



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

These Guidelines for Medical Necessity Determination (Guidelines) identify the clinical information that MassHealth needs to determine medical necessity for the excision of excessive skin and subcutaneous tissue from the abdomen, thigh, leg, hip, buttock, arm, forearm or hand, submental fat pad, or other area (described by CPT® codes 15830 – 15839). 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). Brachioplasty, also known as an arm lift, is a surgical procedure to remove excessive skin and subcutaneous tissue from the upper arm area. Thighplasty, also known as a thigh lift, is a surgical procedure to remove excessive skin and subcutaneous tissue from the thigh. 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. 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).

Providers should consult MassHealth regulations at 130 CMR 433.000 and 450.000, and Subchapter 6 of the *Physician Manual* for information about coverage, limitations, service conditions, and prior authorization requirements. Providers serving members enrolled in a MassHealth-contracted managed care organization (MCO) should refer to the MCO's medical policies for covered services.

MassHealth requires prior authorization for excision of excessive skin and subcutaneous tissue. MassHealth reviews requests for prior authorization 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.

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SECTION I. GENERAL INFORMATION

Rapid loss of massive amounts of weight results in excessive skin and subcutaneous tissue without potential for retraction. The excessive skin and subcutaneous tissue is 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 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, 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.

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 409.000 and 130 CMR 450.204.

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SECTION II. CLINICAL GUIDELINES

A. CLINICAL COVERAGE

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 post-operative recovery. These criteria include all of the following:

1. The member has had massive weight loss. Massive weight loss varies based on individual clinical circumstances and is documented when:
 - a. the member has reached 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. 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 (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 two or more episodes over a 12-month period) skin or soft-tissue infections which have required medically supervised and documented antibiotic or antifungal therapy, which has not been effective.

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 cosmetic in nature.³

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).

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 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. – 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.

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SECTION III. SUBMITTING CLINICAL DOCUMENTATION

Requests for prior authorization for excision of excessive skin and subcutaneous tissue, including but not limited to panniculectomy (CPT code 15830), thighplasty (CPT 15832), and brachioplasty (CPT 15836), 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.

- A. 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: https://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmi_tbl.htm) or a BMI calculator (such as the one available on the NIH website: <http://www.nhlbi.nih.gov/guidelines/obesity/BMI/bmicalc.htm>) can be used to determine the member's pre- and post-weight loss BMIs; see Appendix for formula for determining %EBWL and %EBMIL), and
 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 2 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. 5.
 10. Other clinical information requested by MassHealth.
- B. Clinical information must be submitted by the surgeon proposing to perform the procedure. MassHealth strongly encourages all providers to request prior authorization using the Provider Online Service Center (POSC) at www.mass.gov/masshealth/provider-service-center. Providers can submit prior authorization requests, all attachments (including supplemental and paper prior authorization forms), and any subsequent prior authorization requests, as well as review the status of their prior authorization requests, electronically via the POSC. Questions regarding POSC access should be directed to the MassHealth Customer Service Center at 1-800-841-2900.

APPLICABLE CPT® CODES

The Current Procedural Terminology (CPT®) codes provided below are for informational purposes only. CPT® coding is the sole responsibility of the billing party. Inclusion of a CPT® code in these Guidelines does not imply that the service described by this code is a covered service. This list of codes may not be all inclusive.

CPT®

Code Description

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| 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 |

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SELECT REFERENCES

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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, contact your health-care provider for guidance or explanation.

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APPENDIX

Surgical studies frequently report results as percent excess body weight loss (%EBWL) or percent excess body mass index loss (%EBMIL).

To calculate %EBWL, use the following formula:

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

Currently, both the National Institutes of Health¹⁶ and the World Health Organization²⁴ recommend using Body Mass Index (BMI) to classify adult nutrition status (i.e., underweight, normal, overweight, or obese). BMI is defined as the weight in kilograms divided by the square of the height in meters (kg/m²).

To calculate %EBMIL, use the following formula, where the upper limit of normal, 24.99 kg/m², rounded to 25 kg/m², is used for ideal BMI:

$$\% \text{ EBMIL} = \frac{\text{Preoperative BMI} - \text{Current BMI}}{\text{Preoperative BMI} - 25 \text{ Kg/m}^2} \times 100$$