Cosmetic or reconstructive surgery

Blue Care Network provides coverage for this procedure for adult members who meet medical necessity criteria. Submit authorization requests through e-referral. The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below. If all questions are answered, e-referral will either approve or pend the case. If the case pends and BCN cannot authorize it, BCN will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. Compliance with this prior authorization requirement will be monitored retrospectively.

Applicable codes: *0480T, *0491T, *0492T, G0429, Q2026, S0800
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See below for the questions you’ll encounter for this procedure in the e-referral system.

You must answer each question by choosing either Yes, No, Not Applicable or another appropriate option.

Is the surgery SOLELY to preserve or enhance the patient’s appearance or self-esteem? NOTE: If the surgery is NOT SOLELY to preserve or enhance the patient’s appearance or self-esteem, you MUST select “No.”

Possible answers: □ Yes □ No □ N/A

Is the surgery to repair a defect caused by EITHER a congenital (birth) defect or developmental abnormality?

Possible answers: □ Yes □ No □ N/A

Is the surgery being performed because the patient has an abnormal body structure caused by EITHER trauma, infection, tumor or disease and the surgery is required to restore the patient’s appearance to a state of normalcy?

Possible answers: □ Yes □ No □ N/A
See below for the questions you’ll encounter for this procedure in the e-referral system. (continued)

You must answer each question by choosing either Yes, No, Not Applicable or another appropriate option.

**Q** Is the reconstructive surgery NOT due to an abnormal body structure caused by a birth defect, trauma, infection, tumor or disease AND IS due to an abnormality that is causing a functional impairment such as pain or other physical deficit that interferes with activities of daily living?

**A**

Possible answers: □ Yes □ No □ N/A

**Q** Please include in the free text section provided the condition being treated, the functional impairment and what conventional treatment was tried and did not work.

**A**