

Department of Origin: Integrated Healthcare Services	Effective Date: 03/05/24
Approved by: Medical Policy Quality Management Subcommittee	Date Approved: 03/05/24
Clinical Policy Document: Panniculectomy, Excision/Removal of Hanging/Redundant Skin/Tissue (includes lipectomy)	Replaces Effective Clinical Policy Dated: 09/28/23
Reference #: MC/G003	Page: 1 of 7

PURPOSE:

The intent of this clinical policy is to ensure services are medically necessary.

Please refer to the member’s benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member’s benefit plan or certificate of coverage, the terms of the member’s benefit plan document will govern.

POLICY:

Benefits must be available for health care services. Health care services must be ordered by a provider. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

Health care services that are *cosmetic* are not considered medically necessary and therefore, not eligible for coverage.

Health care services that are *reconstructive* (ie, performed for an injury, sickness, congenital disease or anomaly) causing a *functional defect/physical impairment* or clinically significant distress or impairment are not considered *cosmetic*.

GUIDELINES:

Medical Necessity Criteria – Must satisfy any of the following: I – III

- I. *Panniculectomy* – must satisfy any of the following: A - B
 - A. Documentation supports all of the following: 1 - 3
 - 1. The severity of the *panniculus* is classified as Grade 2 or more severe (see Attachment A); and
 - 2. The symptoms related to *panniculus* have been present for a minimum of 6 months and are unresponsive to conservative management - any of the following: a - c
 - a. Persistent *intertrigo*, infection, cellulitis, non-healing ulcers, or skin necrosis; or
 - b. Difficulty with *activities of daily living*; or
 - c. Unresolved back pain attributed to the *panniculus*, as documented by a physician.
 - 3. The member has been at a stable weight for at least 6 months and no additional weight loss expected.
 - B. Is incidental to medically necessary lower intra-abdominal surgery to improve surgical access and/or wound healing
- II. Excision/removal of hanging/redundant skin/tissue other than *panniculectomy* (eg, abdominoplasty, brachioplasty) - documentation supports the following: A, and either B or C
 - A. Symptoms related to excess skin have been present for a minimum of 6 months and are unresponsive to conservative management (if applicable); and
 - B. Persistent *intertrigo*, infection, chronic inflammation/irritation, bleeding, pain, or skin necrosis; or

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C. Difficulty with *activities of daily living*.

III. *Panniculus* or excess/hanging skin/tissue causing a psychological condition – must have both of the following: A and B

- A. There must be documentation from a *mental health professional*, that the member’s clinical condition meets the diagnostic criteria for a *DSM* mental disorder diagnosis (eg, anxiety disorder, major depressive disorder, body dysmorphic disorder) causing *clinically significant* distress or impairment as evidenced by validated scales and measures - must satisfy either of the following: 1 or 2
1. Clinically significant distress is defined as a score of 2 standard deviations (SD) from the mean, by a disorder-specific symptom rating scale such as the Appearance Anxiety Inventory; or
 2. Clinically significant impairment is defined as a World Health Organization Disability Schedule (WHODAS) General Disability Score (GDS) of 2.6 using the current 0-4 scoring convention. (See Attachment B).
- B. Where applicable, there must be documentation that the member has not responded to, is intolerant to, or a poor candidate for other appropriate or conservative treatments for the member’s clinical condition (eg, psychotherapy).

EXCLUSIONS (not limited to):

Refer to member’s Certificate of Coverage or Summary Plan Description.

DEFINITIONS:

Activities of Daily Living (ADL):

Activities related to personal self-care and independent living, which include eating, bathing, dressing, transferring, walking/mobility, and toileting/continence.

Cosmetic:

Services and procedures that improve physical appearance but do not correct or improve a physiological function and are not medically necessary.

DSM:

The most current edition of the American Psychiatric Association Diagnostic and Statistical Manual of Mental Health Disorders.

Functional Defect/ Physical Impairment:

A functional defect or physical/physiological impairment causes deviation from the normal function of a tissue or organ. This results in a significantly limited, impaired, or delayed capacity to move, coordinate actions, or perform physical activities and is exhibited by difficulties in one or more of the following areas: physical and motor tasks; independent movement; performing *activities of daily living*.

Intertrigo:

Dermatitis occurring on opposed surfaces of the skin.

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Mental Health Professional:

Licensed Independent Clinical Social Worker, Licensed Psychologist, Psychiatric Advanced Practice Provider, Psychiatrist

Panniculectomy (Abdominal Dermolipectomy):

A resection of the overhanging “apron” of redundant skin and fat in the lower abdominal area.

Panniculus:

Abdominal apron of superficial fat.

Reconstructive:

Surgery to restore or correct:

1. A defective body part when such defect is incidental to or resulting from *injury, sickness*, or prior surgery of the involved body part; or
2. A covered dependent child’s congenital disease or anomaly which has resulted in a functional defect as determined by a physician.

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Prior Authorization: Yes, per network provider agreement.

CODING:

CPT®

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

15847 Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication)

15876 Suction assisted lipectomy; head and neck

15877 Suction assisted lipectomy; trunk

15878 Suction assisted lipectomy; upper extremity

15879 Suction assisted lipectomy; lower extremity

56620 Vulvectomy simple; partial

56625 Vulvectomy complete

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REFERENCES:

1. Integrated Healthcare Services Process Manual UR015 Use of Medical Policy and Criteria
2. Clinical Policy: Coverage Determination Guidelines (MP/C009)
3. Clinical Policy: Cosmetic Procedures/Treatments (MP/C002)
4. Clinical Policy: Reconstructive Surgery (MP/R002)
5. Brooks DC. Overview of abdominal wall hernias in adults. (Topic 3688, Version 33.0; last updated 04/12/22) In: Chen W, ed. *UpToDate*. Waltham, Mass.: UpToDate; 2020. www.uptodate.com. Accessed 02-01-24.
6. American Society of Plastic Surgeons. ASPS recommended Insurance Coverage Criteria for Third-Party Payers. Panniculectomy. 2019. Retrieved from <https://www.plasticsurgery.org/for-medical-professionals/health-policy/recommended-insurance-coverage-criteria>. Accessed 02-01-24.
7. American Society of Plastic Surgeons. ASPS recommended Insurance Coverage Criteria for Third-Party Payers. Abdominoplasty. 2018. Retrieved from <https://www.plasticsurgery.org/for-medical-professionals/health-policy/recommended-insurance-coverage-criteria>. Accessed 02-01-24.
8. American Society of Plastic Surgeons. ASPS recommended Insurance Coverage Criteria for Third-Party Payers. Surgical Treatment of Skin Redundancy for Obese and Massive Weight Loss Patients. 2017. Retrieved from <https://www.plasticsurgery.org/for-medical-professionals/health-policy/recommended-insurance-coverage-criteria>. Accessed 02-01-24.
11. Veale D, Eshkevari E, Kanakam N, Ellison N, Dosta A, Werner T. The Appearance Anxiety Inventory: validation of a process measure in the treatment of body dysmorphic disorder. *Behav Cogn Psychother* 2014 Sep;42(5):605-16.

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12. American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Arlington, VA, American Psychiatric Association, 2013.
13. Goldstein Adam O. Overview of benign lesions of the skin. (Topic 5573, Version 49.0; last updated: 10/13/23) In: Corona R, ed. *UpToDate*. Waltham, Mass.: UpToDate; 2020. www.uptodate.com. Accessed 02-01-24.

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Attachment A

Abdominal Deformities Severity Grading Scale
From The American Society of Plastic Surgeons

- Grade 1: panniculus covers hairline and mons pubis but not the genitals
- Grade 2: panniculus covers genitals and upper thigh crease
- Grade 3: panniculus covers upper thigh
- Grade 4: panniculus covers mid-thigh
- Grade 5: panniculus covers knees and below

Retrieved from <https://www.plasticsurgery.org/documents/Health-Policy/Guidelines/guideline-2017-skin-redundancy.pdf>

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Attachment B

WHODAS 2.0, 12-items

12-item World Health Organization Disability Assessment Schedule.

In the past 30 days, how much difficulty did you have in . . .

(0) None. (1) Mild. (2) Moderate. (3) Severe. (4) Extreme/Cannot do.

1. Standing for long periods such as 30 minutes?
2. Taking care of your household responsibilities?
3. Learning a new task, for example, learning how to get to a new place?
4. How much of a problem did you have in joining in community activities (for example, festivities, religious or other activities) in the same way as anyone else can?
5. How much have you been emotionally affected by your health problems?
6. Concentrating on doing something for ten minutes?
7. Walking a long distance such as a kilometre (or equivalent)?
8. Washing your whole body?
9. Getting dressed?
10. Dealing with people you do not know?
11. Maintaining a friendship?
12. Your day-to-day work?

The World Health Organisation Disability Assessment Schedule, WHODAS 2.0, 12 items, can be found at:

[https://www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health/who-disability-assessment-schedule#:~:text=Scoring&text=Simple%3A%20the%20scores%20assigned%20to,\(4\)%20%E2%80%93%20are%20summed.](https://www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health/who-disability-assessment-schedule#:~:text=Scoring&text=Simple%3A%20the%20scores%20assigned%20to,(4)%20%E2%80%93%20are%20summed.)

General Disability Score

- < 1.0 = Little or no impairment
- 1.0 to 1.9 = Mild
- 2.0 to 2.9 = Moderate
- 3.0 to 3.9 = Severe
- 4.0 = Extreme or cannot do

Nondiscrimination & Language Access Policy

Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. *We* do not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

We will:

Provide free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provide free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If *you* need these services, contact *us* at the phone number shown on the inside cover of this *contract*, *your* id card, or aspirushealthplan.com.

If *you* believe that *we* have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, *you* can file a grievance with:

Nondiscrimination Grievance Coordinator
Aspirus Health Plan, Inc.
PO Box 1062
Minneapolis, MN 55440
Phone: 1.866.631.5404 (TTY: 711)
Fax: 763.847.4010
Email: customerservice@aspirushealthplan.com

You can file a grievance in person or by mail, fax, or email. If *you* need help filing a grievance, the Nondiscrimination Grievance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance Services

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1.866.631.5404 (TTY: 711).

Arabic: تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بن اعلى رقم الهاتف 1.866.631.5404 (رقم هاتف الصم والبك : 711)

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelezle 1.866.631.5404 (ATS : 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.866.631.5404 (TTY: 711).

Hindi: _यान द_ : य_द आप िहंदी बोलते ह_ तो आपके िलए मु_त म_ भाषा सहायता सेवाएं उपल_ध ह_। 1.866.631.5404 (TTY: 711) पर कॉल कर_।

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.866.631.5404 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.866.631.5404 (TTY: 711)번으로 전화해 주십시오.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.866.631.5404 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.866.631.5404 (телетайп: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.866.631.5404 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1.866.631.5404 (TTY: 711)

Traditional Chinese: 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1.866.631.5404 (TTY:711)。

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.866.631.5404 (TTY: 711).

Pennsylvania Dutch: Wann du Deitsch (Pennsylvania German / Dutch) schwetzsch, kannscht du mitaus Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1.866.631.5404 (TTY: 711).

Lao: ໄປ່ດຊາຍ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1.866.631.5404 (TTY:711).