



Excision of Excess Skin and Subcutaneous Tissue Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Excision of Excess Skin and Subcutaneous Tissue		
MNG #: 059	<input checked="" type="checkbox"/> SCO <input checked="" type="checkbox"/> One Care <input checked="" type="checkbox"/> MA Medicare Premier <input checked="" type="checkbox"/> MA Medicare Value <input checked="" type="checkbox"/> RI Medicare Preferred <input checked="" type="checkbox"/> RI Medicare Value <input checked="" type="checkbox"/> RI Medicare Maximum	Prior Authorization Needed? <input checked="" type="checkbox"/> Yes (always required) <input type="checkbox"/> Yes (only in certain situations. See this MNG for details) <input type="checkbox"/> No
Clinical: <input checked="" type="checkbox"/>	Operational: <input type="checkbox"/>	Informational: <input type="checkbox"/>
Benefit Type: <input checked="" type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid	Approval Date: 4/1/2021; 9/14/23	Effective Date: 6/19/2021;
Last Revised Date: 11/17/2021; 6/10/2022; 9/14/2023;	Next Annual Review Date: 11/17/2022; 6/10/2023; 9/14/2024;	Retire Date:

OVERVIEW:

Rapid loss of massive amounts of weight results in excessive skin and subcutaneous tissue without potential for retraction. Excessive skin and subcutaneous tissue are most prevalent in the lower abdomen. In addition to cosmetic concerns, a large and heavy abdominal panniculus can interfere with normal activities of daily living, such as walking, climbing stairs, bathing, or showering, and getting dressed. Rashes and skin irritation may occur on the opposing surfaces of the skin, particularly in warm weather. Occasionally, secondary bacterial or fungal infections can complicate these skin rashes. Less commonly, folds of skin in other areas, such as the upper arms and thighs, may interfere with normal activities of daily living or cause rashes and skin irritations. In some cases, it is medically necessary to surgically remove the excess skin and subcutaneous tissue. Timing of this surgery required due to excess weight loss should be determined by the stabilization of the member’s weight. For members who have had bariatric surgery, this usually occurs 18 to 24 months after procedure. Rarely, excess tissue may complicate wound healing due to traction or may need to be removed to expose other surgical areas or to minimize complications from a complex surgical procedure.

DEFINITIONS:

Cosmetic Surgery: is performed to reshape normal structures of the body in order to improve the patient's appearance and self-esteem. Please refer to CMS IOM Publication 100-02, *Medicare Benefit Policy Manual*, Chapter 16: Section 120 for detailed information.

Intertrigo: Common inflammatory condition of skin folds characterized by moist erythema, malodor, weeping, pruritis, and tenderness.

Massive Weight Loss: is considered as 100 pounds (approximately 45.45 kg) or more, or more than as 50% loss of excess weight.

Panniculus: Excessive skin and subcutaneous tissue that hangs over the lower abdomen.

Panniculectomy: Surgery that is performed to remove the excess skin and subcutaneous tissue that have remained after significant weight loss in patients who are obese. This is intended to relieve the associated symptoms and restore normal function.



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DECISION GUIDELINES:

Clinical Coverage Criteria:

Commonwealth Care Alliance (CCA) follows applicable Medicare and Medicaid regulations and uses InterQual Smart Sheets, when available, to review prior authorization requests for medical necessity. This Medical Necessity Guideline (MNG) applies to all CCA Products unless a more expansive and applicable CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), or state-specific medical necessity guideline exists.

1. CCA bases its determination of medical necessity for excision of excessive skin and subcutaneous tissue on a combination of clinical data and the presence of indicators that would affect the relative risks and benefits of the procedure, including post-operative recovery. These criteria include **all** of the following:
 - a. The patient must be at their nadir (base) weight and must have remained weight stable for at least one month.
 - b. Standing photographs of the member clearly demonstrate excessive skin and subcutaneous tissue in the area being excised, and in the case of a request for panniculectomy, standing photographs (frontal and lateral) must clearly demonstrate that the pannus or panniculus covers the member's mons pubis (American Society of Plastic Surgeons (ASPS) Grade I).
 - c. The excessive skin and subcutaneous tissue in the area being excised:
 - i. Significantly interferes with the performance (impaired physical function) of normal activities of daily living (ADL), such as walking, climbing stairs, bathing or showering, and getting dressed; or
 - ii. Is causing:
 - a. Recurrent intertrigo, rashes, infection, chafing or irritation in the skin folds that consistently recurs or remains refractory to appropriate medical therapy (e.g., topical antifungals, corticosteroids, antibiotics) with recurrence defined as ≥ 2 episodes over a 12-month period, or
 - b. Chronic intertrigo (dermatitis occurring on opposed surfaces of the skin, skin irritation, infection or chafing that consistently recurs or remains refractory to appropriate medical therapy (e.g., topical antifungals, corticosteroids, antibiotics) over a period of 3 months.
 - iii. Is causing skin or soft-tissue infections which have required medically supervised and documented antibiotic or antifungal therapy, which has not been effective.
 - d. A comprehensive preoperative evaluation, including, but not limited to, obesity related comorbidities, such as diabetes and sleep apnea, and non-obesity related comorbidities, such as chronic obstructive pulmonary disease (COPD), nutritional status and psychosocial status has been conducted to identify the potential risks of the procedure.

Exception: In extraordinary circumstances panniculectomy may be performed to facilitate a complex surgical procedure such as hysterectomy and bilateral salpingoophorectomy performed via laparotomy. (The above criteria 1 and 2 related to weight loss do not apply in this case).

LIMITATIONS/EXCLUSIONS:

1. CCA does not consider excision of excessive skin and subcutaneous tissue to be medically necessary under certain circumstances. Examples of such circumstances include **any** of, but are not limited to, the following:
 - a. The member has difficulty in fitting clothes.



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- b. When a panniculectomy is being performed at the same time as bariatric surgery.
- c. When a panniculectomy is being performed to prevent hernia occurrence or to prevent hernia recurrence in conjunction with a hernia repair unless the member meets the criteria for panniculectomy stated in Clinical Coverage Criteria Section 1 of these Guidelines. There is no evidence that pannus contributes to hernia formation. The primary cause of hernia formation is an abdominal wall defect or weakness, not a pulling effect from a large or redundant pannus.
- d. When the excision of excessive skin and subcutaneous tissue is being performed for the purposes of relieving back or joint pain—unless the member meets the criteria for panniculectomy stated in in Clinical Coverage Criteria Section 1 of these Guidelines.
- e. When excision of excessive skin and subcutaneous tissue is being performed for cosmetic purposes, i.e., for the purpose of altering appearance), and is unrelated to physical disease or defect, including the use of liposuction used for body contouring, weight reduction or the harvest of fat tissue for transfer to another body region for alteration of appearance or self-image or physical appearance is considered cosmetic and not covered as medically necessary.

Note: Only in rare circumstances would excessive skin and subcutaneous tissue in the arms, thighs, or buttocks, etc. cause significant impaired physical function or recurrent skin or soft tissue infections. Typically, these procedures are performed to improve appearance and are therefore in nature.

AUTHORIZATION:

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing a code in this guideline does not signify that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. This Medical Necessity Guideline is subject to all applicable Plan Policies and Guidelines, including requirements for prior authorization and other requirements in Provider's agreement with the Plan (including complying with Plan's Provider Manual specifications).

Prior authorization is required.

Clinical Documentation Requirements

Requests for prior authorization for excision of excessive skin and subcutaneous tissue, including but not limited to panniculectomy, thighplasty, and brachioplasty, must be accompanied by clinical documentation that supports medical necessity. The quality of documentation is a critical factor in determination of medical necessity. In the absence of documentation supporting medical necessity, these procedures will be considered cosmetic.

Documentation of medical necessity for each requested procedure must include the following (except for items 5 and 6 if the indication for tissue removal is not the result of massive weight loss):

1. The primary diagnosis name and current ICD-CM code pertinent to the clinical symptoms
2. The secondary diagnosis name and current ICD-CM code pertinent to comorbid condition(s)
3. The member's comprehensive medical and surgical history, and when massive weight loss is the result of



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bariatric surgery, documentation must include immediate and late complications of the surgery, and post-surgical recovery

4. A list of the member’s current prescribed and over-the-counter medications
5. Documentation of massive weight loss defined as: 100 pounds (approximately 45.45 kg) or more, or more than as 50% loss of excess weight.
6. Calculation %Excess Body Weight Loss (EBWL) and %Excess Body Mass Index Loss (EBMIL).

To calculate %EBWL, use the following formula.

$$\% \text{ EBWL} = \frac{\text{Preoperative weight} - \text{Current weight}}{\text{Preoperative weight} - \text{Ideal body weight}} \times 100$$

7. Documentation showing the member’s weight has been stable for the preceding month and attestation in the surgical evaluation that this is the patient’s nadir weight. Medical records documenting the member’s weight over the preceding three months are required.
8. Medical records documenting impaired physical function (if applicable)
9. Medical records documenting the assessment and treatment of two or more episodes of skin or soft-tissue infection over a 12-month period (if applicable).
10. Documentation of the preoperative evaluation specified above.
11. Other pertinent information that CCA may request.

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing a code in this guideline does not signify that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. This Medical Necessity Guideline is subject to all applicable Plan Policies and Guidelines, including requirements for prior authorization and other requirements in Provider’s agreement with the Plan (including complying with Plan’s Provider Manual specifications).

CPT Code	Description
15830	Excision, Excess Skin and Subcutaneous Tissue; Abdomen, Infraumbilical Panniculectomy
15832	Excision, Excess Skin and Subcutaneous Tissue (includes lipectomy); thigh
15836	Excision, Excess Skin and Subcutaneous Tissue (includes lipectomy); arm

REGULATORY NOTES:



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Medical Necessity Guidelines are published to provide a better understanding of the basis upon which coverage decisions are made. CCA makes coverage decisions on a case-by-case basis by considering the individual member's health care needs. If at any time an applicable CMS LCD or NCD or state-specific MNG is more expansive than the criteria set forth herein, the NCD, LCD, or state-specific MNG criteria shall supersede these criteria. This MNG references the specific regulations, coverage, limitations, service conditions, and/or prior authorization requirements in the following:

This MNG references the specific regulations, coverage, limitations, service conditions, and/or prior authorization requirements in the following:

Commonwealth of Massachusetts. (2017). Guidelines for medical necessity determination for excision of excessive skin and subcutaneous tissue. Retrieved from <https://www.mass.gov/doc/guidelines-for-medical-necessity-determination-for-excision-of-excessive-skin-and-subcutaneous/download>

This Medical Necessity Guideline is not a rigid rule. As with all of CCA's criteria, the fact that a member does not meet these criteria does not, in and of itself, indicate that no coverage can be issued for these services. Providers are advised, however, that if they request services for any member who they know does not meet our criteria, the request should be accompanied by clear and convincing documentation of medical necessity. The preferred type of documentation is the letter of medical necessity, indicating that a request should be covered either because there is supporting science indicating medical necessity (supporting literature (full text preferred) should be attached to the request), or describing the member's unique clinical circumstances, and describing why this service or supply will be more effective and/or less costly than another service which would otherwise be covered. Note that both supporting scientific evidence and a description of the member's unique clinical circumstances will generally be required.

RELATED REFERENCES:

1. Commonwealth of Massachusetts. (2023). Guidelines for medical necessity determination for excision of excessive skin and subcutaneous tissue. Retrieved from: <https://www.mass.gov/doc/guidelines-for-medical-necessity-determination-for-excision-of-excessive-skin-and-subcutaneous-tissue-0/download>
2. Brodell, R. & Dolohanty, L. (2021). Intertrigo. Retrieved from https://www.uptodate.com/contents/intertrigo?search=intertrigo&source=search_result&selectedTitle=1~34&usage_type=default&display_rank=1
3. Center for Medicare and Medicaid Services. (2021). Local coverage determination: Cosmetic and reconstructive surgery (L39051). Retrieved from <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=39051&ver=3&bc=0>
4. Commonwealth of Massachusetts. (2023). Guidelines for medical necessity determination for excision of excessive skin and subcutaneous tissue. Retrieved from <https://www.mass.gov/doc/guidelines-for-medical-necessity-determination-for-excision-of-excessive-skin-and-subcutaneous/download>



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5. Perreault, L. (2021). Obesity in adults: Prevalence, screening, and evaluation. Retrieved from https://www.uptodate.com/contents/obesity-in-adults-prevalence-screening-and-evaluation?search=weight%20loss&topicRef=5371&source=see_link
6. Shermak MA, Chang D, Magnuson TH, Schweitzer MA. An outcomes analysis of patients undergoing body contouring surgery after massive weight loss. *Plast Reconstr Surg.* 2006;118:1026–31. [PubMed]

REVISION LOG:

REVISION DATE	DESCRIPTION
12/31/23	Utilization Management Committee approval
9/14/2023	Updated based on MassHealth MNG.
6/10/2022	Template changed to include PA requirements and benefit type. Overview and format updated with numbering. Regulatory notes updated.
11/17/2021	Updated based on MassHealth MNG.

APPROVALS:

David Mello

Senior Medical Director, Utilization Review
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CCA Senior Clinical Lead [Print]

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12/31/23

Signature

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CCA Senior Operational Lead [Print]

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Nazlim Hagmann

Chief Medical Officer

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9/14/2023

Signature

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