

Excess skin removal

We provide coverage for this procedure for adult members who meet medical necessity criteria. Submit authorization requests through the e-referral system.

The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below.

If all questions are answered, e-referral will either approve or pend the case. If the case pends and we cannot authorize it, we will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. We will retrospectively monitor compliance with this authorization requirement.

Applicable codes for abdominoplasty (outpatient): *15832, *15833, *15834, *15835, *15836, *15837, *15838 and *15839

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See below for the questions you'll encounter in the e-referral system.

Q Is the surgery SOLELY to preserve or enhance the patient's appearance or self-esteem? NOTE: If the surgery is NOT SOLELY to preserve or enhance the patient's appearance or self-esteem, you MUST select "No."

A

Possible answers: Yes No N/A

Q Is the surgery to repair a defect caused by EITHER a congenital (birth) defect or developmental abnormality?

A

Possible answers: Yes N/A No

Q Is the surgery being performed because the patient has an abnormal body structure caused by EITHER trauma, infection, tumor or disease and the surgery is required to restore the patient's appearance to a state of normalcy?

A

Possible answers: Yes N/A No

Q Is the surgery being performed because the patient has an abnormal body structure caused by a massive weight loss (100 pounds) and the surgery is required to restore the patient's appearance to a state of normalcy?

A

Possible answers: Yes No N/A

Q Is there documentation in the patient's record of a functional impairment such as difficulty walking or standing; pain; or skin irritation or rash that CONTINUES AFTER treatment with conventional medical therapy (for example, topical antifungals, topical or systemic corticosteroids, local or systemic antibiotics etc.)?

A

Possible answers: Yes N/A No

Q Is the request for a surgical treatment other than excess skin removal for lymphedema? NOTE: If the surgery is NOT for excess skin removal you MUST select NO.

A

Possible answers: Yes N/A No

Q Is the request for liposuction for lipedema? NOTE: If the surgery is NOT for excess skin removal you MUST select NO.

A

Possible answers: Yes N/A No

Q Please include in the free text section provided the condition being treated, the functional impairment and what conventional treatment was tried and did not work.

A