



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"/> MAPD-MA Medicare Preferred <input checked="" type="checkbox"/> MAPD-MA Medicare Value <input checked="" type="checkbox"/> MAPD-RI Medicare Preferred <input checked="" type="checkbox"/> MAPD-RI Medicare Value <input checked="" type="checkbox"/> DSNP-RI Medicare Maximus	Prior Authorization Needed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Clinical: <input checked="" type="checkbox"/>	Operational: <input type="checkbox"/>	Informational: <input type="checkbox"/>
Medicare Benefit: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Approval Date: 4/1/2021	Effective Date: 6/19/2021
Last Revised Date: 11/17/2021;	Next Annual Review Date: 4/1/2022; 11/17/2022;	Retire Date:

OVERVIEW:

Rapid loss of massive amounts of weight results in excessive skin and subcutaneous tissue without potential for retraction. The 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. Timing of the panniculectomy to remove excessive skin and subcutaneous tissue 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.

Commonwealth Care Alliance (CCA) considers approval for coverage of excision of excessive skin and subcutaneous tissue on an individual, case-by-case basis, in accordance with MassHealth guidelines and 130 CMR 450.204.

DEFINITIONS:

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

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.

DECISION GUIDELINES:

Clinical Coverage Criteria:



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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:

1. The member has had significant weight loss following the treatment of morbid obesity.
 - a. A body mass index (BMI) less than 30 kg/m² (from a pre-weight loss BMI \geq 40 kg/m² or \geq 35 kg/m² with at least one co-morbidity related to obesity, such as type 2 diabetes), or
 - b. The member has achieved at least a 100-pound weight loss, or
 - c. The member has achieved a 50% or greater excess body weight loss (%EBWL) or excess body mass index loss (%EBMIL) (See Appendix for formula for determining %EBWL and %EBMIL).
2. The member's weight has been stable for the preceding six months prior to the request.
 - a. Stable weight is defined as less than 3% weight change.
3. 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 panniculus covers the member's upper thigh crease (extends below the level of the pubis symphysis; American Society of Plastic Surgeons (ASPS) Grade II).
4. The excessive skin and subcutaneous tissue in the area being excised:
 - a. 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
 - b. Is causing recurrent (defined as \geq 2 episodes over a 12-month period) skin or soft-tissue infections requiring medically supervised antibiotic or antifungal therapy, which has not been effective.
 - c. Is causing chronic intertrigo that consistently recurs or remains refractory to appropriate medical therapy (e.g. topical antifungals, corticosteroids, antibiotics) over a period of 3 months.
5. 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:

CCA does not consider excision of excessive skin and subcutaneous tissue to be medically necessary under certain circumstances. Examples of such circumstances include, but are not limited to, the following:

1. The member has difficulty in fitting clothes
2. When a panniculectomy is being performed at the same time as bariatric surgery
3. 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 Section II. A. (1) to (5) of these Guidelines
4. 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. Note: Only in rare circumstances



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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:

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 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 as defined in Section II.A.1. A BMI table (such as the one available on the National Institutes of Health (NIH) website) or BMI calculator can be used to determine the member’s pre-and post-weight loss BMIs:
 - a. NIH – BMI Table: https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmi_tbl.htm
 - b. NIH – BMI Calculator: https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm
6. Documentation showing the member’s weight has been stable for the preceding six months. Medical records documenting the member’s weight over the preceding six months are required.
7. Medical records documenting impaired physical function (if applicable)
8. 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).

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of 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



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	Panniculectomy
15832	Excision, Excess Skin and Subcutaneous Tissue (includes lipectomy); thigh
15836	Excision, Excess Skin and Subcutaneous Tissue (includes lipectomy); arm

REGULATORY NOTES:

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 considering the individual member's health care needs. Pharmacy Medical Necessity Guidelines are developed for selected therapeutic classes or drugs found to be safe, but proven to be effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the appropriate field, review of FDA and other government agency policies, and standards adopted by national accreditation organizations. The plan revises and updates Pharmacy Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions. If at any time a CMS Local or National Coverage Determination (LCD or NCD) is published that conflicts with the criteria set forth herein, the NCD or LCD criteria shall supersede these criteria.

Disclaimer:

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:

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

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>

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>



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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

ATTACHMENTS:

EXHIBIT A:	
EXHIBIT B	

REVISION LOG:

REVISION DATE	DESCRIPTION
11/17/2021	Changes made in response to a comparative review conducted in light of an updated LCD (L39051).

APPROVALS:

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Vice President, Medical Policy and Utilization Review

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4/1/2021

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