

Plastic Surgery Coding & Compliance Quick Reference

A one-page teaser covering cosmetic vs. reconstructive medical necessity documentation — practical starting points for coders, billers, and providers. This is general education, not a substitute for payer-specific policy or a full audit.

Documentation Musts

- Medical necessity (functional impairment, post-trauma reconstruction, post-mastectomy) documented distinctly from purely cosmetic intent for every procedure.
- Pre-procedure photos and functional assessment findings on file to support reconstructive billing.
- ASA/anesthesia time and technique documented separately and consistently with the anesthesia claim.
- Combined cosmetic + reconstructive same-session cases documented with a clear line between the two components.

Common Denial Triggers

- Reconstructive procedures billed without functional-impairment documentation, triggering "cosmetic" payer denials.
- Combined cosmetic/reconstructive cases billed as fully covered without separating the patient-responsible cosmetic portion.
- Missing pre-op photos or functional testing when required by payer medical policy for reconstructive coverage.

Modifier Watch-Outs

Modifier 22 for significantly increased complexity and clear cosmetic-vs-reconstructive line-item separation are what plastic surgery practices most often get wrong — the documentation, not the code choice, is usually the real audit failure point.

Want the full picture? HCl Learning Portal members get in-depth, always-current plastic surgery coding courses, live Q&A with certified coding experts, and downloadable audit tools as part of their membership. Explore courses and membership tiers at healthcareinspiredllc.com/membership.