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| Department of Origin: Integrated Healthcare Services | Effective Date: 03/06/24 |
| Approved by: Chief Medical Officer | Date Approved: 02/22/24 |
| Clinical Policy Document: Cosmetic Procedures/Treatments | Replaces Effective Clinical Policy Dated: 09/28/23 |
| Reference #: MP/C002 | Page: 1 of 6 |

PURPOSE:

The intent of this clinical policy is to provide coverage guidelines for cosmetic procedures.

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*.

COVERAGE:

- I. Aspirus, Inc. Employee Health Plan (Group Plan Number ASP20000) – Requests meet A, and none of B
 - A. The Plan covers *medically necessary cosmetic* procedures/treatments requested due to psychological condition when the requests meets all of the following: 1 and 2
 - 1. There must be 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
 - 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)
 - 2. 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).

[Note: See Gender Reassignment, Surgical Treatment for Gender Dysphoria MC/G019]

- B. Exclusions – The following are procedures/treatments that are generally *cosmetic* and therefore not eligible for coverage, unless determined to be medically necessary, including, but are not limited to:

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- Any modification to the body that does not affect its function
 - Acne treatments, such as but not limited to, cryotherapy, dry needling, light therapies, topical retinoids
 - Body contouring (eg, fat transfer, lipoplasty - harvested by liposuction or any other means)
 - Body piercing repair
 - Calf implants
 - Canthoplasty/canthopexy
 - Cheek, chin and nose implants
 - Diastasis recti repair
 - Ear and body piercing
 - Face/forehead lift and/or neck tightening
 - Facial bone remodeling for facial feminization
 - Hair removal or replacement by any means, eg, laser, electrolysis, medications [See Gender Reassignment, Surgical Treatment for Gender Dysphoria (MC/G019)]
 - Lip augmentation
 - Lip reduction
 - Liposuction or removal of fat deposits by any means, such as but not limited to submental lipectomy, suction assisted lipectomy (does not include post-mastectomy), deoxycholic acid injection (Kybella)
 - Mastopexy (breast lift – does not include post mastectomy)
 - Mesotherapy (eg, Lipodissolve, lipolysis, lipozap, lipotherapy)
 - Onychomycosis treatment such as but not limited to Diflucan (fluconazole), Jublia (efinaconazole), Kerydin (tavaborole) Lamisil (terbinafine), Onmel (itraconazole), and Sporanox (itraconazole)
- [Note: Is not considered cosmetic for any of the following:
- Cellulitis of the lower extremity and ipsilateral toenail onychomycosis; or
 - In members with diabetes and toenail onychomycosis who have additional risk factors for cellulitis, ie, prior cellulitis, venous insufficiency, edema; or
 - For members who are experiencing discomfort or pain associated with infected nails; or
 - Immunosuppressed members.]
- Pectoral implants for chest masculinization
 - Photoaged skin treatments, such as, but not limited to alpha-hydroxy acids, chemical peels, cryosurgery, electrodesiccation and curettage (ED+C), injectable soft tissue fillers, intense pulsed light (IPL), laser resurfacing, microdermabrasion, photodynamic therapy, topical fluorouracil, topical retinoids
 - Scar or tattoo removal, such as but not limited to, dermabrasion, laser, salabrasion, scarification
 - Skin tag/non-cancerous skin lesion removal
 - Sclerotherapy or other treatment for varicose veins less than 3.5mm in size, (eg, spider veins, telangiectasias, reticular veins treatment or injection
 - Thyroid cartilage reduction/reduction thyroid chondroplasty/trachea shave (removal or reduction of the Adam's apple) [See Gender Reassignment, Surgical Treatment for Gender Dysphoria (MC/G019)]
 - Vaginal rejuvenation (eg, clitoral reduction, designer vaginoplasty, reduction of labia minora, labia majora reshaping (labiaplasty), thermal therapy
 - Ventral hernia repair in absence of fascial defect
 - Voice modification surgery (eg, laryngoplasty, glottoplasty or shortening of the vocal cords) [See Gender Reassignment, Surgical Treatment for Gender Dysphoria (MC/G019)]

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- Voice lessons and voice therapy [See Gender Reassignment, Surgical Treatment for Gender Dysphoria (MC/G019)]
- Wrinkle (rhytid) treatment or any treatment to improve the appearance of the skin, such as but not limited to, botulinum toxin, chemical peels, hyaluronic acid, injectable soft tissue fillers/filling material, eg, collagen (does not include medically necessary treatment for incontinence or gender dysphoria), laser, microdermabrasion, rhytidectomy (face-lift) topical retinoids

II. All other health plans/groups – The Plan excludes coverage for the following procedures and any related health care services:

- injection of filling material (collagen) other than for incontinence
- salabrasion
- rhytidectomy (face lift)
- dermabrasion
- chemical peel
- suction-assisted lipectomy (liposuction)
- hair removal
- mastopexy
- mammoplasty, including augmentation or reduction mammoplasty (except for reconstruction associated with a covered mastectomy)
- correction of inverted nipples
- sclerotherapy or other treatment for varicose veins less than 3.5 millimeters in size (e.g. telangiectasias, spider veins, reticular veins)
- excision or elimination of hanging skin on any part of the body, including panniculectomy, abdominoplasty and brachioplasty
- mastectomy for gynecomastia
- botulinum toxin or similar products, unless you receive prior authorization
- any modification to the body that does not affect its function
- labiaplasty
- treatment of sialorrhea (drooling or excessive salivation)
- or health care services, including surgical services for the treatment of excessive sweating (hyperhidrosis)

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.

DSM:

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

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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

Reconstructive:

Medically necessary surgery to restore or correct:

1. A defective body part when such defect is incidental to or resulting from injury, sickness, or prior surgery of the involved body part; or
2. A covered dependent child's congenital disease or anomaly which has resulted in a functional defect as determined by a physician.

Sickness:

Includes physical or mental illness or disease.

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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: Coverage Determination Guidelines MP/C009
6. Clinical Policy: Eyelid and Brow Surgery MC/G001
7. Clinical Policy: Gender Reassignment, Surgical Treatment for Gender Dysphoria MC/G019
8. Clinical Policy: Hyperhidrosis Surgery MC/G008
9. Clinical Policy: Panniculectomy, Excision/Removal Redundant Skin/Tissue MC/G003
10. Clinical Policy: Reconstructive Surgery MP/R002
11. Clinical Policy: Rhinoplasty MC/C001
12. Clinical Policy: Scar Revision MC/G016
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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 flitmi 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 اعلى 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 사용하지는 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 Deitsch (Pennsylvania German / Dutch) schwetzsch, kannscht du mitaus Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-332-6501 (TTY: 711).

Lao: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ໂດຍບໍ່ເສັຽຄ່າ, ຈະມີມີ້ພ້ອມໃຫ້ທ່ານ. ໂທສ 1-800-332-6501 (TTY: 711).