

Department of Origin: Integrated Healthcare Services	Effective Date: 09/28/23
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 09/22/23
Clinical Policy Document: Scar Revision	Replaces Effective Clinical Policy Dated: 09/13/22
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 that are covered: 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 is covered 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 when scar formation has resulted in any of the following: 1 - 2
 - 1. A *functional defect/physical impairment* (such as, but not limited to, contracture of an adjacent joint, or muscle); or
 - 2. 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 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, and 3

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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); and
3. 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.

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:

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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 06-01-23.
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 06-01-23.
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

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, sex, sexual orientation, or gender identity. We do not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

We will:

Provide 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)

Provide 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 us at the phone number shown on the inside cover of this contract, your id card, or aspirushealthplan.com.

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

Nondiscrimination Grievance Coordinator
Aspirus Health Plan, Inc.
PO Box 1062
Minneapolis, MN 55440
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>.

Language Assistance Services

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1.866.631.5404 (TTY: 711).

Arabic: تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بن اعلى رقم الهاتف 1.866.631.5404 (رقم هاتف الصم والبك : 711)

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelezle 1.866.631.5404 (ATS : 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.866.631.5404 (TTY: 711).

Hindi: _यान द_ : य_द आप िहंदी बोलते ह_ तो आपके िलए मु_त म_ भाषा सहायता सेवाएं उपल_ध ह_। 1.866.631.5404 (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 1.866.631.5404 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.866.631.5404 (TTY: 711)번으로 전화해 주십시오.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.866.631.5404 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.866.631.5404 (телетайп: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.866.631.5404 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1.866.631.5404 (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 1.866.631.5404 (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 1.866.631.5404 (TTY: 711).

Pennsylvania Dutch: Wann du Deitsch (Pennsylvania German / Dutch) schwetzsch, kannscht du mitaus Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1.866.631.5404 (TTY: 711).

Lao: ໄປ່ດຊາຍ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1.866.631.5404 (TTY:711).