

MEDICAL POLICY



MEDICAL POLICY DETAILS	
Medical Policy Title	COMFORT, CONVENIENCE, CUSTODIAL or COSMETIC SERVICES
Policy Number	11.01.11
Category	Contract Clarification
Effective Date	03/27/03
Revised Date	04/22/04
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Product Disclaimer	<ul style="list-style-type: none"> • If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply. • If a commercial product (including an Essential Plan product) or a Medicaid product covers a specific service, medical policy criteria apply to the benefit. • If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.

POLICY STATEMENT

- I. Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.
- II. If it appears a service may fall into one of these four categories, and it is a service that is otherwise covered under the member's subscriber contract, the Health Plan will request additional pertinent information in order to make a determination. Upon receipt of the information requested, a Health Plan Medical Director will review the request for medical necessity. The determination will be based on the criteria indicated in the appropriate Health Plan Policies.

Some of the policies that may be used in these decisions are the following:

<u>Policy Number</u>	<u>Title</u>
1.01.00	Durable Medical Equipment (DME) – Standard and Non-Standard
1.01.12	Home Exercise/ Physical Therapy Equipment
2.01.38	Treatment of Hirsutism/ Hypertrichosis (Hair Removal)
7.01.11	Cosmetic and Reconstructive Procedures
7.01.39	Reduction Mammoplasty
7.01.47	Varicosities, Treatment Alternatives to Vein Stripping and Ligation
7.01.53	Abdominoplasty and Panniculectomy
7.01.55	Blepharoplasty with or without Levator Muscle Advancement
10.01.01	Breast Reconstruction Surgery
11.01.01	Medical/ Non-Surgical Weight Management Programs and Services
11.01.15	Medically Necessary Services

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DESCRIPTION

The purpose of this policy is to define the four ‘terms’: Comfort, Convenience, Custodial and Cosmetic. A particular request that is being reviewed, once classified into one of these four categories (when applicable), will require medical necessity review. The review will be subject to those laws that govern medical necessity.

The description for each of the four terms of this policy is based on the generally accepted language used by the Centers for Medicare & Medicaid Services (CMS).

I. Comfort:

Items and/or services that do not contribute meaningfully to the treatment of an illness or injury or the functioning of a malformed body member (except for hospice care) are defined as comfort items. Devices or equipment presumptively non-medical and considered to be comfort items include but are not limited to: environmental control devices (heaters, air conditioners, humidifiers, dehumidifiers and electric air cleaners), physical fitness equipment, first aid, or precautionary equipment (e.g., safety grab bars, training equipment, etc.).

II. Convenience:

Items and/or services that do not contribute meaningfully to the treatment of an illness or injury or the functioning of a malformed body member (except for hospice care) AND are primarily for the convenience of the patient and/or the caregiver are classified as convenience items. Examples of convenience items are: elevators, stairway elevators, ergonomic chairs, ramps, and home or car adaptive equipment.

III. Custodial:

Custodial care connotes a level of routine maintenance or supportive care that need not be provided by trained and skilled professional personnel.

In determining whether a person is receiving custodial care, the patient’s medical record is reviewed using established criteria and consideration is given to the level of care and medical supervision required and furnished.

Custodial care and/or services are those that are designed essentially to assist an individual in personal care. These include, but are not limited to, services which constitute personal care such as help in walking, getting in and out of bed, assistance in bathing, dressing, feeding, using the toilet, preparation of diet and supervision of medications which can be self-administered and does not entail or require the continuing attention of trained medical or paramedical personnel.

IV. Cosmetic:

Cosmetic services can be surgery, drugs, procedures and/or related services. Cosmetic surgery includes any surgical procedure directed at improving appearance. In determining if a surgical procedure is cosmetic, clinical information is reviewed using established criteria. In some situations, for example a severe burn with associated functional impairment, surgery would be performed primarily for a therapeutic purpose, but would also coincidentally serve a cosmetic purpose.

CODES

- *Eligibility for reimbursement is based upon the benefits set forth in the member’s subscriber contract.*
- ***CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.***
- *Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.*

CPT Codes

Code	Description
Numerous	

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HCPSC Codes

Code	Description
Numerous	

ICD10 Codes

Code	Description
Numerous	

REFERENCES

BlueCross BlueShield Association. Reconstructive/cosmetic services – archived. Medical Policy Reference Manual Policy #10.01.09. 2011 Dec 8.

*Key Article

KEY WORDS

Comfort, Convenience, Cosmetic, Custodial

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

There is currently no National Coverage Determination (NCD) or Local Coverage Determination (LCD) for Comfort, Convenience, Custodial or Cosmetic Services. However, some of these services are addressed in Chapter 16, sections 80, 110, and 120, of the Medicare Benefit Policy Manual which addresses General Exclusions from Coverage. Please refer to the following website for Medicare Members: <http://www.cms.hhs.gov/manuals/Downloads/bp102c16.pdf>.