

**Effective November 1, 2023, refer to CMS Manual 100-02, Chapter 16-General Exclusions from Coverage for services included in this policy.**



**BlueCross BlueShield  
of Alabama**

**Effective February 26, 2018 and after for  
Panniculectomy and Abdominoplasty refer to LCD L33428**

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**Name of Blue Advantage Policy:**

**Management of Excessive Skin and Subcutaneous Tissue**

Policy #: 058

Latest Review Date: May 2023

Category: Surgery

**ARCHIVED EFFECTIVE 11/1/2023**

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**BACKGROUND:**

*Blue Advantage medical policy does not conflict with Local Coverage Determinations (LCDs), Local Medical Review Policies (LMRPs) or National Coverage Determinations (NCDs) or with coverage provisions in Medicare manuals, instructions or operational policy letters. In order to be covered by Blue Advantage the service shall be reasonable and necessary under Title XVIII of the Social Security Act, Section 1862(a)(1)(A). The service is considered reasonable and necessary if it is determined that the service is:*

1. *Safe and effective;*
2. *Not experimental or investigational\*;*
3. *Appropriate, including duration and frequency that is considered appropriate for the service, in terms of whether it is:*
  - *Furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient's condition or to improve the function of a malformed body member;*
  - *Furnished in a setting appropriate to the patient's medical needs and condition;*
  - *Ordered and furnished by qualified personnel;*
  - *One that meets, but does not exceed, the patient's medical need; and*
  - *At least as beneficial as an existing and available medically appropriate alternative.*

*In accordance with Title XVIII of the Social Security Act, Section 1862 (a)(10) cosmetic surgery or expenses incurred in connection with such surgery is not covered except as required for the prompt repair of accidental injury or for improvement of the functioning of a malformed body member.*

*\*Routine costs of qualifying clinical trial services with dates of service on or after September 19, 2000 which meet the requirements of the Clinical Trials NCD are considered reasonable and necessary by Medicare. Providers should bill **Original Medicare** for covered services that are related to **clinical trials** that meet Medicare requirements (Refer to Medicare National Coverage Determinations Manual, Chapter 1, Section 310 and Medicare Claims Processing Manual Chapter 32, Sections 69.0-69.11).*

## **POLICY:**

**Blue Advantage** will treat **excision of excessive skin and/or subcutaneous tissue of the following areas** as a **non-covered benefit** and as **cosmetic**:

- Thigh, leg, hip, buttock, arm, forearm or hand, submental fat pad,
- Females- labia minora reduction, labia major reshaping, clitoral reduction, hymenoplasty, pubic liposuction, vaginal rejuvenation or tightening
- Males- phalloplasty, scrotoplasty

**Blue Advantage** will treat **lipectomy, a surgical technique used to cut and remove subcutaneous fatty tissue**, as a **non-covered benefit** as this is considered cosmetic.

**Blue Advantage** will treat **umbilical transposition** as a **non-covered benefit** and as **cosmetic**.

*Blue Advantage does not approve or deny procedures, services, testing, or equipment for our members. Our decisions concern coverage only. The decision of whether or not to have a certain test, treatment or procedure is one made between the physician and his/her patient. Blue Advantage administers benefits based on the members' contract and medical policies. Physicians should always exercise their best medical judgment in providing the care they feel is most appropriate for their patients. Needed care should not be delayed or refused because of a coverage determination.*

*In accordance with Title XVIII of the Social Security Act, Section 1862 (a)(10) cosmetic surgery or expenses incurred in connection with such surgery is not covered except as required for the prompt repair of accidental injury or for improvement of the functioning of a malformed body member.*

## **DESCRIPTION OF PROCEDURE OR SERVICE:**

Lipectomy is a surgical technique that is used to cut and remove unwanted fat deposits from specific areas of the body. These include: chin, neck, upper arms, above the breasts, abdomen, buttocks, hips, thighs, knees, calves and ankles. It may also be performed in conjunction to further sculpt the abdomen or remove fat from other areas. These are generally considered to be cosmetic procedures.

## **KEY POINTS:**

A literature review was conducted through May 18, 2023.

### **Summary of Evidence**

#### **Non-abdomen**

Brachioplasty is a surgical procedure used to remove excess fat and skin from the back of the upper arm. This procedure is primarily to improve a patient's appearance. Buttock and thigh lifts are surgical procedures used to remove excess fat and skin from the buttocks and thighs. These procedures are intended to enhance the appearance and have no known medical benefits even if done following significant weight loss.

A wide variety of procedures have been proposed to alter the appearance, size, or function of the external and internal female genitalia. Surgical procedures to alter the size or shape of the labia or clitoris restore the hymen, and other such measures do not provide any physical health benefits.

The labia minora is part of the external structure of the vagina. In some patients the labia minora may be enlarged or asymmetrical leading to mild discomfort with wearing certain clothing or during some activities. Reconstructive surgical procedures have been proposed to reduce enlarged labia minora. These procedures have not been well studied in the medical literature and the possible risks have not been adequately assessed in relation to the potential benefits.

Phalloplasty is a surgical procedure to reconstruct or enlarge the penis. Reconstruction may be required in cases of traumatic injury or loss due to disease. Enlargement may be desired in cases of abnormally small penis size.

## **APPROVED BY GOVERNING BODIES:**

Not applicable.

### **Practice Guidelines and Position Statements**

#### **American Society of Plastic Surgeons (ASPS)**

The American Society of Plastic Surgeons (ASPS) Practice Parameter for Surgical Treatment of Skin Redundancy for Obese and Massive Weight Loss Patients (2007b) recommends that body contouring surgery, including panniculectomy, be performed only after an individual maintains a stable weight for two to six months. For individuals who are post -bariatric surgery, this is reported to occur 12 to 18 months after surgery when the BMI has reached the 25 kg/m<sup>2</sup> to 30 kg/m<sup>2</sup> range (Rubin, 2004). If performed prematurely, a potential exists for a second panniculus to develop once additional weight loss has occurred and the risks of postoperative complications are increased. Weight loss and BMI are important when considering panniculectomy and a significant amount of weight loss may not bring the BMI of an individual to less than 30 kg/m<sup>2</sup>; however a panniculectomy may still be necessary (Arthurs, 2007).

**The American Society for Metabolic and Bariatric Surgery (ASMBS)**

The American Society for Metabolic and Bariatric Surgery Consensus statement states weight loss can vary from about 25% to 70% of an individual's excess body weight depending on the type of bariatric surgery that is performed (Buchwald, 2005).

**KEY WORDS:**

Abdominoplasty, panniculectomy, lipectomy, thighplasty, tummy tuck, brachioplasty, panniculus, hip-plasty, labial reduction, phalloplasty, scrotoplasty, labioplasty, vaginoplasty, lipoplasty, liposuction, Umbilical transposition

**BENEFIT APPLICATION:**

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

**CURRENT CODING:****CPT Codes**

15830	Excision, excessive skin and subcutaneous tissue (including lipectomy); abdomen (infraumbilical panniculectomy)
15832	Excision, excessive skin and subcutaneous tissue (including lipectomy); thigh
15833	Excision, excessive skin and subcutaneous tissue (including lipectomy); leg
15834	Excision, excessive skin and subcutaneous tissue (including lipectomy); hip
15835	Excision, excessive skin and subcutaneous tissue (including lipectomy); buttock
15836	Excision, excessive skin and subcutaneous tissue (including lipectomy); arm
15837	Excision, excessive skin and subcutaneous tissue (including lipectomy); forearm or hand
15838	Excision, excessive skin and subcutaneous tissue (including lipectomy); submental fat pad
15839	Excision, excessive skin and subcutaneous tissue (including lipectomy); other area
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)

17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue
55175	Scrotoplasty; simple
55180	Scrotoplasty; complicated

## REFERENCES:

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3. American Society of Plastic Surgeons. Abdominoplasty. [www.plasticsurgery.org/Documents/medical-professionals/health-policy/evidence-practice/AbdominoplastyAndPanniculectomy.pdf](http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/evidence-practice/AbdominoplastyAndPanniculectomy.pdf).
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## **POLICY HISTORY:**

Adopted for Blue Advantage, March 2005

Available for comment May 1-June 14

Medical Policy Group, October 2005

Available for comment October 13-November 28, 2005

Medical Policy Group, December 2006

Available for comment January 12-February 25, 2007

Medical Policy Group, February 2009

Medical Policy Group, February 2010

Available for comment April 7-May 21, 2010

Medical Policy Group, September 2010

Available for comment September 11-October 25, 2010

Medical Policy Group, January 2011

Medical Policy Group, July 2011

Available for comment July 21 through September 5, 2011

Medical Policy Group, January 2015

Medical Policy Group, January 2016

Medical Policy Group, February 2018

Medical Policy Group, August 2018 (7): Literature review complete, no new references added; updated Key Words; no change to policy statement.

Medical Policy Group, November 2019

Medical Policy Group, June 2021

Medical Policy Group, May 2022

Medical Policy Group, May 2023: Reviewed by consensus. There is no new published peer-reviewed literature available that would alter the coverage statement in the policy.

Medical Policy Group, November 2023: Archived effective 11/1/2023.

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*This medical policy is not an authorization, certification, explanation of benefits, or a contract. Eligibility and benefits are determined on a case-by-case basis according to the terms of the member's plan in effect as of the date services are rendered. All medical policies are based on (i) research of current medical literature and (ii) review of common medical practices in the treatment and diagnosis of disease as of the date hereof. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment.*

*This policy is intended to be used for adjudication of claims (including pre-admission certification, pre-determinations, and pre-procedure review) in Blue Cross and Blue Shield's administration of plan contracts.*