



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

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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<sup>®</sup> 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.

## 1

### 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.

# Guidelines For Medical Necessity Determination For Bariatric

**John Alverdy, Yalini Vigneswaran**



## **Guidelines For Medical Necessity Determination For Bariatric:**

**Guidelines for Medical Necessity Determination for Bariatric Surgery** MassHealth,2019 This document was prepared for medical professionals to assist them in submitting documentation supporting the medical necessity of the proposed treatment products or services page 9

*Difficult Decisions in Bariatric Surgery* John Alverdy,Yalini Vigneswaran,2020-12-07 This book provides a practical guide to decision making within bariatric surgery Through uniform and well structured chapters topics relating to patient selection preoperative preparation the ethics of bariatric surgery choice of procedure complications late failure and management malabsorptive procedures and pediatric bariatric surgery are discussed and examined *Difficult Decisions in Bariatric Surgery* aims to help readers navigate an increasingly complex surgical specialty and come to reasoned and evidence based conclusions This book is of interest to practicing and trainee surgeons endocrinologists endoscopists and pediatricians

**Federal Register** ,2014 **Aesthetic Plastic Surgery of the Abdomen** Alberto Di Giuseppe,Melvin A. Shiffman,2015-10-21 This comprehensive book covers anatomy recent techniques postoperative care possible complications and outcomes in aesthetic surgery of the abdomen The extensive section on aesthetic procedures includes many important innovations in abdominoplasty Detailed consideration is also given to the various potential complications with guidance on their prevention diagnosis and management The book is written by acknowledged experts in the topics on which they write It will be of value for residents and fellows and more experienced surgeons in the fields of plastic surgery general surgery cosmetic surgery and general surgery

**Mastery of Surgery** Josef E. Fischer,Kirby I. Bland,Mark P. Callery,2006-12-18 This authoritative two volume reference represents the core procedural knowledge taught in most surgical residency programs This edition has new procedures in bariatric surgery hernia surgery and vascular surgery and includes a large number of international contributors Editorial comments at the end of each chapter provide additional insight

*Perspectives on Essential Health Benefits* Institute of Medicine,Board on Health Care Services,Committee on Defining and Revising an Essential Health Benefits Package for Qualified Health Plans,2012-02-10

The Patient Protection and Affordable Care Act herein known as the Affordable Care Act ACA was signed into law on March 23 2010 Several provisions of the law went into effect in 2010 including requirements to cover children up to age 26 and to prohibit insurance companies from denying coverage based on preexisting conditions for children Other provisions will go into effect during 2014 including the requirement for all individuals to purchase health insurance In 2014 insurance purchasers will be allowed but not obliged to buy their coverage through newly established health insurance exchanges HIEs marketplaces designed to make it easier for customers to comparison shop among plans and for low and moderate income individuals to obtain public subsidies to purchase private health insurance The exchanges will offer a choice of private health plans and all plans must include a standard core set of covered benefits called essential health benefits EHBs The Department of Health and Human Services requested that the Institute of Medicine IOM recommend criteria and methods

for determining and updating the EHBs In response the IOM convened two workshops in 2011 where experts from federal and state government as well as employers insurers providers consumers and health care researchers were asked to identify current methods for determining medical necessity and share decision making approaches to determining which benefits would be covered and other benefit design practices Essential Health Benefits summarizes the presentations in this workshop The committee s recommendations will be released in a subsequent report *Essential Health Benefits* Institute of Medicine,Board on Health Care Services,Committee on Defining and Revising an Essential Health Benefits Package for Qualified Health Plans,2012-01-17 In 2010 an estimated 50 million people were uninsured in the United States A portion of the uninsured reflects unemployment rates however this rate is primarily a reflection of the fact that when most health plans meet an individual s needs most times those health plans are not affordable Research shows that people without health insurance are more likely to experience financial burdens associated with the utilization of health care services But even among the insured underinsurance has emerged as a barrier to care The Patient Protection and Affordable Care Act ACA has made the most comprehensive changes to the provision of health insurance since the development of Medicare and Medicaid by requiring all Americans to have health insurance by 2016 An estimated 30 million individuals who would otherwise be uninsured are expected to obtain insurance through the private health insurance market or state expansion of Medicaid programs The success of the ACA depends on the design of the essential health benefits EHB package and its affordability Essential Health Benefits recommends a process for defining monitoring and updating the EHB package The book is of value to Assistant Secretary for Planning and Evaluation ASPE and other U S Department of Health and Human Services agencies state insurance agencies Congress state governors health care providers and consumer advocates **Public Health**

**Nutrition: Assessing Evidence to Determine Policy and Practice** Alessandra Lafranconi,Sumantra Ray,Giuseppe Grosso,2019-06-19 Minimally Invasive Bariatric Surgery Stacy A. Brethauer,Philip R. Schauer,Bruce D.

Schirmer,2015-03-03 The second edition of Minimally Invasive Bariatric Surgery provides a comprehensive state of the art review of this field and it serves as a valuable resource for clinicians surgeons and researchers with an interest in minimally invasive bariatric surgery Additionally the second edition includes new features that will benefit the resident fellow or bariatric surgeon new to the field Specifically each evidence based chapter i e outcomes complications epidemiology etc concludes with three or four exam questions that emphasize the salient points of the chapter and provide fellowship programs a valuable training tool and resource for their academic curriculum These questions are either single answer multiple choice or true false format and the correct response with a brief explanation follows As more emphasis is placed on completing a comprehensive curriculum and obtaining certification for bariatric training this aspect of the book is unique and provides added value to the text The new edition also incorporates many new or updated medical illustrations to enhance the technique chapters and provide more uniformity for the artwork throughout the book Each of the major procedures include

surgical technique outcomes and management of complications in separate chapters to provide an easy reference for the busy clinician preparing for a case or presentation Another unique feature of the text is a link to video files hosted online for the relevant chapters This video library will be of great value to the user As the number of fellowships in laparoscopic bariatric surgery continues to increase this updated text will provide a valuable resource for general and bariatric surgeons laparoscopic surgeons fellows residents medical students obesity researchers and industry representatives involved in this field

**Understanding Obesity to Determine the Best Therapeutic Option: From Lifestyle Interventions to Therapies** Evelyn Frias-Toral, Jorge Carriel-Mancilla, Florencia Ceriani, Almino Ramos, 2025-02-21 We are currently facing an obesity pandemic that affects individuals of all age groups geographic areas and social status among others Thus it is essential to generate high quality scientific evidence to better understand this pathology its risk factors and its treatments Several modifiable and non modifiable risk factors for the development of obesity have been identified It has been demonstrated that obese patients have an increased risk of acquiring arterial hypertension diabetes dyslipidemia cardiovascular diseases cancer and other chronic conditions In order to take efficient actions to reverse or prevent these complications it is also crucial to delve into body composition lean mass fat bone mass and sarcopenia in patients with obesity In recent months there have been developments in pharmacological therapies using GLP 1 GIP and glucagon agonists which seem to change the rules of the game regarding therapeutic decision making in these patients worldwide However surgical techniques such as sleeve gastrectomy and Roux en Y gastric bypass continue to be the most effective and definitive interventions to achieve adequate weight loss in patients with obesity Despite the pharmacological development none of the clinical trials have shown that the operated patients reach more than 30% of the total body weight as with bariatric surgery techniques Furthermore it is fundamental to analyze the impact of diverse therapeutic non surgical and non pharmacological options to address obesity such as cognitive behavioral interventions and different types of diets in combination with physical activity

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