

<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 09/09/24
<b>Approved by:</b> Chief Medical Officer	<b>Date Approved:</b> 08/08/24
<b>Clinical Policy Document:</b> Reconstructive Surgery	<b>Replaces Effective Clinical Policy Dated:</b> 01/30/24
<b>Reference #:</b> MP/R002	<b>Page:</b> 1 of 5

**PURPOSE:**

The intent of this clinical policy is to provide coverage guidelines for reconstructive surgery.

Please refer to the member's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member's benefit plan or certificate of coverage, the terms of the member's benefit plan document will govern.

**POLICY:**

Benefits must be available for health care services. Health care services must be ordered by a provider. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

Health care services that are *cosmetic* are not considered medically necessary and therefore, not eligible for coverage.

*Reconstructive* surgery is covered according to the member's benefit plan, applicable state statutes, the *Women's Health and Cancer Rights Act of 1998*, and the guidelines set forth in this policy.

**COVERAGE:**

- I. *Medically necessary reconstructive surgery* – any of the following: A or B
  - A. Aspirus, Inc. Employee Health Plan – any of the following: 1 or 2
    1. Requests that are incidental to or follows surgery resulting from injury, sickness, accident or other diseases of the involved part, or when such surgery is performed on a covered dependent child because of a congenital disease or anomaly which has resulted in a functional defect; or
    2. Requests for *reconstructive surgery* causing a psychological condition must have documentation from a mental health professional, that the member's clinical condition meets the diagnostic criteria for a *DSM* mental disorder diagnosis (eg, anxiety disorder, major depressive disorder, body dysmorphic disorder) causing clinically significant distress or impairment as evidenced by validated scales and measures - must satisfy the following: a or b, and c
      - a. Clinically significant distress is defined as a score of 2 standard deviations (SD) from the mean, by a disorder-specific symptom rating scale such as the Appearance Anxiety Inventory; or
      - b. Clinically significant impairment is defined as a World Health Organization Disability Schedule (WHODAS) General Disability Score (GDS) of 2.6 using the current 0-4 scoring convention. (See Attachment A); and
      - c. Where applicable, there must be documentation that the member has not responded, is intolerant to, or a poor candidate for other appropriate or conservative treatments for the member's clinical condition (eg, psychotherapy).

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B. Individual/ Large Group/ Small Group – any of the following: 1 or 2

1. To restore or correct any of the following: a or b

- a. A defective body part, when such defect is incidental to or resulting from injury, sickness, or prior surgery of the involved body part; or
- b. Congenital disease or anomaly which has resulted in a functional defect as determined by a physician.

[Note: Due to Affordable Care Act requirements, including the requirements of the Wisconsin EHB benchmark plan, it is not permissible to restrict coverage of congenital disease or anomaly to adults. Please disregard plan language in fully insured plans restricting coverage of congenital disease or anomaly to covered dependent children.]

2. Requests for *reconstructive surgery* causing a psychological condition must have documentation from a mental health professional, that the member's clinical condition meets the diagnostic criteria for a *DSM* mental disorder diagnosis (eg, anxiety disorder, major depressive disorder, body dysmorphic disorder) causing clinically significant distress or impairment as evidenced by validated scales and measures - must satisfy the following: a or b, and c

- a. Clinically significant distress is defined as a score of 2 standard deviations (SD) from the mean, by a disorder-specific symptom rating scale such as the Appearance Anxiety Inventory; or
- b. Clinically significant impairment is defined as a World Health Organization Disability Schedule (WHODAS) General Disability Score (GDS) of 2.6 using the current 0-4 scoring convention. (See Attachment A); and
- c. Where applicable, there must be documentation that the member has not responded, is intolerant to, or a poor candidate for other appropriate or conservative treatments for the member's clinical condition (eg, psychotherapy).

II. ETF Health Plan (Wisconsin Department of Employee Trust Funds) – Excluded services: Treatment, services and supplies for *cosmetic* or beautifying purposes, including removal of keloids resulting from piercing and hair restoration, except when associated with a covered service to correct a functional impairment related to Congenital bodily disorders or conditions or when associated with covered reconstructive surgery due to an Illness or accidental Injury (including subsequent removal of a prosthetic device that was related to such reconstructive surgery). Psychological reasons do not represent a medical/surgical necessity.

III. For coverage of scar revision, see Clinical Policy: Scar Revision MC/G016.

IV. For coverage of breast reconstruction following a *medically necessary* mastectomy, see Clinical Policy: Breast Reconstruction MC/G004.

## EXCLUSIONS:

Refer to member's Certificate of Coverage or Summary Plan Description

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**DEFINITIONS:****Activities of Daily Living (ADL):**

Activities related to personal self-care and independent living, which include eating, bathing, dressing, transferring, walking/mobility, and toileting/continence.

**Cosmetic:**

Services and procedures that improve physical appearance but do not correct or improve a physiological function and are not medically necessary.

**Covered dependent child (dependent child to the limiting age):**

As defined in the applicable COC or SPD, but generally is defined as those individuals who are eligible and covered as a dependent child under the terms of a health plan who have not yet attained 26 years of age.

**DSM:**

The most current edition of the American Psychiatric Association Diagnostic and Statistical Manual of Mental Health Disorders.

**Functional Defect/ Physical Impairment:**

A functional defect or physical/physiological impairment causes deviation from the normal function of a tissue or organ. This results in a significantly limited, impaired, or delayed capacity to move, coordinate actions, or perform physical activities and is exhibited by difficulties in one or more of the following areas: physical and motor tasks; independent movement; performing *activities of daily living*.

**Injury:**

Bodily damage other than sickness including all related conditions and recurrent symptoms.

**Medically Necessary:**

Any health care services, preventive health care services, and other preventive services that the Plan, in its discretion and on a case-by-case basis, determines are appropriate and necessary in terms of type, frequency, level, setting, and duration, for your diagnosis or condition; and the care must:

1. Be consistent with the medical standards and generally accepted practice parameters of providers in the same or similar general specialty as typically manages the condition, procedure or treatment at issue;
2. Help restore or maintain your health;
3. Prevent deterioration of your condition;
4. Prevent the reasonably likely onset of a health problem or detect an incipient problem.

**Mental Health Professional:**

Licensed Independent Clinical Social Worker, Licensed Psychologist, Psychiatric Advanced Practice Provider, Psychiatrist

**Sickness:**

Presence of a physical or mental illness or disease.

**Women's Health and Cancer Rights Act of 1998:**

A federal mandate concerning all reconstructive surgery following mastectomy for cancer; this mandate requires coverage of reconstructive surgery for ERISA, non-ERISA, and HMO plans.

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## REFERENCES:

1. Integrated Healthcare Services Process Manual UR015 Use of Medical Policy and Criteria
2. Clinical Policy: Breast Reconstruction (MC/G004)
3. Clinical Policy: Breast Reduction and Gynecomastia Surgery (MC/G002)
4. Clinical Policy: Chest Wall Deformities, Surgical Reconstruction (MC/A009)
5. Clinical Policy: Cosmetic Procedures/Treatments (MP/C002)
6. Clinical Policy: Coverage Determination Guidelines (MP/C009)
7. Clinical Policy: Eyelid and Brow Surgery (MC/G001)
8. Clinical Policy: Gender Reassignment, Surgical Treatment for Gender Dysphoria (MC/G019)
9. Clinical Policy: Hyperhidrosis Surgery (MC/G008)
10. Clinical Policy: Panniculectomy, Excision/Removal Redundant Skin/Tissue (MC/G003)
11. Clinical Policy: Rhinoplasty (MC/C001)
12. Clinical Policy: Scar Revision (MC/G016)
13. Clinical Policy: Skin Tag and Lipoma Removal (MC/G020)
14. Centers for Medicare & Medicaid Services. Women's Health and Cancer Rights Act. Retrieved from [http://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/whcra\\_factsheet.html](http://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/whcra_factsheet.html). Accessed 11-27-23.
15. United States Department of Labor. Women's Health and Cancer Rights Act of 1998 (WHCRA). 2012. Retrieved from <https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/publications/cagwhcra.pdf>. Accessed 11-27-23.
16. Veale D, Eshkevari E, Kanakam N, Ellison N, Dosta A, Werner T. The Appearance Anxiety Inventory: validation of a process measure in the treatment of body dysmorphic disorder. Behav Cogn Psychother 2014 Sep;42(5):605-16.
17. American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Arlington, VA, American Psychiatric Association, 2013.

## DOCUMENT HISTORY:

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## **Attachment A**

WHODAS 2.0, 12-items

### **12-item World Health Organization Disability Assessment Schedule.**

In the past 30 days, how much difficulty did you have in. . .

*(0) None. (1) Mild. (2) Moderate. (3) Severe. (4) Extreme/Cannot do.*

1. Standing for long periods such as 30 minutes?
2. Taking care of your household responsibilities?
3. Learning a new task, for example, learning how to get to a new place?
4. How much of a problem did you have in joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can?
5. How much have you been emotionally affected by your health problems?
6. Concentrating on doing something for ten minutes?
7. Walking a long distance such as a kilometre (or equivalent)?
8. Washing your whole body?
9. Getting dressed?
10. Dealing with people you do not know?
11. Maintaining a friendship?
12. Your day-to-day work?

The World Health Organisation Disability Assessment Schedule, WHODAS 2.0, 12 items, can be found at:

[https://www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health/who-disability-assessment-schedule#:~:text=Scoring&text=Simple%3A%20the%20scores%20assigned%20to,\(4\)%20%E2%80%93%20are%20summed.](https://www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health/who-disability-assessment-schedule#:~:text=Scoring&text=Simple%3A%20the%20scores%20assigned%20to,(4)%20%E2%80%93%20are%20summed.)

### **General Disability Score**

- < 1.0 = Little or no impairment
- 1.0 to 1.9 = Mild
- 2.0 to 2.9 = Moderate
- 3.0 to 3.9 = Severe
- 4.0 = Extreme or cannot do

# PreferredOne Community Health Plan Nondiscrimination Notice

PreferredOne Community Health Plan (“PCHP”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PCHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PCHP:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact a Grievance Specialist.

If you believe that PCHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist  
PreferredOne Community Health Plan  
PO Box 59052  
Minneapolis, MN 55459-0052  
Phone: 1.800.940.5049 (TTY: 763.847.4013)  
Fax: 763.847.4010  
[customerservice@preferredone.com](mailto:customerservice@preferredone.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1.800.940.5049 (TTY: 763.847.4013).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.940.5049 (TTY: 763.847.4013).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.940.5049 (TTY: 763.847.4013).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, taiaajiila qarqaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.940.5049 (TTY: 763.847.4013).

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ໂບດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1.800.940.5049 (TTY: 763.847.4013).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1.800.940.5049 (መስማት ለተሳናቸው፡ 763.847.4013 ) .

ဟ်သ့ဟ်သး- နမာ်ကတိ၊ ကညီ ကိုက်အယံ၊ နမာ် ကိုက်အတၢ်မၤစၢၤလၢ တလၢ်ဘျၣ်လၢ်စၢၤ နီတမံၤဘၣ်သန့လီၤ. ကိ: 1.800.940.5049 (TTY: 763.847.4013).

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ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

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If you believe that PIC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist  
PreferredOne Insurance Company  
PO Box 59212  
Minneapolis, MN 55459-0212  
Phone: 1.800.940.5049 (TTY: 763.847.4013)  
Fax: 763.847.4010  
[customerservice@preferredone.com](mailto:customerservice@preferredone.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

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