- Orthodontia services for members 19 and older

Prior authorization
<p>Prior authorization is required for cosmetic or reconstructive services. Authorization is <u>not</u> required for Blepharoplasty or Breast reconstructive surgery following medically necessary mastectomy.</p>

Related policies and documentation	
<i>References to other policies or documentation that may be relevant to this policy</i>	
Policy Number	Policy Description
None	

References and source documents
<i>Links to the UCare contracts, Center for Medicare, and Medicaid Services (CMS), MHCP, Minnesota statute and other relevant documents used to create this policy</i>
Member Contract:
Pharmacy Formulary:
Medical Services Authorization & Notification requirements:

Coverage Policy Development and Revision History		
Version	Date	Note(s)
V1	July 1, 2022	New policy
	Nov.30, 2022	Annual review; no changes
	Oct. 30, 2023	Annual review; no changes