

<b>Department of Origin:</b> Integrated Healthcare Services	<b>Effective Date:</b> 01/13/22
<b>Approved by:</b> Chief Medical Officer	<b>Date Approved:</b> 12/17/21
<b>Clinical Policy Document:</b> Reconstructive Surgery	<b>Replaces Effective Clinical Policy Dated:</b> 01/01/21
<b>Reference #:</b> MP/R002	<b>Page:</b> 1 of 4

**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.

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*.

*Reconstructive* surgery is covered according to the member's benefit plan, Minnesota Statute 62A.25, the *Women's Health and Cancer Rights Act of 1998*, and the guidelines set forth in this policy. When the surgery is covered, eligible charges include eligible hospital, physician, laboratory, pathology, radiology and facility charges.

**COVERAGE:**

- I. The Plan covers *medically necessary reconstructive surgery* due to the following: A or B
  - A. Sickness, accident, or congenital anomaly that is incidental to or follows surgery resulting from injury, sickness or other diseases of the involved body part; or
  - B. When surgery is performed on a covered *dependent child* because of congenital disease or anomaly which has resulted in a *functional defect/physical impairment* as determined by the attending physician.
  
- II. The Plan covers *medically necessary reconstructive surgery* requested due to psychological issues when the request meets all of the following: A and B
  - A. 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, gender dysphoria, body dysmorphic disorder) causing *clinically significant* distress or impairment as evidenced by validated scales and measures - must satisfy both of the following: 1 and 2
    - 1. Distress must be quantified by a disorder-specific symptom rating scale such as the Appearance Anxiety Inventory; and
    - 2. Impairment must be quantified using a standard measure such as the World Health Organization Disability Schedule 2.0 (WHODAS). (See Attachment A)

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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).

III. For coverage of scar revision, see Clinical Policy: MP/S008 Scar Revision.

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

**EXCLUSIONS:**

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

**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.

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;

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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:

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:

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.

**REFERENCES:**

1. Integrated Healthcare Services Process Manual UR015 Use of Medical Policy and Criteria
2. Clinical Policy: MP/C002 Cosmetic Procedures and Treatments
3. Clinical Policy: MP/C009 Coverage Determination Guidelines
4. Clinical Policy: MC/G016 Scar Revision
5. Clinical Policy: MC/G004 Breast Reconstruction
6. Minnesota Statute. 62A.25 Reconstructive Surgery
7. 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 12-06-21.
8. 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 12-06-21.
9. 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.
10. American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Arlington, VA, American Psychiatric Association, 2013.

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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](http://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](mailto: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).