



Guidelines for Medical Necessity Determination for Excision of Excessive Skin and Subcutaneous Tissue

This edition of Guidelines for Medical Necessity Determination (Guidelines) identifies the clinical information that MassHealth needs to determine medical necessity for the excision of excessive skin and subcutaneous tissue from the abdomen, forearm or hand, submental fat pad, or other area. Panniculectomy is a surgical procedure to remove excessive skin and subcutaneous tissue from the abdomen. This excessive abdominal skin and subcutaneous tissue is called a panniculus. Panniculectomy does not include relocating the umbilicus or tightening of the abdominal muscles (abdominoplasty). These Guidelines do not address excision of [excessive breast tissue, i.e., mastopexy](#) (CPT 19316); [reduction mammoplasty](#) (CPT 19318); or [mastectomy for gynecomastia](#) (CPT 19300). These Guidelines are based on generally accepted standards of practice, review of the medical literature, and federal and state policies and laws applicable to Medicaid programs.

Providers should consult MassHealth regulations at [130 CMR 415.000: Acute Inpatient Hospital Services](#), [130 CMR 433.00: Physician Services](#), [130 CMR 410.000: Outpatient Hospital Services](#), and [130 CMR 450.000: Administrative and Billing Regulations](#); Subchapter 6 of the *Physician Manual*; and Subchapter 6 of the *Acute Outpatient Hospital Manual* for information about coverage, limitations, service conditions, and other prior-authorization (PA) requirements applicable to this service.

Providers serving members enrolled in a MassHealth-contracted accountable care partnership plan (ACPP), managed care organization (MCO), One Care organization, Senior Care Options (SCO) plan, or Program of All-inclusive Care for the Elderly (PACE) should refer to the ACPP's, MCO's, One Care organization's, SCO's, or PACE's medical policies, respectively, for covered services.

MassHealth requires PA for excision of excessive skin and subcutaneous tissue. MassHealth reviews requests for PA on the basis of medical necessity. If MassHealth approves the request, payment is still subject to all general conditions of MassHealth, including member eligibility, other insurance, and program restrictions.

SECTION I. GENERAL INFORMATION

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Rapid, massive weight loss 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 (ADL), 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. Secondary bacterial or fungal infections can occasionally complicate these skin rashes. Timing of surgery 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 the procedure. Rarely, friction may cause excess tissue to complicate wound healing. In these cases, the excess skin may need to be removed to expose other surgical areas or to minimize complications from a complex surgical procedure.

MassHealth considers approval for coverage of excision of excessive skin and subcutaneous tissue on an individual, case-by-case basis, in accordance with 130 CMR 415.000, 130 CMR 433.000, 130 CMR 410.000, and 130 CMR 450.204.

SECTION II. CLINICAL GUIDELINES

A. CLINICAL COVERAGE

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MassHealth 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 postoperative recovery. These criteria include all 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 must 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 normal activities of daily living (ADL), such as walking, climbing stairs, bathing or showering, and getting dressed; or
 - b. is causing recurrent rashes or irritation in the skin folds refractory to medical management; or
 - c. is causing skin or soft-tissue infections that have required medically supervised and documented antibiotic or antifungal therapy, which has not been effective.

Note: MassHealth considers the excision of excessive skin and subcutaneous tissue in the arms, thighs, 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.

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 a hysterectomy and bilateral salpingo-oophorectomy performed via laparotomy. The criteria listed in Section II A.1. and 2. related to weight loss do not apply in this case.

B. NONCOVERAGE

MassHealth 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 fitting in 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 Section II. A. 1. – 4. of these Guidelines.
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 Section II. A. 1. – 4. of these Guidelines.
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.

SECTION III. SUBMITTING CLINICAL DOCUMENTATION

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PA requests 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 determining 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 (50% or greater loss of excess weight);
6. Documentation showing that 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 in Section II.A.4; and
10. Other pertinent information that MassHealth may request.

Clinical information must be submitted by the treating surgeon.

Providers must electronically submit PA requests and all supporting documentation using the Provider Online Service Center (POSC), unless the provider has a currently approved electronic claims waiver (hereinafter, “waiver”). Please see [All Provider Bulletin 369](#) for further waiver information. If you have questions about POSC access, contact MassHealth at (800) 841-2900, TDD/TTY: 711.

For PA requests that are not submitted using the POSC, providers with currently approved waivers must include the MassHealth Prior Authorization Request (PA-1 Form) and all supporting documentation. The PA-1 Form can be found at mass.gov/prior-authorization-for-masshealth-providers.

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These Guidelines are based on review of the medical literature and current practice in excision of excessive skin and subcutaneous tissue. MassHealth reserves the right to review and update the contents of these Guidelines and cited references as new clinical evidence and medical technology emerge.

This document was prepared for medical professionals to assist them in submitting documentation supporting the medical necessity of the proposed treatment, products, or services. Some language used in this communication may be unfamiliar to other readers; in this case, such readers should contact their health care provider for guidance or explanation.

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Approved by:  _____

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