

TITLE:	PANNICULECTOMY AND REDUNDANT SKIN REMOVAL POLICY AND PROCEDURE
POLICY #:	MM-PNP-002
VERSION #:	02
DEPARTMENT:	MEDICAL MANAGEMENT
ORIGINAL EFFECTIVE DATE:	06/01/2022
CURRENT REVISION DATE:	03/24/2023

1. PURPOSE

To ensure consistency and compliance regarding the implementation of the policy, procedure, and training of utilization review staff for panniculectomy - removal of excess tissue.

Curative will follow this Policy and Procedure and will ensure that any delegated entities will also adhere.

2. SCOPE

Describe the department and personnel responsible for performing the policy.

3. DEFINITIONS

3.1. N/A

4. POLICY

Curative excludes coverage of cosmetic surgery and procedures that are not medically necessary, but generally provide coverage when the surgery or procedure is needed to improve the functioning of a body part or otherwise medically necessary even if the surgery or procedure also improves or changes the appearance of a portion of the body.

This policy statement supplements benefit language by identifying procedures that Curative considers medically necessary despite cosmetic aspects, and other cosmetic procedures that Curative considers not medically necessary. Please note that, while this policy statement addresses many common procedures, it does not address all procedures that might be considered to be cosmetic surgery excluded from coverage. Curative reserves the right to deny coverage for other procedures that are cosmetic and not medically necessary.

5. PROCEDURE

Indications for Coverage:

The following are eligible for coverage when the below criteria are met.

Panniculectomy when ALL of the following criteria have been met:

- Panniculus hangs at or below symphysis pubis
- The Panniculus, when present, is the primary cause of skin conditions such as cellulitis requiring systemic antibiotics or transdermal skin ulcerations that require medical treatment
- There is presence of a Functional Impairment (interference with activities of daily living) due to the Panniculus
- The surgery is expected to restore or improve the Functional Impairment

Notes:

- After Significant Weight Loss Unrelated to Bariatric Surgery: In addition to the criteria listed above, there must be documentation that a stable weight has been maintained for six months.
- After Significant Weight Loss Following Bariatric Surgery: In addition to the criteria listed

above, there must be documentation that a stable weight has been maintained for six months. This often occurs 12-18 months after surgery.

Documentation Requirements:

Medical notes documenting the following, when applicable:

- Primary complaint, history of complaint and physical exam
- Intertriginous rashes or other skin problems with documentation of treatment and response
- Functional limitations due to pannus
- High-quality color photographs. (For panniculectomy, photographs of a full-frontal view of the hanging pannus, a full-frontal view of pannus elevated that allows any skin damage to be evaluated, and a full-lateral view of the hanging pannus.)
 - Note: All photographs must be labeled with the:
 - Date taken
 - Applicable case number obtained at time of request, or the member's name and ID number on the photographs

Coverage Limitations and Exclusions:

Curative Health excludes Cosmetic Procedures from coverage including but not limited to the following:

- Procedures that correct an anatomical Congenital Anomaly without improving or restoring physiologic function are considered Cosmetic Procedures. The fact that a Covered Person may suffer psychological consequences or socially avoidant behavior as a result of an Injury, Sickness or Congenital Anomaly does not classify surgery (or other procedures done to relieve such consequences or behavior) as a Reconstructive Procedure.
- Procedures that do not meet the reconstructive criteria in the Indications for Coverage section.
- Body Contouring procedures, including but not limited to:
 - Abdominoplasty
 - Lipectomy when performed on any site including (not an all-inclusive list):
 - Abdomen
 - Arms
 - Buttocks
 - Legs
 - Medial thigh
 - Neck
 - Trunk
 - Panniculectomy (not an all-inclusive list):
 - When performed to relieve neck or back pain as there is no evidence that reduction of redundant skin and tissue results in less spinal stress or improved posture/alignment
 - When performed in conjunction with abdominal or gynecologic surgery including (not an all-inclusive list):
 - Hernia repair
 - Obesity surgery
 - C-section and hysterectomy (unless the member meets the criteria for Panniculectomy as stated above in this document)
 - Performed post childbirth in order to return to pre-pregnancy shape
 - Performed for:
 - Intertrigo
 - Superficial inflammatory response
 - Any other condition that does not meet the criteria listed above in

this document

- Repair of Diastasis Recti
- Suction-assisted lipectomy (unless part of an approved procedure).

Note:

Exclusion does not apply to children <18yo with congenital anomalies that are covered by the state mandate.

Benefit:

Benefit determinations should be based in all cases on the benefit plan language. Medical policies do not constitute a description of benefits. A member's health benefit plan governs which services are covered, which are excluded, which are subject to benefit limits and which require preauthorization.

Disclaimer:

Curative Health medical policies are developed to assist in administering a member's benefits, do not constitute medical advice and are subject to change. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any medical policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this medical policy and a member's benefit information, the benefit information will govern. If a provider or a member has a question concerning the application of this medical policy, please contact Curative Health.

Coding Information:

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code®	Description
The following codes may be cosmetic; review is required to determine if considered cosmetic or reconstructive	
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (e.g., abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)
15877	Suction assisted lipectomy; trunk
15878	Suction assisted lipectomy; upper extremity
15879	Suction assisted lipectomy; lower extremity

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Reserved.

CPT Code®	Description
The following codes are considered cosmetic; the codes do not improve a functional, physical, or physiological impairment	
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
15876	Suction assisted lipectomy; head and neck

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6. TRAINING REQUIREMENT

- 6.1.** All Curative Employees are responsible for reading and comprehending this procedure. Employees are also responsible for contacting management or Privacy and Compliance with any questions or concerns regarding the information contained within this procedure.

7. ENFORCEMENT

Violations of this controlled document will cause the imposition of sanctions in accordance with the Curative sanctions controlled document. This may include verbal/written warning, suspension, up to termination of employment or volunteer, intern, contractor status with Curative. Additional civil, criminal and equitable remedies may apply.

8. DOCUMENTATION

Provide details regarding any specific documentation required for this policy or to meet any legal or regulatory requirements related to this policy.

9. REFERENCE DOCUMENTS AND MATERIALS

9.1. Regulatory Authority

- 9.1.1. N/A

9.2. Internal - N/A

9.3. External -

- 9.3.1. CMS.gov/medicare-coverage-database/= LCD (L35090): Cosmetic and Reconstructive Surgery: subsection/Abdominal Lipectomy/Panniculectomy: Accessed May 16, 2022
- 9.3.2. The American Society of Plastic Surgeons. Practice Parameter for Surgical Treatment of Skin Redundancy for Obese and Massive Weight Loss Patients. 2017. Plasticsurgery.org. Accessed May 16, 2022
- 9.3.3. Sachs D. Murray J. Panniculectomy. National Institutes of Health (NIH). Updated February 2020. Ncbi.nlm.nih.gov. Accessed May 16, 2022
- 9.3.4. CMS Novitas Solutions, Inc. Cosmetic and Reconstructive Surgery (LCD L35090).

10. COLLABORATING DEPARTMENTS

10.1. Example Department

11. DOCUMENT CONTROL

APPROVED BY:		
(Printed Name)	(Date)	(Signature)

REVISION HISTORY			
Date	Author	Version	Comments
			Initial Version

APPENDICES

Any applicable attachments, resources or other materials should be included as appendices in this section. Label each appendix as follows:

Appendix A: