

# APPENDIX D

## PREAMBLE

1. Surgery to alleviate significant physical symptoms, which have not responded to a minimum of six months active treatment, or to restore or improve function to any area altered by disease, trauma or congenital deformity normally is an insured service.
2. Services rendered by physicians that are solely for the purpose of alteration or restoration of appearance are not an insured service except under circumstances as listed in the following policy:
  - a. Emotional, psychological or psychiatric grounds are not considered sufficient reason for the coverage of surgery for alteration of appearance except under exceptional circumstances.
  - b. Surgery to alter a non-symptomatic significant defect in appearance caused by disease, trauma, or congenital deformity may be allowed on an Independent Consideration basis, on request of the operating physician provided that it is
    - i. Recommended by a Mental Health Facility (as designated by The *Mental Hospitals Act*) or equivalent, or
    - ii. Performed on a patient who is less than 18 years of age and the defect is in the area of the body which normally and usually would not be clothed.
3. In establishing this policy, it has been recognized that
  - a. Peer acceptance in our society often is influenced disproportionately by facial appearance.
  - b. Children are especially susceptible to emotional trauma caused by physical appearances.
4. Surgery to revise or remove features of physical appearance which are familial in nature and do not interfere with function is not an insured service.
5. Within the context of this policy, the word “disease” does not include the normal sequelae of aging. Surgery to alter changes in appearances caused by aging is not an insured service.
6. Within the context of this policy, the word “trauma” includes trauma due to treatment such as surgery, radiation, etc.
7. The phrase “reasonable period of convalescence” should be considered as two years. Independent consideration will be given to the questionable cases.
8. Prior authorization from the Ministry of Health and Long-Term Care is not required for all surgery to alter appearance. It is required only for those categories of procedures in which some cases may not be an insured service.
9. Suitable documentation, with the exception of photographs, may be requested in some cases before prior authorization can be considered.
10. The treatment of acute medical or surgical complications resulting from surgery for alteration of appearance and/or function is an insured service whether or not the original surgery was covered by the Ministry of Health and Long-Term Care. No prior authorization is required.
11. Revision, because of undesirable results, of a surgery, which was originally performed for alteration of appearance, is an insured service only if the original surgery was an insured service and if the revision either is part of a pre-planned staged process or occurs within a reasonable period of convalescence. Prior authorization is required only when the original surgical procedure, if it had been carried out at the time of the proposed revision, would have required such authorization.

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## SURFACE PATHOLOGY

### 1. Trauma Scars

#### a. Neck or Face:

- i. Includes ears and non-hair bearing areas of the scalp.
- ii. Repair of all such scars is an insured service, except for scars resulting from previous surgery to alter appearance that was not originally an insured service.
- iii. Repair procedures will depend upon the lesion but *may include* excision, revision, dermabrasion, etc.
- iv. Rhytidectomy procedures for cosmetic reasons, however, are not insured services.
- v. Prior authorization from the Ministry of Health and Long-Term Care for repair of trauma scars to the face or neck is not required.

#### b. Scars in other Anatomical Areas

- i. Repair of scars which interfere with function or which are significantly symptomatic (pain, ulceration, etc.) is an insured service.
- ii. Scars with no significant symptoms or functional interference
  - Repair is an insured service if such a repair is part of a pre-planned post-traumatic (including post-surgical) staged process. Notification to the Ministry of Health and Long-Term Care must be included as part of the planning process.
  - Other post-traumatic scar revision is not an insured service.
  - Scar revision should not be claimed when excision of a scar is the method of gaining access to the surgical site of the major procedure.
    - Prior authorization from the Ministry of Health and Long-Term Care is required for all scar repair procedures in areas other than the face or neck. Scar revision codes should be used (e.g. R026-R029).

### 2. Keloids

#### a. Head or Neck

- i. The repair of all such keloids is an insured service.
- ii. Repair procedures *may include* excision, injection, dermabrasion or planning.
- iii. Prior authorization is not required.

#### b. Excision of keloids in other areas

- i. Not an insured service unless significantly symptomatic (pain, ulceration, etc.) or there is functional impairment.
- ii. Prior authorization from the Ministry of Health and Long-Term Care is required.

### 3. Tattoos

Excision or destruction of tattoos resulting from sexual or ritual abuse, concentration camp or prisoner of war experience is an insured service. Excision or destruction of any other tattoos, irrespective of the anatomical area, is not an insured service.

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## SURFACE PATHOLOGY

### 4. Benign Lesions such as nevi, haemangioma, keratoses, neurofibromata

**Note:**

1. Any lesions (e.g. keratosis, nevi) removed for cosmetic purposes and not for any clinical suspicion of disease or malignancy must be billed to the patient.
2. Incision of comedones, acne pustules and milia are not insured services.

**a. Face or Neck**

- i. Excision or destruction of these lesions is an insured service, where there is any suspicion of disease or malignancy.
- ii. Destruction of any Port Wine Stain on the face or neck is an insured service.
- iii. Prior authorization is not required.

**b. Other Anatomical Areas**

- i. Normally not an insured service if removed for alteration of appearance only, rather than for medical necessity or because of clinical suspicion or evidence of malignancy.
- ii. Removal of very large lesions that would be considered disfiguring in patients of any age may be an insured service. Prior authorization from the Ministry of Health and Long-Term Care is required.
- iii. Prior authorization from the Ministry of Health and Long Term Care is required.

### 5. Hair Loss

**a. Head or Neck**

- i. Patients aged 17 and below
  - Repair is an insured service for non-hereditary etiologies. Prior authorization is not required.
  - If it is possible that a planned staged procedure will extend beyond the age of 17, prior authorization from the Ministry of Health and Long-Term Care is required for those services rendered beyond the age of 17.
- ii. Post-traumatic
  - Repair to the area of traumatic hair loss is an insured service only if carried out within a reasonable period of convalescence. (see Paragraph 7 of this Appendix).
  - Prior authorization from the Ministry of Health and Long-Term Care is required.
  - Usual repair procedures *may include* skin shifts or flaps, skin grafts, or hair plugs.
- iii. Other Etiology - not an insured service.

**b. Other Anatomical Areas - not an insured service.**

### 6. Epilation of Hair - not an insured service.

### 7. Redundant Skin

- a. Excision of redundant skin for elimination of wrinkles, etc. is not an insured service.
- b. Blepharoplasty is an insured service only if a vertical visual field defect crosses the fixation point and is caused by redundant eyelid. Prior authorization from the Ministry of Health and Long-Term Care is required. A computer-generated visual field report and interpretative report must accompany the request for prior authorization.

### 8. Warts

- a. Removal or treatment of warts is not an insured service subject to (b) and (c) below.
- b. Removal or treatment of warts by any listed procedure is an insured service in the case of plantar warts, perianal and genital warts and all warts in immunocompromised patients. Prior authorization is not required.
- c. Removal or treatment of warts by any listed procedure is an insured service in the case of warts on the head or neck of an *infant or child*. Prior authorization is not required.

### 9. Chalazions

Excision of chalazions is insured only for acute eyelid inflammation, induction of astigmatism, visual field defects or suspicion of malignancy.

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### 10. Acne Lesions and Scars

Assessment of patients with acne, including the provision of prescriptions for oral and topical medications, is an insured service. Destruction or repair of acute acne lesions or chronic acne scars by any surgical or physical procedure (e.g. incision, excision, injections, dermabrasion, grafting, chemical peel, cryotherapy, laser, etc.) is not an insured service.

### 11. Congenital Deformities

#### a. Head or Neck

- i. Repair of a congenital deformity, which interferes with function, is an insured service. Prior authorization from the Ministry of Health and Long-Term Care is required.
- ii. Surgery to correct "Outstanding Ears" is only an insured service in patients who are under eighteen years of age. Prior authorization is not required.

#### b. Other Anatomical Areas

- i. Repair of a congenital deformity, which interferes with function, is an insured service.
- ii. Insertion of testicular prosthesis for congenital absence of one or both testes is an insured service. Prior authorization is not required.

### 12. Post-Traumatic Deformities

- a. Reconstructive procedures are insured services at the acute stage; within two years, or if part of a pre-planned staged process of repair.
- b. Reconstructive procedures *may include* bone revision, tissue shifts and grafts, prosthesis implantation etc.
- c. Prior authorization from the Ministry of Health and Long-Term Care is required for repairs beyond the acute stage.
- d. Insertion of testicular prosthesis is an insured service when performed at any time subsequent to an orchidectomy procedure. Prior authorization is not required.

### 13. Deformities resulting from local disease (such as loss or distortion of bone, muscle, connective tissue, adipose tissue, etc.)

#### a. Head or Neck

- i. Reconstructive procedures for significant abnormalities are an insured service at the acute stage, during a chronic disease process: within a reasonable period of convalescence (see Paragraph 7 of this Appendix) or if part of a planned staged process of repair initiated during one of these periods.
- ii. Repair procedures normally *may include* tissue grafts, flaps or shifts, bone revision, prosthesis insertion, etc.
- iii. Face lifts, modified face lifts, brow lifts, etc., are not insured services if skin only is involved in the procedure. However, a repair such as ptosis repair or face-lift with underlying slings is an insured service if the procedure is to correct significant deformity following stroke, cancer, seventh nerve palsy etc.
- iv. Prior authorization from the Ministry of Health and Long-Term Care is required.

#### b. Other Anatomical Areas

- i. Not an insured service if the correction is for appearance only.
- ii. Correction of severe deformity resulting from polio or neurological disease will be considered for payment.
- iii. Insertion of testicular prosthesis is an insured service. Prior authorization is not required.

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## SUB-SURFACE PATHOLOGY

### 14. Breast Surgery

#### a. Post-mastectomy breast reconstruction

See listed services for payment requirements related to post-mastectomy breast reconstruction.

**[Commentary:**

1. Unilateral or bilateral breast reconstruction is an insured service when the procedure is subsequent to any mastectomy procedure performed on a female (including wedge resection).
2. Unilateral augmentation mammoplasty in association with post-mastectomy reconstruction of the contralateral breast is an insured service.
3. Unilateral reduction mammoplasty in association with post-mastectomy reconstruction of the contralateral breast is an insured service.
4. Prior authorization of payment is not required for balancing unilateral augmentation mammoplasty or balancing reduction mammoplasty in association with post-mastectomy breast reconstruction.]

#### b. Augmentation mammoplasty (other than post-mastectomy breast reconstruction)

- i. Augmentation mammoplasty when performed for reasons other than post-mastectomy breast reconstruction of the contralateral breast is only insured for the following conditions and when prior authorization of payment is obtained from the Ministry of Health and Long-Term Care:
  - a. breast aplasia;
  - b. severe unilateral hypoplasia of the breast; or
  - c. gross disproportion.
- ii. Only a unilateral procedure (i.e. augmentation or reduction mammoplasty) is insured when performed solely for gross disproportion.

**[Commentary:**

Augmentation mammoplasty services are subject to Paragraph (b) of Section 17 of Appendix D of this *Schedule*.]

#### c. Reduction Mammoplasty (other than post-mastectomy breast reconstruction)

- i. Reduction mammoplasty when performed for reasons other than post-mastectomy breast reconstruction of the contralateral breast is only insured for the following conditions and when prior authorization of payment is obtained from the Ministry of Health and Long-Term Care:
  - a. significant associated symptomatology; or
  - b. gross disproportion.
- ii. Only a unilateral procedure (i.e. augmentation or reduction mammoplasty) is insured when performed solely for gross disproportion.

**[Commentary:**

Ptosis and/or size alone are not sufficient grounds for coverage of reduction mammoplasty.]

#### d. Accessory breasts or accessory nipples

- i. Excision of accessory breast and nipple tissue is an insured service.

**[Commentary:**

The listed service under Skin and Subcutaneous Tissue of the Integumentary System Surgical Procedures section of this *Schedule* that best describes the procedure performed should be used for excision of accessory breast tissue and/or accessory nipples.

- ii. Prior authorization of payment is not required.

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### 15. Septorhinoplasty

This is an insured service when the rhinoplasty component is necessary to obtain an adequate airway or; for persons aged 16 years and under, at the time of trauma and for whom the rhinoplasty is completed, or is part of a preplanned staged repair which is commenced, at any time following trauma and prior to the age of 19 years; or, for persons aged 17 years and older at the time of trauma and for whom the rhinoplasty is completed, or is part of a preplanned staged repair which is commenced, within 2 years following trauma. (see Paragraph 6 of this Appendix).

In cases where a septoplasty is necessary to improve function and a rhinoplasty is done for cosmetic purposes, the Ministry of Health and Long-Term Care will pay the part of the operation that was medically necessary (e.g. if a septorhinoplasty is performed and a septoplasty was necessary to improve the airway, the Ministry of Health and Long-Term Care will pay M012 and the surgeon is entitled to claim the difference from the patient). However, if a septorhinoplasty is approved by the Ministry, no extra charge may be made to the patient.

Prior authorization from the Ministry of Health and Long-Term Care is required. A description of the external deformity should be provided.

### 16. Excision of excess fatty tissue and/or skin

- a. Panniculectomy is only insured in the following circumstances and when prior authorization of payment is obtained from the *MOHLTC*:
  - i. where there is significant associated symptomatology related to the pannus;
  - ii. where the pannus extends to a level below the pubis symphysis; and
  - iii. where the patient's weight has been stable for a minimum of 6 *months* when panniculectomy is requested in relation to weight loss.
- b. Excision of excess fatty tissue and/or skin other than for panniculectomy is not an insured service.

**[Commentary:**

Examples of significant clinical symptomatology include significant pain, chronic skin breakdown, and recurrent cellulitis and/or ulcers.]

### 17. Sex-Reassignment Surgery

- a. Sex-reassignment surgical procedures are an insured benefit only if they are performed on patients who have completed the Gender Identity Clinic program operated by the Centre for Addiction and Mental Health in Toronto (the "Clinic"). Moreover, claims are accepted for payment only for those patients for whom the Clinic has recommended that surgery take place. This surgery need not take place in Toronto or even in Ontario. Surgery recommended by the Clinic which takes place outside the Province of Ontario may be approved for payment at rates in accordance with the current Ministry of Health and Long-Term Care *Schedule* of Benefits.
- b. Within the foregoing guidelines, reconstruction of genitalia and mastectomy are insured benefits. However, since the hormonal treatments associated with sex-reassignment themselves give rise to breast enlargement, augmentation mammoplasty or breast reconstruction in a male to female conversion is not an insured benefit, in keeping with the previously outlined policy regarding breast surgery in females. Prior authorization from the *MOHLTC* is required.

**[Commentary:**

For services proposed to be received at a hospital or health facility outside Canada, prior approval of the General Manager of *OHIP* is required. See [http://www.health.gov.on.ca/english/public/program/ohip/outcountry\\_services.html](http://www.health.gov.on.ca/english/public/program/ohip/outcountry_services.html) for application process and requirements.]

### 18. Sex-Assignment Surgery

Sex-assignment surgery for persons with congenitally ambiguous genitalia is an insured service. Prior authorization from the Ministry of Health and Long-Term Care is not required.