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A Plastic Surgeon's Clash With an Insurance Company Touches a Nerve

Kara Nesvig | February 27, 2025

Now, more doctors sound off on the long-simmering dispute between physicians and insurance companies—and how patients are often caught in the middle.

Plastic surgery often gets social media buzz—whether it's chin lipo trending or speculation about who's had what lifted where—but right now a different kind of story is getting a lot of attention.

Board-certified plastic surgeon Elisabeth Potter, MD, who specializes in a type of breast reconstruction called DIEP flap surgery, had a patient under anesthesia on the operating table when, she said, a nurse brought her a message from UnitedHealthcare. A representative from the insurance company had called the hospital, she said, about the patient's insurance claim. (While Dr. Potter stepped out, the patient was under the care of a co-surgeon.)

Dr. Potter shared her frustration in a video, which she posted to Instagram and TikTok on January 7—and it quickly went viral. "It's 2025 and insurance just keeps getting worse," the doctor said in her video. The Instagram post currently has 365,000 likes and over 13,000 comments, and the TikTok has been viewed 5.6 million times and has over 22,000 comments.

A few weeks later, Dr. Potter posted on both platforms again—this time to share a letter from a law firm representing UnitedHealthcare regarding, what they claim are, the "defamatory Instagram and TikTok videos about UnitedHealthcare," and demanding she remove the videos and post an apology. According to the letter in Dr. Potter's post, UnitedHealthcare also claims that her office had "incorrectly ordered an inpatient hospital stay when [they] meant to order an outpatient stay. Had [they] not made that error, UnitedHealthcare would not have reached out."

"I didn't think that it would resonate so deeply," Dr. Potter told CNN about the reaction to her January 7 video. "Once I saw the comments coming in, it just uncovered something that was already there." While she was in surgery, Dr. Potter said, she had gotten a message that UnitedHealthcare had called the hospital. "Immediately, my mind went to, Oh, wow, are they going to deny something for this patient? I looked over at my partner… and said, 'I think if I take this call, I might make a difference for this patient.'" Dr. Potter stressed that "no one made [her]" scrub out of surgery and leave the room, but she felt the insurance company might deny the patient and "stick her with a giant bill that could be financially devastating." She added, "The environment that I'm practicing medicine in, when an insurance company says 'Jump,' I say, 'How high?' That just doesn't feel good for patients."

In early February Allure reached out to UnitedHealthcare for comment on Dr. Potter's social media posts as the story was developing. The company replied in a statement that "intentionally spreading misinformation over social media is irresponsible and dangerous, and any physician who jeopardizes patient safety for social media clout undermines the trust in both the physician-patient relationship and health care in general."

The insurance company's statement continued, "There are no insurance-related circumstances that would ever require a physician to step out of surgery, as doing so would create potential safety risks and we would never

ask or expect a physician to interrupt patient care to return a call. These allegations by a plastic surgeon that UnitedHealthcare denied coverage for the care that a breast cancer patient received are false and UnitedHealthcare had previously approved coverage for the care, including an overnight stay." A spokesperson for UnitedHealthcare also told Allure, "She claimed her patient could be left with a massive bill—that is false."

In a later statement, released online on February 19, the insurance company said, "UnitedHealthcare approved the outpatient surgery and the post-surgical overnight observation stay on 12/27/24 within two hours of the request being submitted. There was no need for any further clarification or communication. Our inquiry to the hospital was due to an erroneous order of a separate inpatient stay request. The hospital has acknowledged this error. Most importantly, the patient received all necessary care, was not responsible for the erroneous bill, which would have resulted in higher costs for the patient, and the surgery and overnight observation stay are covered by the member's plan with minimal cost to the patient."
The insurance company added, "Our medical director only called the hospital for clarification related to the request for an inpatient stay submitted by the hospital after the surgery and overnight observation stay had already been approved. The call for clarification was made to the hospital and our representative asked to speak to the nurse caring for the patient. He did not ask to be transferred to the operating room department, did not ask to speak with the physician while she was in surgery and never asked the doctor to leave surgery."

Dr. Potter's experience has struck a nerve with people who say they're frustrated with the American health care system—and from some of her fellow plastic surgeons, who brought forth their own issues when working with insurance. "I was truthful in my video. Insurance is out of control," Dr. Potter tells Allure in a statement. "I have the right to speak out and honestly express my experience as a female microsurgeon caring for women affected by breast cancer. I will also exercise that right to speak out to protect patients and providers everywhere. We have all had enough."

Kelly Killeen, MD, a double board-certified plastic surgeon in Beverly Hills, who posted a video in support of Dr. Potter, tells Allure, "I chose to support Dr. Potter following her viral video as the hoops both doctors and patients are required to jump through over the last several years have become

increasingly toxic. The amount of work required to get care covered by insurers requires hiring additional staff. The additional work as the physician is oppressive and uncompensated."

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Dr. Killeen also shares with Allure that though insurers "do not specifically demand or request we leave an operation to speak to them," their communication often conveys a state of urgency. "The language in their letters and calls will imply that the surgery will not in fact be covered or [that] they can't decide if [it will be covered if] we do not respond in the time frame they want," she says. "Which is frustrating, as they never respond to our requests in a timely manner and often request the same information from us repeatedly. We even see denials after surgery with a pre-op authorization. If they cared about the health of their subscribers, they would listen to feedback and improve this clumsy, inefficient system."

But wait… what is the relationship between plastic surgery and insurance? Given the elective nature of cosmetic procedures like facelifts, breast implants, and "mommy makeovers," you might think plastic surgeons don't deal with insurance all that often. However, Steven Williams, MD, a board-certified plastic surgeon and immediate past president of the American Society of Plastic Surgeons (ASPS), says that a plastic surgeon's work can include reconstructive procedures like scar revisions, burns, skin cancer removal or reconstruction, and hand surgery—and these procedures generally involve insurance.

For reconstructive procedures—which are deemed medically necessary following trauma, cancer, or congenital conditions—"insurance is often critical in making these life-changing treatments accessible," says Patrick Byrne, MD, a double board-certified facial plastic and reconstructive surgeon and president of the American Academy of Facial Plastic and Reconstructive Surgery (AAFPRS). "However, obtaining coverage for these procedures frequently involves navigating complex pre-authorization processes, meticulous documentation, and sometimes even appeals when claims are

challenged. This administrative burden can delay treatment and requires a significant investment of time and resources from both surgeons and their teams."

Procedures like breast reduction as well as liposuction for lipedema, a sometimes painful condition where fat builds up in the lower body, also commonly involve insurance. Getting these procedures covered, though, can be uniquely complicated, says Scott Hollenbeck, MD, a board-certified plastic surgeon, president of ASPS, and chair of the department of Plastic and Maxillofacial Surgery at the University of Virginia School of Medicine. For example, lipedema is "not really recognized by a lot of insurance companies as a disease, so it makes it really hard to say, 'What we're doing is treating a disease, not just somebody who feels like they want to have some fat tissue suctioned off.'" As for breast reduction surgeries, a patient and doctor may have to prove the breasts are causing neck or back pain; doctors may also take measurements and send the insurance company "an estimate of how much tissue you're going to take off."

Cosmetic procedures like implants and facelifts generally aren't covered by insurance and must be paid out of pocket. Dr. Byrne says this "can influence patient decisions and may limit access to elective treatments for those who desire aesthetic improvements but are constrained by cost," and that the onus is on surgeons to "provide thorough counseling" to make sure their patients "fully understand financial commitments involved."

Dr. Byrne explains that "while insurance helps facilitate access to necessary reconstructive surgeries, it also introduces challenges related to administrative complexity and treatment delays. For cosmetic surgery, the lack of coverage means that both patient choice and financial considerations play a larger role in the decision-making process."

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Theda Kontis, MD, a double board-certified facial plastic surgeon in Baltimore and past president of the AAFPRS, says that her staff is currently "overwhelmed" with insurance requirements and she is considering outsourcing some of the work.

Adds Dr. Hollenbeck, "There's often some sort of extra effort that you have to make as a surgeon to get the pre-approval done, and that's very time consuming and frustrating." There are "denials, appeals… So nothing is ever really that easy." It can mean that "the patient is upset with the insurance company but also the doctor, and you're just trying to help them." He continues, "The thing that's really frustrating is [when] you don't really understand what it is that [the insurance company is] looking for, what it is that's driving the denial, or what it is you're supposed to say or to tell them. It is a little bit opaque."

Says Dr. Kontis, "People will say to me, 'Well, don't you just give the insurance company all the information ahead of time? And then they decide if they're going to cover it or not?'" She explains, "a 100% of what I did years ago, that's how it would be done. But now, a lot of times they won't even tell you if they're going to cover it until you've done the surgery, submitted everything, and then they say, 'No, we're not covering it.'"

Dr. Kontis also notes, however, that "most of what I do reconstructive-wise is just skin cancer stuff, and generally they don't disapprove of that. If you cut a cancer out, you've got to close it [up]."

What's "really problematic," says Dr. Hollenbeck, is when a procedure is denied after the surgery. "You have no way of really recouping that at that point," he points out, adding that in those instances, the cost is often absorbed by the doctor or hospital. "It's pretty rare that people go after the patient in those situations."

This is one reason some surgeons may decide to operate out of network. Melissa Doft, MD, a double board-certified plastic surgeon in New York, says that while much of her work is cosmetic, she does occasionally do "medically necessary" procedures, including breast reconstruction, breast reduction, skin cancer reconstruction, septoplasty for deviated septum, and ear molding.

When she started her practice, she says, she was in network with two insurance companies, but has since gone out of network with all insurance. "The payment was too unpredictable, and they continued to reduce the rate that they were willing to pay year after year," she tells Allure, "despite the fact that life was becoming more and more expensive with each year."

In her experience, Dr. Doft continues, "insurance companies will sometimes pay for surgery and then almost a year later demand that the money be returned to them and that they were not going to cover the surgery. I felt that they were not transparent and extremely difficult to work with, and because of that, it was difficult to explain to a patient what the charge would be for their procedure."

Dr. Doft says she's "lucky" to live in New York City and to have a busy practice where she can be out of network, but she realizes that's not realistic for everyone: "Most plastic surgeons do not have the same option, and most patients cannot elect to have surgery performed by a surgeon who is out of network."

But for a lot of plastic surgeons working with insurance companies is par for the course. "Dr. Potter's story has certainly struck a chord," says Dr. Byrne, "but it's important to view it in proper context… The process of determining coverage is a long-standing aspect of our health care system and isn't a new or isolated practice. This routine administrative procedure—while essential for ensuring appropriate use of resources—can sometimes be misinterpreted as intrusive."

Dr. Byrne continues, "The resonance of the story likely reflects broader concerns about the balance between necessary administrative oversight and clinical autonomy. However, it's crucial to recognize that such anecdotes should be understood within the larger, established framework of insurance protocols rather than as evidence of a systemic overreach in every instance."

And it's worth noting that there's a lot of red tape and governmental regulations with insurance as a whole. "Typically, the insurance realm is incredibly complicated, and it's complicated on purpose," Dr. Williams explains. "And it's largely because—in fairness to the insurance companies—there's tons of regulations around it. In fairness to the patients,"

he continues, "insurance companies have an interest in preserving capital and not covering everything. So you're in this weird nexus where there's not complete insight and clarity into decisions that insurance companies make. It can limit access, it can jeopardize patient safety. And from a physician standpoint, we always want the process to be easier and more transparent."

> "Insurance companies don't always get it wrong... [but] we need to stand up when we see challenges about either patient safety or patient access."

This is a systemic issue, adds Dr. Williams: "It is not necessarily about one particular insurer. It's really a system-wide problem that really has limited access to care, and is a nightmare for patients and physicians to navigate in order to get some of these things covered." One "challenge is that insurance companies have the lobbyists. The insurance companies are relatively entrenched in terms of the systems that exist."

Dr. Williams also notes that ASPS is "fighting to change laws for greater clarity and to reduce denials and delays to have better insurance rules." And, according to Steve Jurich, AAFPRS executive vice president and CEO, the organization also "regularly engages in advocacy to advance better policies and regulations to minimize unduly onerous prior authorization practices."

The ASPS is also "trying to get some additional language added [to a law concerning breast cancer reconstructions]," says Dr. Hollenbeck, who specializes in breast reconstruction following breast cancer. The federal law, Women's Health and Cancer Rights Act (WHCRA), protects patients to whom the law applies who want a breast reconstruction in connection with a mastectomy—coverage must be provided for "all stages of reconstruction of the breast on which the mastectomy has been performed," states the law, as well as surgery and reconstruction of the opposite breast to establish symmetry, among other requirements. But "the law doesn't say how long somebody should stay in the hospital," Dr. Hollenbeck points out.

So the ASPS is advocating for an amendment to the law so "there's less vagueness around it, less room for denials and the complexities that occur when you interact with insurance," he says. "We continue to advocate for our patients. ASPS continues to advocate with Congress and with legislators to try to help and make some improvements, but it's tough."

Dr. Doft thinks Dr. Potter's story went viral because so many "have been affected by health insurance. We all feel that we pay a high premium and what insurance covers seems to be less and less each year," she says. "Dr. Potter's story is an inspiration to all physicians and patients, highlighting that the current system is broken and needs to be fixed."

Dr. Williams notes that "insurance companies don't always get it wrong" and can be "great with patients." But, he says, as doctors, "we need to stand up when we see challenges about either patient safety or patient access."

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