



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
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; 11/14/2024	Next Annual Review Date: 11/17/2022; 6/10/2023; 9/14/2024; 11/14/2025	Retire Date:

OVERVIEW:

Rapid loss of massive amounts of weight results in excessive skin and subcutaneous tissue without the 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 (ADLs), such as walking, climbing stairs, sexual activity, 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 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 the bariatric procedure. Rarely, excess tissue may complicate wound healing due to friction, or excess tissue may need to be removed to expose other surgical areas in order to minimize complications from a complex surgical procedure.

DEFINITIONS:

Cosmetic Surgery: A procedure that 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: Considered to be 100 pounds (approximately 45.45 kg) or more, or more than as 50% loss of excess weight.



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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:

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 (1 through 4) of the following:

1. The patient must be at their nadir (base) weight and must have remained weight stable for at least one month.
2. 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 mons pubis (American Society of Plastic Surgeons (ASPS) Grade I).
3. The excessive skin and subcutaneous tissue in the area being excised:
 - a. Significantly interferes with the performance (impaired physical function) of ADLs, such as walking, climbing stairs, bathing or showering, and getting dressed; or
 - b. Is causing:
 - i. Recurrent rashes, or irritation, including intertrigo, in the skin folds refractory to medical management therapy (e.g., topical antifungals, corticosteroids, antibiotics) over a period of 3 months; or
 - ii. Skin or soft-tissue infections (two or more episodes of skin or soft-tissue infection over a 12-month period) which have required medically supervised and documented antibiotic or antifungal therapy, which has not been effective.
4. A comprehensive preoperative evaluation has been conducted to identify the potential risks of the procedure, including, but not limited to:
 - a. Obesity-related comorbidities, such as diabetes and sleep apnea; and
 - b. Non-obesity related comorbidities, such as chronic obstructive pulmonary disease (COPD), nutritional status, and psychosocial status.

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

Prior Authorization Documentation:

Requests for prior authorization for excision of excessive skin and subcutaneous tissue 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



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procedures will be considered cosmetic.

Documentation of medical necessity for each requested procedure must include all of 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, i.e., 100 pounds (approximately 45.45 kg) or more, or 50% or greater loss of excess weight [calculation of percentage weight loss: number of pounds lost/your starting weight (x 100)];
6. 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.
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);
9. Documentation of the preoperative evaluation specified above (Clinical Coverage Criteria #4);
10. Other pertinent information that CCA may request.

NOTE: Clinical information must be submitted by the treating surgeon.

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, any of the following:

1. The member has difficulty fitting into clothes.
2. A panniculectomy is being performed at the same time as bariatric surgery.
3. 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 the above Clinical Coverage Criteria.
4. 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 the above Clinical Coverage Criteria.
5. The 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: CCA considers the excision of excessive skin and subcutaneous tissue in the arms, thighs/legs, hips or buttocks to be for cosmetic purposes, as these procedures do not improve functional impairments; excess skin in these areas very rarely causes recurrent skin or soft tissue infections.



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CODING:

When applicable, a list(s) of codes requiring prior authorization is provided. This list is for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment.

CPT Code	Code Description
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area

REFERENCES:

1. Commonwealth of Massachusetts. (2024). 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. Medicare Learning Network Items & Services Not Covered Under Medicare. MLN906765 July 2024 <https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnproducts/downloads/items-and-services-not-covered-under-medicare-booklet-icn906765.pdf>
3. MassHealth DIVISION OF MEDICAL ASSISTANCE 130 CMR 450.00: Administrative and billing regulations (06/21/2024) <https://www.mass.gov/doc/130-cmr-450-administrative-and-billing-regulations/download>
4. MassHealth DIVISION OF MEDICAL ASSISTANCE 130 CMR 415.00: Acute inpatient hospital services (01/02/2015) <https://www.mass.gov/doc/130-cmr-415-acute-inpatient-hospital-services/download>
5. MassHealth DIVISION OF MEDICAL ASSISTANCE 130 CMR 433.000: Physician Services (07/07/2023) <https://www.mass.gov/doc/physician-regulations-0/download>
6. Masshealth DIVISION OF MEDICAL ASSISTANCE 130 CMR 410.000: Outpatient Hospital Services (07/07/2023) <https://www.mass.gov/doc/acute-outpatient-hospital/download>
7. Medicare Benefit Policy Manual Chapter 16 - General Exclusions From Coverage (Rev. 198, 11-06-14) <https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/bp102c16.pdf>
8. Brodell, R. & Dolohanty, L. (2022). Intertrigo. Retrieved from <https://www.uptodate.com/contents/intertrigo>
9. Perreault, L. (2024). Obesity in adults: Prevalence, screening, and evaluation. Retrieved from <https://www.uptodate.com/contents/obesity-in-adults-prevalence-screening-and-evaluation>



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10. American Society of Plastic Surgeons (ASPS). Practice Parameter for Surgical Treatment of Skin Redundancy for Obese and Massive Weight Loss Patients. June 2017. Accessed 10/21/2024. <https://www.plasticsurgery.org/documents/Health-Policy/Guidelines/guideline-2017-skin-redundancy.pdf>
11. 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
11/14/2024	Annual review: Updated based on MassHealth MNG and current CCA MNG template. Added codes 15833, 15834, 15835, 15837, 15838, and 15839 for prior authorization. Updated references.
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:

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11/14/2024

Signature

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CCA CMO or Designee [Print]

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