



Status
Active

Medical and Behavioral Health Policy

Section: Surgery

Policy Number: IV-82

Effective Date: 06/25/2014

Blue Cross and Blue Shield of Minnesota medical policies do not imply that members should not receive specific services based on the recommendation of their provider. These policies govern coverage and not clinical practice. Providers are responsible for medical advice and treatment of patients. Members with specific health care needs should consult an appropriate health care professional.

LIPOSUCTION

Description: Liposuction is a surgical technique for removing tissue in which a cannula is inserted subcutaneously into the operative area to allow for suction removal of soft tissue. Tissue specimens received by this method are generally rendered unsuitable for pathologic determination.

Policy: Liposuction is considered **COSMETIC** as it is performed primarily to enhance or otherwise alter physical appearance without correcting or improving a physiological function.

Coverage: Blue Cross and Blue Shield of Minnesota medical policies apply generally to all Blue Cross and Blue Plus plans and products. Benefit plans vary in coverage and some plans may not provide coverage for certain services addressed in the medical policies.

Medicaid products and some self-insured plans may have additional policies and prior authorization requirements. Receipt of benefits is subject to all terms and conditions of the member's summary plan description (SPD). As applicable, review the provisions relating to a specific coverage determination, including exclusions and limitations. Blue Cross reserves the right to revise, update and/or add to its medical policies at any time without notice.

For Medicare NCD and/or Medicare LCD, please consult CMS or National Government Services websites.

Refer to the Pre-Certification/Pre-Authorization section of the Medical Behavioral Health Policy Manual for the full list of services, procedures, prescription drugs, and medical devices that require Pre-certification/Pre-Authorization. Note that services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial of claims may result if criteria are not met.

Coding: *The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.*

CPT:

15876 Suction assisted lipectomy; head and neck
15877 Suction assisted lipectomy; trunk
15878 Suction assisted lipectomy; upper extremity
15879 Suction assisted lipectomy; lower extremity

ICD-9 Procedure:

86.83 Size reduction plastic operation

ICD-10 Procedure:

0J083ZZ Alteration of Abdomen Subcutaneous Tissue and fascia, Percutaneous Approach

Policy History: **Developed April 3, 1992**

Most recent history:

Reviewed June 8, 2011
Revised June 13, 2012
Reviewed June 12, 2013
Reviewed June 11, 2014

Cross Reference: Hyperhidrosis Treatments, II-55
Reduction Mammoplasty, IV-32
Surgical Treatment of Gender Dysphoria, IV-123

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