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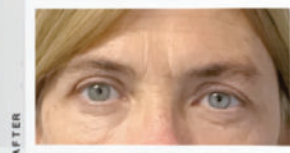
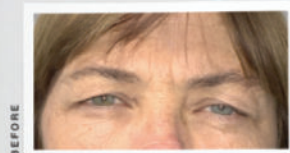


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DOC ORDERS

## Covered Care

Cosmetic surgery often gets grouped into one big category, but it's much more complex. Sometimes, it's not something you want to fix, but rather something you have to fix. If you're considering a blepharoplasty, breast reduction or surgery to remove excess skin, it helps to know how insurance decides what counts as "cosmetic" and what qualifies as "medically necessary." —Tatiana Bido



Shown as an example of improved visual field, this 56-year-old patient underwent ptosis repair and an upper blepharoplasty with Dr. Schlessinger to lift her eyelids and open her eyes.

### Brighter Vision

Upper eyelid surgery is one of the clearest examples of a procedure that sits between cosmetic and functional. When excess skin droops over the lash line and starts to obstruct a person's vision, it becomes more than an aesthetic concern. If it affects driving, reading or other daily tasks, insurance coverage may apply, explains New York oculoplastic surgeon David Schlessinger, MD. "There must be improvement in the visual field with the patient's eyelids taped, which will show that the vision is likely to improve with a blepharoplasty." During an evaluation, surgeons lift the skin to show whether visibility improves, and then confirm this with photos and visual field testing. Other eyelid issues can qualify, too. "Ptosis, where the eyelid droops because the lifting muscle is weak, can be covered if it affects vision," Dr. Schlessinger adds. Lower-lid issues can also qualify, such as ectropion (the lid turns outward and exposes the eye) and entropion (the lid turns inward so the lashes rub the surface). "These can be covered when they cause tearing or discomfort," the surgeon explains.

### Skin Excision

Right now, many people are dealing with the effects of major weight loss thanks to GLP-1 medications, and one procedure that can fall under the "covered" category is a panniculectomy. Unlike a tummy tuck that tightens muscles and sculpts the waist, this procedure focuses solely on removing the "apron" of excess lower-abdominal skin, which is why documentation is essential. "If it's presented to the insurer as a procedure for someone who is simply

unhappy with how their stomach looks, there is no chance it will be covered," says New York plastic surgeon Elie Levine, MD. "But, when the patient's chart reflects rashes, fungal infections, difficulty exercising, or even sitting comfortably, that tells the medical story. You also need to be at a stable weight for a significant period of time," he adds. Continued loss can affect healing and cause laxity to return, making timing an important part of the plan.

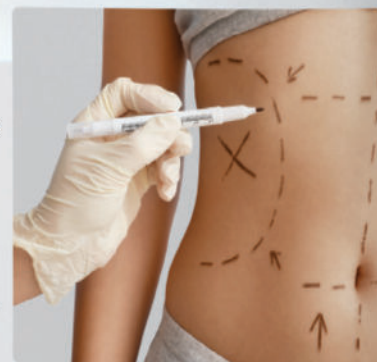
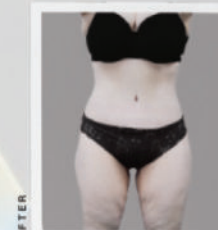
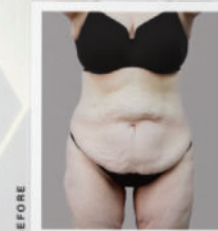


PHOTO: SHUT ANDRE STOCK



### Bodylift

Excess skin does not only gather in the front. It can settle along the lower back, hips and butt in ways that cause rubbing, limit movement and make daily activities uncomfortable. In those cases, a lower bodylift may help. Dr. Levine explains that this procedure is mainly for removing and lifting skin, and less so for adding curves or reshaping. "You are lifting the backside," he says. "Typically, you are not adding volume, as there is no extra fat remaining to help shape and volumize. If there is some residual fat, a patient can use it at the same time as the bodylift as an auto-augmentation."



A full lower bodylift, like the one shown here by Houston plastic surgeon Olga Bacilio, MD is often performed after major weight loss to remove excess skin and reshape the lower body.

### Breast Balance

For many women considering breast reduction, the conversation starts with real symptoms like back pain, shoulder grooves, difficulty working out and chronic discomfort that builds over time. Dr. Levine says insurers want that history clearly documented, but he also stresses that functional need does not change the nature of the procedure. "A breast reduction may be medically necessary, but it is still a cosmetic operation," he explains. "I want the best outcome cosmetically, regardless of why the surgery is being done."



Photos, measurements and projected tissue removal help support the case, though some insurers set minimums that do not reflect how surgeons actually plan. Dr. Levine notes that the operation should not be shaped by formulas alone. "Some providers focus only on the medical side," he says. "But even when insurance is involved, you still need to create a proportional and balanced result."

Reconstructive or medically indicated breast procedures often fall into this category. Patients are sometimes told to expect relief but not refinement, which is something Dr. Levine sees as unnecessary. "You can address the symptoms and still create a beautiful shape," he says. "Covered or not, it is still breast surgery. The aesthetic result still matters."

### When to Ask

Before planning a procedure that might be medically necessary, ask your surgeon how their practice handles insurance. Some offices opt out, so confirming early matters. And, if something affects your comfort, function or vision, speak up. As Dr. Schlessinger notes, "laser resurfacing for wrinkles is never covered," but when symptoms interfere with daily life, the only way to know what qualifies is to ask.

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