

Department of Origin: Integrated Healthcare Services	Effective Date: 09/10/24
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 09/10/24
Clinical Policy Document: Scar Revision	Replaces Effective Clinical Policy Dated: 09/28/23
Reference #: MC/G016	Page: 1 of 5

PURPOSE:

The intent of this clinical policy is to ensure services are medically necessary.

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.

Health care services that are *reconstructive* (ie, performed for an injury, sickness, congenital disease or anomaly) causing a *functional defect/physical impairment* or clinically significant distress or impairment are not considered *cosmetic*.

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.

GUIDELINES:

Medical Necessity Criteria - Must satisfy all of the following: I - II

I. Indications: A - C

- A. Scar revision in accordance with the *Women's Health and Cancer Rights Act of 1998* – as additional reconstructive surgery for breast cancer that may be required to achieve an optimal result and is medically necessary.

[Note: This also applies to any procedures related to diagnosed breast cancer (such as, but not limited to, lumpectomy, quadrantectomy, segmentectomy, tylectomy).]

- B. Scar revision for abnormal wound healing (eg, *atrophic, hypertrophic or keloid*), that is incidental to or follows surgery resulting from injury, sickness or other diseases of the involved part – any of the following: 1 or 2
 1. ETF Health Plan (Wisconsin Department of Employee Trust Funds) – excludes removal of *keloids* resulting from piercing and hair restoration, except when associated with a covered service to correct a functional impairment (*functional defect/physical 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); or
 2. All other plans/groups – scar formation has resulted in any of the following: a or b
 - a. A *functional defect/physical impairment* (such as, but not limited to, contracture of an adjacent joint, or muscle); or

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- b. Significant symptomatology (such as, but not limited to, frequent infection, bleeding, pain, pruritus, or ulceration) not relieved by physician directed treatment.
 - C. Requests for scar causing a psychological condition – any of the following: 1 or 2
 1. ETF Health Plan (Wisconsin Department of Employee Trust Funds) – excludes coverage for psychological reasons; or
 2. All other plans/groups – must have both of the following: a and b
 - a. Must have documentation from a *mental health professional* supporting 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) and is causing clinically significant distress or impairment as evidenced by validated scales and measures - must satisfy the following: 1) or 2)
 - 1) 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
 - 2) 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).
 - b. 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. Required documentation – both of the following: A - B
 - A. Letter documenting medical necessity from the requesting provider; and
 - B. Photographs may be requested.

EXCLUSIONS (not limited to):

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

DEFINITIONS:

Activities of Daily Living (ADL):

Eating, toileting, transferring, bathing, dressing, walking, and continence

Atrophic Scar:

Atrophic scars are dermal depressions most commonly caused by collagen destruction during the course of an inflammatory skin disease such as cystic acne or varicella. Scarring after inflammatory or cystic acne can manifest as atrophic scars.

Cosmetic:

Services, medications and procedures that improve physical appearance but do not correct or improve a physiological function, or are not medically necessary. See Medical Policy: MP/C002 Cosmetic Treatments.

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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*.

Hypertrophic Scar:

Hypertrophic scars are aggressively healing wounds after an injury to the skin. They tend to be thick, red and somewhat raised and remain within the limits of the original wound or surgical incision site. They look like a keloid scar however, they do not get as large as a keloid, tend to fade in color and dimension with time, and can occur in any racial ethnic background.

Keloid Scar:

A keloid is an overgrowth of dense fibrous tissue and is more common in people with dark complexions. The tissue extends beyond the borders of the original wound, usually does not regress spontaneously and tends to recur after excision.

Mental Health Professional:

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

Reconstructive:

The definition for reconstruction surgery can differ by benefit plan. Always refer to the member's benefit plan for the applicable reconstructive surgery definition.

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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Prior Authorization: Yes, per network provider agreement.

REFERENCES:

1. Integrated Healthcare Services Process Manual UR015 Use of Medical Policy and Criteria
2. Clinical Policy: Breast Reconstruction (MC/G004)
3. Clinical Policy: Cosmetic Procedures (MP/C002)
4. Clinical Policy: Coverage Determination Guidelines (MP/C009)
5. Clinical Policy: Reconstructive Surgery (MP/R002)
6. 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. Accessed 05-31-24.
7. United States Department of Labor. Women's Health and Cancer Rights Act of 1998 (WHCRA). Retrieved from <https://www.dol.gov/sites/default/files/ebsa/about-ebsa/our-activities/resource-center/publications/cagwhcra.pdf>. Accessed 05-31-24.
8. 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.
9. 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

Nondiscrimination & Language Access Policy



Discrimination is Against the Law. Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, (including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation, gender identity and sex stereotypes), consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2). Aspirus Health Plan, Inc. does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Aspirus Health Plan, Inc.:

Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services 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 assistance services to people whose primary language is not English, which may include:

- Qualified interpreters.
- Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Nondiscrimination Grievance Coordinator at the address, phone number, fax number, or email address below.

If you believe that Aspirus Health Plan, Inc. 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:

Nondiscrimination Grievance Coordinator
Aspirus Health Plan, Inc.
PO Box 1890
Southampton, PA 18966-9998
Phone: 1-866-631-5404 (TTY: 711)
Fax: 763-847-4010
Email: customerservice@aspirushealthplan.com

You can file a *grievance* in person or by mail, fax, or email. If you need help filing a *grievance*, the Nondiscrimination Grievance Coordinator 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>. This notice is available at Aspirus Health Plan, Inc.'s website: https://aspirushealthplan.com/webdocs/70021-AHP-NonDiscrim_Lang-Assist-Notice.pdf.

Language Assistance Services

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-332-6501 (TTY: 711).

Arabic: تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بن أعلى رقم الهاتف 1-800-332-6501 (رقم هاتف الصم والبك : 711)

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-332-6501 (ATS: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-332-6501 (TTY: 711).

Hindi: यान द : य द आप िहंदी बोलते ह तो आपके िलए मु त म भाषा सहायता सेवाएं उपल थ ह 1-800-332-6501 (TTY: 711) पर कॉल कर ।

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-332-6501 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-332-6501 (TTY: 711) 번으로 전화해 주십시오.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-332-6501 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-332-6501 (телетайп: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-332-6501 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1-800-332-6501 (TTY: 711).

Traditional Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-332-6501 (TTY: 711)

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-332-6501 (TTY: 711).

Pennsylvania Dutch: Wann du Deutsch (Pennsylvania German / Dutch) schwetzscht, kannst du mitaue Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-332-6501 (TTY: 711).

Lao: ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສັຽຄ່າ, ຄວນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-332-6501 (TTY: 711).