

Department of Origin: Integrated Healthcare Services	Effective Date: 09/16/24
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: 03/05/24
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 – any of the following: I – II

- I. Aspirus, Inc. Employee Health Plan (Group Plan Number ASP20000) and ETF Health Plan (Wisconsin Department of Employee Trust Funds) – must satisfy any of the following: A – C
 - A. *Panniculectomy* – must satisfy any of the following: 1 – 2
 - 1. Documentation supports all of the following: a – c
 - a. The severity of the *panniculus* is classified as Grade 2 or more severe (see Attachment A); and
 - b. The symptoms related to *panniculus* have been present for a minimum of 6 months and are unresponsive to conservative management - any of the following: 1) – 3)
 - 1) Persistent *intertrigo*, infection, cellulitis, non-healing ulcers, or skin necrosis; or
 - 2) Difficulty with activities of daily living; or
 - 3) Unresolved back pain attributed to the *panniculus*, as documented by a physician.
 - c. The member has been at a stable weight for at least 6 months and no additional weight loss expected.
 - 2. Is incidental to medically necessary lower intra-abdominal surgery to improve surgical access and/or wound healing
 - B. Excision/removal of hanging/redundant skin/tissue other than *panniculectomy* (eg, abdominoplasty, brachioplasty) - documentation supports the following: 1, and either 2 or 3
 - 1. Symptoms related to excess skin have been present for a minimum of 6 months and are unresponsive to conservative management (if applicable); and

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2. Persistent *intertrigo*, infection, chronic inflammation/irritation, bleeding, pain, or skin necrosis; or
 3. Difficulty with *activities of daily living*.
- C. *Panniculus* or excess/hanging skin/tissue causing a psychological condition – any of the following: 1 or 2
1. Aspirus, Inc. Employee Health Plan (Group Plan Number ASP20000) – all 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).
 2. ETF Health Plan (Wisconsin Department of Employee Trust Funds) – Psychological reasons do not represent a medical/surgical necessity.
- II. All other plans/groups – The Plan excludes coverage for excision or elimination of hanging skin on any part of the body, including panniculectomy, abdominoplasty, and brachioplasty.

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.

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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.

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)
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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



Discrimination is Against the Law. 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, or sex, (including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation, gender identity and sex stereotypes), consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2). Aspirus Health Plan, Inc. does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Aspirus Health Plan, Inc.:

Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:

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

Provides free language assistance services to people whose primary language is not English, which may include:

- Qualified interpreters.
- Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Nondiscrimination Grievance Coordinator at the address, phone number, fax number, or email address below.

If you believe that Aspirus Health Plan, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a *grievance* with:

Nondiscrimination Grievance Coordinator
Aspirus Health Plan, Inc.
PO Box 1890
Southampton, PA 18966-9998
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>. This notice is available at Aspirus Health Plan, Inc.'s website: https://aspirushealthplan.com/webdocs/70021-AHP-NonDiscrim_Lang-Assist-Notice.pdf.

Language Assistance Services

Albanian: KUJDES: Nëse flitmi shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-332-6501 (TTY: 711).

Arabic: تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بن اعلى رقم الهاتف 1-800-332-6501 (رقم هاتف الصم والبك : 711)

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-332-6501 (ATS: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-332-6501 (TTY: 711).

Hindi: यान द : य द आप िहंदी बोलते ह तो आपके िलए मु त म भाषा सहायता सेवाएं उपल थ ह 1-800-332-6501 (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 1-800-332-6501 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-332-6501 (TTY: 711) 번으로 전화해 주십시오.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-332-6501 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-332-6501 (телетайп: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-332-6501 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1-800-332-6501 (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 1-800-332-6501 (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 1-800-332-6501 (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 1-800-332-6501 (TTY: 711).

Lao: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ໂດຍບໍ່ເສັຽຄ່າ, ຈະມີມີ້ພ້ອມໃຫ້ທ່ານ. ໂທສ 1-800-332-6501 (TTY: 711).