



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.

Guidelines For Medical Necessity Determination For Bariatric

L Reisser



Guidelines For Medical Necessity Determination For Bariatric:

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