

COSMETIC VS. RECONSTRUCTIVE SURGERY

One of the more complicated questions in plastic surgery is the answer to this seemingly simple question, “Is this surgery cosmetic surgery or reconstructive surgery?” There can be different answers in different circumstances, and we will try to discuss here what this all means.

The American Medical Association gives us fairly clear definitions:

Cosmetic Surgery: Surgery performed on normal structures with the main purpose being to improve the appearance or look. Examples include facelifts, breast enlargements, “tummy tucks,” and liposuction.

Reconstructive Surgery: Surgery performed on abnormal structures with the main purpose being to restore them towards normal. The abnormality may be caused by accident, by congenital deformity, by infection, by disease, etc. Examples include breast reconstruction after cancer, nose surgery for abnormal breathing, skin cancer treatment, etc. An improved appearance may also be achieved, but it is not the primary purpose.

The problem comes when you ask an insurance company to pay for surgery. In their mind the defining term is slightly different. They want to define a covered procedure as “medically necessary.” This leads to confusion. We can agree that “cosmetic surgery,” as defined above, is not medically necessary, but the insurers also want to exclude many procedures that are reconstructive. In addition to this difference of definition, there are 100’s of insurance companies and 1000’s of different kinds of policies. These different policies may also exclude certain procedures whether they are reconstructive or not. And finally, payments that insurers make are different depending on deductibles, co-payments, etc. As we said, it is confusing.

There is a solution to this confusion in most cases. Dr. Lundquist will ask for a ***prior authorization*** if available. This involves us sending a letter and photos to the insurance company. It is specifically asked if they will cover the costs of the procedure. They answer in approximately 4 weeks usually. If they deny coverage, the decision can be appealed. Unfortunately, even this solution is not without its problems. Even though prior authorization is given, in rare cases payment may still be withheld. This is particularly frustrating for everyone! What more can we do? The other major problem is that some companies, but especially Medicare, do not offer this prior authorization process. In these cases the only thing to do is to try and get all the possible documentation in order before surgery and use it afterwards if the claim is denied.

As stated earlier, this is one of the most common questions in plastic surgery. On the one hand the definitions are easy, but when it comes to whether or not an insurance company will pay, the answers are more difficult. Dr. Lundquist and his staff will try to assist you in any way that we can if you run into problems in this area. Often one of your best advocates will be your primary care physician who can argue on your behalf without the conflict of trying to be paid for the surgery.