

Department of Origin: Integrated Healthcare Services	Effective Date: 06/08/22
Approved by: Chief Medical Officer	Date Approved: 05/27/22
Clinical Policy Document: Cosmetic Procedures/Treatments	Replaces Effective Clinical Policy Dated: 03/08/22
Reference #: MP/C002	Page: 1 of 5

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* are not considered *cosmetic*.

COVERAGE:

The Plan covers *medically necessary cosmetic* procedures/treatments requested due to psychological issues when the requests meets all of the following: I and II

- I. 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 both of the following: A and B
 - A. Distress must be quantified by a disorder-specific symptom rating scale such as the Appearance Anxiety Inventory; and
 - B. Impairment must be quantified using a standard measure such as the World Health Organization Disability Schedule 2.0 (WHODAS). (See Attachment A)
- II. 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]

EXCLUSIONS:

The following are procedures/treatments that are generally *cosmetic* and therefore not eligible for coverage, unless determined to be medically necessary, include, but are not limited to:

- 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
- Artificial iris
- Body contouring (eg, fat transfer, lipoplasty - harvested by liposuction or any other means)

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- 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
 - 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)
 - 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)
 - Voice lessons and voice therapy
 - 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 for incontinence), laser, microdermabrasion, rhytidectomy (face-lift) topical retinoids

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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

Clinically significant:

A T-score > 59

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

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: MP/C009 Coverage Determination Guidelines
3. Clinical Policy: MP/R002 Reconstructive Surgery
4. Clinical Policy: MC/G001 Eyelid and Brow Surgery
5. Clinical Policy: MC/G002 Breast Reduction and Gynecomastia Surgery
6. Clinical Policy: MC/G003 Panniculectomy, Excision/Removal Redundant Skin/Tissue
7. Clinical Policy: MC/G004 Breast Reconstruction
8. Clinical Policy: MC/G019 Gender Reassignment, Surgical Treatment for Gender Dysphoria
9. Clinical Policy: MC/G016 Scar Revision
10. Minnesota Statute 62A.304 Coverage for Port-Wine Stain Elimination
11. Goldstein AO, Bhatia N. Onychomycosis: Management. (Topic 105222, Version 12.0; last updated: 11/20/20) In: Ofori AO, ed. *UpToDate*. Waltham, Mass.: UpToDate; 2022. www.uptodate.com. Accessed 02-04-22.
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13. Veale D, Eshkeviri 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.
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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: <http://www.who.int/classifications/icf/whodasii/en/>

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

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 *COC*, *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, or sex, *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: 1.866.631.8597)
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: 1.866.631.8597).

تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية 1.866.631.5404 (رقم هاتف الصم والبك : 1.866.631.8597) متاحة لك مجاناً. اتصل بن اعلى رقم الهاتف
Arabic

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.866.631.5404 (ATS : 1.866.631.8597).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.866.631.5404 (TTY: 1.866.631.8597).

Hindi: _यान द_ : य_द आप िहंदी बोलते ह_ तो आपके िलए मु_त म_ भाषा सहायता सेवाएं उपल_ध ह_। 1-800-332-650 (TTY: 1.866.631.8597) 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: 1.866.631.8597).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.866.631.5404 (TTY: 1.866.631.8597) 번으로 전화해 주십시오.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.866.631.5404 (TTY: 1.866.631.8597).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.866.631.5404 (телетайп: 1.866.631.8597).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.866.631.5404 (TTY: 1.866.631.8597).

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: 1.866.631.8597).

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 : 1.866.631.8597)

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: 1.866.631.8597).

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: 1.866.631.8597).

Lao: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ 1.866.631.5404 (TTY: 1.866.631.8597).