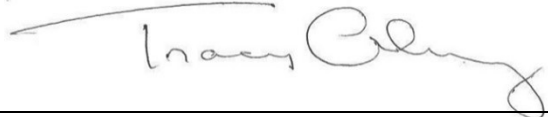



Policy Title: Reconstructive Surgery		POLICY #: 10.02.59	
Department Name: Utilization Management		Original Date 11/99	Line of business: Medi-Cal
		Effective Date 5/19	Revision Date 12/18, 11/22, 10/23
VP Approval: Tracy Alvarez, VP, Medical Care Solutions 		Date of Approval: 06/11/2024	
Medical Services/P&T Committee: (If Applicable) Jennifer Nuovo, MD Chief Medical Officer 		Date of Committee Review: 06/11/2024	

A. PURPOSE

The purpose of this policy is to outline a process for the Blue Shield of California Promise Health Plan (Blue Shield Promise) Utilization Management (UM) department for the provision of reconstructive surgery as defined, but excludes coverage for cosmetic surgery, as defined for members.

B. DEFINITIONS

“Cosmetic surgery” means surgery that is performed to alter or reshape normal structures of the body in order to improve appearance. A procedure might be considered either cosmetic or medical depending on the reason for it (e.g., breast reduction surgery for pain).

“Reconstructive surgery” means surgery performed to correct or repair abnormal structures of the body caused by congenital defects, development abnormalities, tumors, infections, trauma, or disease to do either of the of the following:

1. To improve function
2. To create a normal appearance, to the extent possible (California Health & Safety Code [HSC] §1367.63)

In the case of transgender members, gender dysphoria is treated as a “developmental abnormality” for purposes of the reconstructive statute and “normal” appearance is to be determined by referencing the gender with which the member identifies. (See UM Policy 10.2.28 Transgender Services & Department of Health Care Services [DHCS] All Plan Letter [APL] 20-018).

## C. POLICY

Blue Shield Promise will provide reconstructive surgery to all members, including transgender members, to correct a condition which has resulted in a functional defect or has resulted from injury or surgery and has produced a major effect on the member's appearance. Requests for reconstructive surgery will generally require review by the Medical Director or a physician reviewer or as part of gender reassignment (see UM Policy 10.2.28 Transgender Services)

## D. PROCEDURE

The analysis of whether or not a surgery is considered reconstructive surgery is separate and distinct from a medical necessity determination.

Submitted documentation of medical necessity should include all of the following:

1. Brief medical history
2. Condition being corrected
3. Date of injury (if applicable)
4. Symptoms
5. Length of time symptoms were present
6. Previous treatment attempted
7. Applicable operative reports
8. Applicable photographs

### PHYSICIAN REVIEWER EVALUATION

The reviewing physician may forward the case to a Blue Shield Promise specialty advisor for evaluation and determination.

## E. MONITORING

N/A

## F. REPORTING

N/A

## G. REFERENCES & ATTACHMENTS

- HSC §1367.63
- APL 20-018
- UM Policy 10.2.28 Transgender Services

## H. REVISION HISTORY:

Date	Modification (Reviewed and/or revised)	E-filing Number
11/22	<ul style="list-style-type: none"> <li>• Updated Policy Numbering to reflect Medi-Cal Only</li> <li>• APL 20-018</li> <li>• Annual Review of Regulatory Requirements DHCS, DMHC, NCQA</li> </ul>	
10/23	<ul style="list-style-type: none"> <li>• Annual review of regulatory requirements (DHCS, DMHC, NCQA)</li> <li>• Formatting updates &amp; grammatical corrections</li> </ul>	