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Plastic and Reconstructive Surgery

Tips on Getting Your Plastic Surgery Approved

About This Paper

This document was originally created in 2002, when a patient asked me about what she could do to aid in the insurance approval process. That original document has been downloaded thousands of times from my website! A lot has changed since then, and the time came to update the work, expand the scope, and add some online resources.

Here you will get an overview of the insurance process plus a few ideas to hopefully help you get through it. I have included resources where I felt necessary, and an Appendix.

My Philosophy

My belief is that patients with morbid obesity suffer from a disease, and cure of that disease results in excess skin, which in many cases is a true deformity.

Therefore, it is my belief that insurance should treat excess skin following massive weight loss as a deformity, and cover the costs of reconstructive surgery.

My belief is that the primary goal of plastic surgery after weight loss is to *restore normalcy* and not only create beauty. Hence the surgery is reconstructive, not cosmetic.

What I *believe* is right, what they *say* in their policies, and what they actually *do* are unfortunately not the same things.

The upshot of all of this is:

- My office will work with most insurance plans that allow a choice of doctors. This generally means we *cannot* work with EPO **or** HMO plans.
- We *do not* contract with insurance companies because I personally do not want to be contractually bound by their rules, which I feel are not in the patient's best interest in some cases. *i.e.* we are **an** "out of network" provider
- We will gladly help our patients understand their plans, collect the documentation, organize the information in the proper form for insurance to approve, and help you with an appeal. We reserve the right to limit these very labor-intensive services to patients who have decided to use us as their surgeon.

- Because of the nature of coverage for plastic surgery, most patients will still be faced with out-of-pocket costs. I will not lower my level of service or exclude needed procedures just because it is not paid for by insurance.

Step One: Learn about their policy...and adjust your psychology.

Many patients receive quick approval for their weight loss surgery. This happens because it so clearly saves patients from developing major health problems (diabetes, heart disease, high blood pressure, back and joint problems). Plastic surgery does not have as clear cut **of** a benefit, and so insurance companies are often more reluctant to cover it.

American health care is currently in a crisis. The insurance companies are facing massive costs and are raising their rates. They must ration care, and plastic surgery often ends up at the bottom of their list. As the companies face increasing threats to their monopolies and financial well-being, my guess is they will become even harder to deal with in the short term.

Realizing this, if you are seeking insurance coverage

- You must expect delays, paperwork, and administrative issues
- Try and avoid pinning all your hopes on having surgery based only upon receiving coverage. Disappointment and frustration will undoubtedly follow. *Have your backup financing plans working alongside your insurance plans.*
- As you will learn below, you will likely still have out of pocket expenses even if you receive coverage.

Know Your Plan and Start Planning

Learn About Your Plan Benefits

One of the most important steps you can make is figuring out how your plan works. Even within one insurance company, there are a multitude of plans. If you receive insurance from a large employer, they may have a plan that is customized to meet their budget.

Some plans may have strict exclusions and plastic surgery may be one of those things. Plans may also have wide variation in the criteria they use for approval. Here, I will try and limit my comments to the general guidelines they use.

You can check several sources and find out about what your plan covers. The way they cover things are called “Clinical Policy Bulletins” and some may be available online. The Appendix has links to the larger companies. Other sources of help are:

- Your HR person at the office, or manager
- Your handbook of benefits
- The surgeon seeking approval for your procedures.

In general, the main plastic surgery procedures covered are going to be breast reduction and abdominoplasty. Things like arm and leg lifts, liposuction, breast implants, and muscle tightening are rarely covered and will not be discussed specifically.

Once you know your plan, you can set about meeting their criteria for approval.

Begin Preparation and Select Your Primary Care Doc

You need to select a family doctor, OB-Gyn, or other provider who *understands* you and your weight loss, and is supportive of you having the skin removed. Even your bariatric doc can document skin problems at your follow-up visits.

If you have neck or back issues, a chiropractor or physical therapist may also help.

Getting approval is a matter of *documenting* one or more of the conditions that may be caused by your excess skin. These conditions are:

Skin rashes

Neck pain

Skin infections

Shoulder pain

Boils or pimples where skin rubs

Bra strap notching

“Functional impairment” can also be used to help obtain coverage. You and your doctors must prove that the excess skin interferes with your functions daily life. This is usually reserved for extreme cases where the skin interferes with walking, work, or your normal movements. A **Letter of Medical Necessity** must then be prepared. An example is in the appendix.

For abdominoplasty or panniculectomy, almost all of the plans are going to require that you have *documentation* that several things are present:

1. Skin that hangs below the pubic region **from both a front and side view**
2. Rashes and infections that occur on areas over skin-on-skin contact
3. The rashes or infections must recur **monthly** over **a minimum of 3 months**

4. You must receive medication to attempt to control the skin problems
5. “Functional impairment” is sometimes listed as criteria by the plans.

For breast reduction, you are probably going to have to have clinical documents showing:

1. Neck, shoulder or back pain that interferes with your daily life
2. Failure of medications to relieve the pain
3. Failure of non-surgical methods to relieve the pain
4. Documentation by the surgeon that a certain amount of breast tissue will be removed.
5. Your problems must be present for several months (i.e. 3 or more) in order to be a candidate for approval.

Documentation means that you have been to the doctor’s office, and these things were found on your clinical exam. Documentation is *not* simply a letter from a doctor stating that you have those issues.

In order to secure documentation, you will need to call your doctors office and book an appointment to be seen *for the problem you have*. Mentioning your complaint as a last-minute addition to a well-woman exam will likely NOT get the diagnosis added to the doctor’s note. Insurance must know you are there for the skin rashes.

In order to prove that you have received therapy for the condition, you need to have whatever prescription given to you filled. Also, save your receipts.

Begin Preparation and Select Your Primary Care Doc (continued)

When the time comes to submit your documentation, you will need a copy of all the visits you made in the preceding months. In my office, we ask that our patients obtain these records, as it is faster and avoids the **HIPPA** paperwork.

The Appendix lists several links to major insurers’ policies on approval for abdominal and breast procedures.

Select Your Plastic Surgeon

Selecting your plastic surgeon is probably the most important step in ensuring a good result. The Appendix lists several non-biased sources for locating a plastic surgeon in your area.

I highly recommend seeing only a surgeon certified by the American Board of Plastic Surgery *and* one with a dedicated interest in post-bariatric plastic surgery.

You will next need to call their offices and confirm that they are willing to work with insurance.

Understand Your Responsibilities Before AND After Surgery

You should confirm with the plastic surgeon that you are expecting to use insurance, and will need to ask some questions:

- Who will be responsible for collecting the medical records from other doctors?
- When will the letter requesting coverage be sent?
- How long will it take to get an answer?
- What is your policy on sending an appeal if we are denied?
- What will my financial responsibilities be before and after surgery?

You should ask your PS if he will bill you for any balance owed after insurance pays him. There is wide variability here. Doctors who contract with the insurance plans *cannot* bill you for a service that insurance already paid them on if they are *in* network.

In my practice, we are out of network. This gives us greater flexibility in billing the insurance company, and we do not require payments from our patients after surgery. Some plans will penalize patients who select an out-of-network provider by charging them a higher or separate deductible. Your doctor will check your benefits to see if this is the case.

Decide What You Want

A common problem is defining what a “tummy tuck” actually is. A true abdominoplasty has many components:

Removal of excess skin
Pubic lift
Muscle tightening

New belly button
Liposuction of waist (if needed)
Insertion of pain pump

You should be very clear about what you want from the surgery. Do you want simple removal of the overhanging skin, or do you prefer a more sculpted result with an emphasis on the aesthetics? You may be charged for the items not covered by insurance, so your out-of-pocket expenses will depend on these decisions.

On the other hand, a panniculectomy is simple removal of the excess skin. In its most basic form, the belly button may be completely removed. Obviously, this operation does *not* create a very pleasing appearance, although it can solve the skin rash issues.

Be sure you know what you are getting. Ask to see photos of the doctor's before and after **photos** that resemble your expected result. Getting a basic panniculectomy when you expected an abdominoplasty is **a** most unpleasant surprise to wake up to.

Try to Prevent a Denial

The best way to avoid a denial or rejection of your request for services is to be sure your plan does not have an exclusion for the procedures you want. Also, your doctor should not send in the Letter of Medical Necessity until you have met the criteria for approval.

Even if you submit a perfectly worded letter with documentation, the insurance company could still reject your request. Common knowledge is that the companies reject many requests for approval, and may even go on to deny the payment to the doctor after they approve the procedure!
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Prepare yourself for this, and have a backup plan available. In cases of denial, there are several options:

- Find out the reason for denial...were all the documents sent? Did you meet the criteria?
- You may request an appeal from the company, and in some cases you may request an independent review of your case. Some companies will also allow a same-specialty physician to review your case upon request.
- As a last resort, you can refer your case to your state's department of insurance for review. They cannot get you coverage, but can investigate if you feel the case was handled unfairly.

Sometimes it is a simple matter of re-sending your case for review, especially if you have met the conditions for approval. This process makes planning of your surgery difficult, but is simply a part of working with insurance.

APPENDIX

The following internet links may be useful, as they contain conditions for getting approval or are for sites that are helpful in this stage of your journey.

AETNA has their policies online. This page covers abdominoplasty:
http://www.aetna.com/cpb/medical/data/200_299/0211.html

This page covers breast reduction:
http://www.aetna.com/cpb/medical/data/1_99/0017.html

This link has a list of procedures AETNA considers “cosmetic”
http://www.aetna.com/cpb/medical/data/1_99/0031.html

ANTHEM –Blue Cross

Abdominoplasty

http://www.anthem.com/ca/medicalpolicies/policies/mp_pw_a053328.htm

Breast Procedures

http://www.anthem.com/ca/medicalpolicies/policies/mp_pw_a050277.htm

CIGNA

http://www.cigna.com/customer_care/healthcare_professional/coverage_positions/medical/mm_0027_coveragepositioncriteria_abdominoplasty_and_panniculectomy.pdf

The American Society of Plastic Surgeons offers a national database of board-certified plastic surgeons

www.plasticsurgery.org

ObesityHelp offers a list of plastic surgeons, including doctors reviewed by other weight loss patients

<http://www.obesityhelp.com/morbidobesity/professionals/find-professional.php?type=33>

MakeMeHeal offers a forum for patients who have undergone various plastic surgery procedures. There are extensive posts about recovery and aftercare, physician ratings, plus an online store.

<http://messageboards.makemeheal.com/>

RealSelf.com offers an unbiased source of information about many procedures, reviews of doctors, and a huge photo gallery linked to individual plastic surgeons.

www.realself.com

Cosmetassure is a unique company that covers the cost of any complications that may occur after elective plastic surgical procedures.

www.cosmetassure.com

CareCredit is a financing company that is endorsed by American Society of Plastic Surgeons that offers many plans to help cover out-of-pocket expenses.

www.carecredit.com

Sample Letter for Submission to Insurance

This letter asks for coverage for removal of abdominal skin, although other areas could be added.

January 7, 2009

TO: INSURANCE CARRIER

Fax: 866-123-4567

RE: PATIENT NAME

ID: X123456789

Group: 123456

DOB:

SSN:

ICD- 9 DX Codes: V45.3, 695.89, 112.3, 704.8

CPT Codes: 15830, 15847

Letter of Medical Necessity

To Whom It May Concern,

(Your Name) was referred by their (family doc, Ob-Gyn, weight loss physician, or self) to the Plastic Surgery Clinic for the evaluation of symptomatic excessive skin of the abdomen.

(Your name) underwent bariatric surgery for morbid obesity, and has had a 100 lb. weight loss.. He has developed overhanging skin of the abdominal area which is below the level of the pubis, and which has interfered caused a notable functional impairment for him.

(Your name) has suffered from frequent skin infections and breakdown due to the skin-on-skin contact. Because he is employed as an accountant and has a desk job, he is unable to stand up and relieve the skin-on-skin contact for much of the day. He must therefore take frequent breaks

to apply powder and medications to the affected areas which interferes with his work. The moisture, discomfort, odor, and irritation add to the problems caused by the excess skin.

(Your name) also suffers from (knee pain, hip pain, arthritis, low back pain, etc) for which she requires chiropractic care and occasional medications. His (family doc, orthopedic doc, chiropractor) feels the weight of the abdominal skin is worsening his pain, and had recommended removal of the excess skin/

This patient has been on medications for the past 6 months and still has to return to the doctor for recurrent rashes and infections. On my physical examination today, there is skin irritation and redness noted underneath the abdominal folds.

Sample Letter for Submission to Insurance (continued)

INSERT PICTURE

Attached is clinical documentation showing that (name) has been receiving medical treatment for problems relating to excess skin for the past 9 months since his bariatric surgery. In summary:

January 5, 2008: saw Dr ones for skin rash, Lotrimin recommended

February 12, 2008: saw Dr Jones for recurrent skin rash, Mycolog lotion prescribed

March 12, 2008 again saw Dr Jones for abdominal skin infection, Nystatin powder and Diflucan prescribed.

May 18, 2008: saw chiropractor Dr Smith for lower back pain. He felt weight of abdominal skin was contributing. Recommended surgery to remove it.

June 7, 2008: saw Dr Jones for recurrent skin rash, Mycolog lotion prescribed. Recommended surgery to remove excess abdominal skin.

In my medical opinion, an abdominoplasty is medically necessary because of the functional impairments the patients is suffering are due to the excess skin. Because medical therapy has failed, he is left with surgery as his only alternative. It is my opinion that this patient would have significant relief from his symptoms if removal of the excess abdominal were performed.

With your approval, I plan on performing this surgery as an in-patient 2 day stay at General Hospital on September 10, 2009.

Please contact me if I may furnish further information.

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