



Plastic Surgery & Dermatology Associates (PSDA)

Dr. Lowe's Policy Statement on Combined Cosmetic and Reconstructive Procedures

Our office will be happy to submit any medically indicated procedure for insurance approval if we have contracted with your insurance company to provide you service. The question often arises regarding what is considered medically indicated and what is considered cosmetic. It is important for you to understand that we try very hard to respect your concerns while maintaining high ethical standards in our practice.

The definition of *cosmetic surgery* is to try to enhance ones appearance with surgery. The definition of *reconstructive surgery* is to try to restore one to normal with surgery. Sometimes we do not agree with insurance companies, and we will make a formal appeal in those cases. Nevertheless, it should be known that we will not submit any procedure to your insurance company that we feel is purely cosmetic in nature. Let us provide you with some specific clinical examples of conditions that patients often find difficult to differentiate.

PANNICULECTOMY – A panniculectomy means to remove a pannus or roll. This can be a medically indicated procedure because it addresses redundant skin on the abdominal wall that may produce a rash or limit activity. We differentiate a panniculectomy from a formal abdominoplasty, because an abdominoplasty requires a great deal more skin undermining, abdominal wall plication, and flank liposuction. If we perform a panniculectomy alone it is important for you to understand that it does not address any cosmetic concerns. If you would like to have an abdominoplasty following your panniculectomy then a separate fee must be paid in advance to the department of surgery, the facility, and anesthesia.

RHINOPLASTY – Often patients seeking consultation for a rhinoplasty have associated deviated septum or airway obstruction. The septal surgery or the airway improvement would be a medically indicated part of the procedure, but an enhancement in the appearance of your nose would require a separate cosmetic fee. Patients often say that they know surgeons who do not charge for the cosmetic part of the operation and we always tell them that we can not ethically do that. If your insurance covers the airway surgery or septal surgery, a separate fee would be paid to the department of surgery, the facility, and anesthesia.

BREAST REDUCTION – Breast reduction may be excluded from your policy and therefore would not be covered by your insurance company. Often insurance companies require documentation of height and weight as well as evidence of functional limitations and diet. A letter from your primary care physician is often helpful in the

approval process. Insurance companies do not pay for breast lifts or mastopexy surgery and a minimum amount of breast tissue must be removed in some cases. Your photographs that we forward to the insurance company usually tell the whole story.

EYELID SURGERY – If your upper eyelids are excessive or redundant, they may obstruct your vision. In these cases an upper eyelid “blepharoplasty” may be medically indicated and covered by your insurance. Often a formal visual field exam is required from an eye doctor to confirm the diagnosis. Lower eyelid surgery is frequently performed in combination with the upper eyelid, but this is a purely cosmetic procedure not covered by your insurance company. Other ancillary procedures such as droopy eyelids or lateral eye tightening may be covered by your insurance in some cases.

REFUSED PROCEDURES – Any procedure that is refused by your insurance company because they consider it to be cosmetic or excluded from the policy can be provided at a price based on time and complexity. Certain cases can be appealed successfully or will be approved when your insurance company changes. If you decide to pay out of pocket for a procedure such as a scar revision or breast reduction you should know that complications arising from such procedures are often not covered by your insurance company.

INSURANCE GAME – Most procedures performed by plastic surgeons require pre-certification or pre-approval. This process is not as easy as it might seem and often insurance companies make it difficult for us to approve elective procedures so often seen in plastic surgery. It is important for you to be aware of the process and to stay “on top of things” if you want an elective procedure approved in a timely manner. Photographs are usually required by insurance for elective procedures. We send the photos that are most reflective of your medical condition, and we try not send photos if they do not contribute to the process. In difficult cases, we encourage you to call our office every month to check on the progress of your approval and to confirm the paperwork has been received by your insurance company. We will usually appeal any case that is unfairly refused and try our best to inform you when the process is complete. Always remember when dealing with your insurance that you are the customer and the “squeaky wheel get the oil.” Most elective approvals take a minimum of 2 months to obtain.

SUMMARY - We have worked hard to provide a fair way to address cosmetic concerns that you may have without defrauding your insurance company in the process. If some part of your surgery is covered by your insurance company they usually allow you to undergo cosmetic procedures as long as you pay for these procedures and any extra hospital time. Often you can save a great deal on the cost and recovery when such procedures are combined. If you have concern regarding this policy, we strongly encourage you to seek second opinion or at least compare our policies and cost with other surgeons who provide similar services.

Please remember that we are on your side and hope that this information will assist you in an often hard fought process.