

## Covered Benefit: Integumentary and Musculoskeletal System

CMP Published: Yes ☑ No □ CMP Link: <u>Breast Reduction Surgery</u> <u>Plastic Surgery</u>

CPG Published: Yes  $\Box$  No  $\Box$ 

<u>Definition</u>: Services for the integumentary and musculoskeletal system include a broad range of surgical services and procedures involving the musculoskeletal system, the integumentary system and the breast.

<u>Benefit Packages</u>: RIte Care, Children with Special Health Care Needs, Substitute Care, Rhody Health Partners and Rhody Health Options Phase One.

Coverage Limitations:

- All inpatient hospitalizations require medical review and prior authorization.
- All experimental procedures and non FDA approved services are not covered unless for the treatment of cancer.
- Cosmetic surgery is not covered.

## **Exclusions**:

Extended Family Planning (EFP) members are excluded; EFP members do not have a comprehensive benefit package.

## Coverage Includes:

- Breast surgical services
- Integumentary system
- musculoskeletal system

<u>VERSION HISTORY</u>: Create Date: 06/22/10 Revision Dates: 02/04/11, 03/09/11 CMC Review Date: 1/10/11 PEC Review Date:10/3/13