MEDICAL POLICY	Surgical Treatment for Skin Redundancy (Medicare Only)
Effective Date: 04/01/2021  4/1/2021 Medical Officer Date	Medical Policy Number: 259 Medical Policy Committee Approved Date: 12/19; 6/2020; 03/2021

See Policy CPT/HCPCS CODE section below for any prior authorization requirements

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as "Company" and collectively as "Companies").

APPLIES TO:

Medicare only

MEDICARE POLICY CRITERIA

The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.

Service	Medicare Guidelines
Abdominal Lipectomy and Panniculectomy	• Local Coverage Determination (LCD): Plastic Surgery (L37020)[1] • Local Coverage Determination (LCD): Cosmetic and Reconstructive Surgery (L34698)[2] • Local Coverage Article (LCA): Billing and Coding: Cosmetic and Reconstructive Surgery (A57475)[3] • Local Coverage Article (LCA): Billing and Coding: Plastic Surgery (A57222)[4]

CPT/HCPCS CODES

Medicare Only	
Prior Authorization Required	
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/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 (e.g., abdominoplasty) (includes umbilical transposition and fascial placation) (list separately in addition to code for primary procedure)
15876	Suction assisted lipectomy; head and neck
15877	Suction assisted lipectomy; trunk
15878	Suction assisted lipectomy; upper extremity
15879	Suction assisted lipectomy; lower extremity

INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

REFERENCES

1. Centers for Medicare & Medicare Services. Local Coverage Determination (LCD): Plastic Surgery (L37020). Revision Effective Date: For services performed on or after 10/01/2019.

https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=37020. Accessed 02/02/2021.

2. Centers for Medicare & Medicare Services. Local Coverage Determination (LCD): Cosmetic and Reconstructive Surgery (L34698). Revision Effective Date For services performed on or after 01/01/2021. https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34698. Accessed 02/02/2021.
3. Centers for Medicare & Medicare Services. Local Coverage Article: Billing and Coding: Cosmetic and Reconstructive Surgery (A57475). Revision Effective Date: 02/27/2020. https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=57475. Accessed 02/02/2021.
4. Centers for Medicare & Medicare Services. Local Coverage Article: Billing and Coding: Plastic Surgery (A57222). Revision Effective Date: 10/01/2019. https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=57222. Accessed 02/02/2021.