



Cigna Medical Coverage Policy

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Subject **Redundant Skin Surgery**

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INSTRUCTIONS FOR USE

The following Coverage Policy applies to health benefit plans administered by Cigna companies. Coverage Policies are intended to provide guidance in interpreting certain **standard** Cigna benefit plans. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document **always supersedes** the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations. Proprietary information of Cigna. Copyright ©2014 Cigna

Coverage Policy

Coverage for redundant skin surgery is dependent on benefit plan language, may be subject to the provisions of a cosmetic and/or reconstructive surgery benefit and may be governed by state and/or federal mandates. Under many benefit plans, redundant skin surgery is not covered when performed solely for the purpose of altering appearance or self-esteem or to treat psychological symptomatology or psychosocial complaints related to one's appearance. In addition, redundant skin surgery and surgical services to alter appearances or physical changes that are the result of any surgery performed for the management of obesity or clinically severe (morbid) obesity are specifically excluded under some benefit plans. Please refer to the applicable benefit plan document to determine benefit availability and the terms, conditions and limitations of coverage.

If coverage for the specific service is available, the following conditions of coverage apply.

Cigna covers rhytidectomy or procedures for excision of redundant or excessive skin of other anatomical areas* (e.g., neck, upper and lower extremities, buttocks) as medically necessary when ALL of the following criteria are met:

- There is presence of a functional deficit due to a severe physical deformity or disfigurement resulting from the redundant or excessive skin.
- The surgery is expected to restore or improve the functional deficit.
- The redundant or excessive skin is demonstrated on preoperative photographs.
- The redundant or excessive skin is interfering with activities of daily living.
- For areas other than the face, there is evidence, including photographs, that the redundant or excessive skin is causing persistent intertriginous dermatitis, cellulitis, or skin ulceration, which is refractory to at

least six (6) months of medical management, including all applicable treatments. In addition to good hygiene practices, applicable treatment should include topical antifungals; topical and/or systemic corticosteroids; and/or local or systemic antibiotics.

Cigna does not cover rhytidectomy, or procedures for excision of redundant or excessive skin of other anatomical areas* (e.g., upper and lower extremities, buttocks) for ANY of the following because they are considered cosmetic in nature and not medically necessary:

- The surgery is being performed to treat psychological symptomatology or psychosocial complaints, in the absence of significant physical, objective signs.
- The surgery is being performed for the primary purpose of improving appearance.
- The suction-assisted lipectomy is performed alone and not as part of another medically necessary procedure.
- The surgery is for rhytidectomy for glabellar frown lines.

***Please refer to Cigna Coverage Policies for Panniculectomy and Abdominoplasty, and Blepharoplasty, Reconstructive Eyelid Surgery, and Brow Lift for criteria relating to these surgical procedures. This Coverage Policy is intended to address redundant skin surgery for anatomical areas not addressed in those Coverage Policies.**

Cigna does not cover labiaplasty because it is considered cosmetic in nature and not medically necessary. Please refer to the Cigna Coverage Policy for Gender Reassignment Surgery for information regarding labiaplasty procedure as part of initial gender reassignment surgery.

Note: If the procedure is being performed following significant weight loss, in addition to meeting the criteria noted above, there should be evidence that the individual has maintained a stable weight for at least six months. If the weight loss is the result of bariatric surgery, surgery for excision of redundant skin should not be performed until at least 18 months after bariatric surgery and only when weight has been stable for at least the most recent six months.

General Background

A rhytidectomy is the surgical excision of wrinkles. It may include removing excess skin, tightening of muscles and redraping of the skin. When the procedure is performed on the facial area, it is also referred to as a facelift. A cervicofacial rhytidectomy involves neck and face components. When it is performed on the forehead area, it may be referred to as a forehead lift or brow lift. (For information regarding redundant skin surgery from the brow area, refer to the CIGNA Coverage Policy: Blepharoplasty, Reconstructive Eyelid Surgery, and Brow Lift.) Initially, facelifts consisted mainly of subcutaneous undermining. With increased knowledge of anatomy, the procedure developed and may involve the underlying structures, including the superficial musculoaponeurotic system (SMAS) and platysma muscle. The SMAS is a fascial layer that underlies the skin in the parotid and cheek areas. The platysma is a large muscle that is located in the subcutaneous plane of the neck, extending from the lower cheek and mandible to the upper chest (Friedman, 2006). It is thought that advancement of the SMAS and platysma muscle will result in an enhanced outcome compared to excisions of skin alone. These procedures are usually performed on an outpatient basis. A cervicoplasty is removal of excess skin from the neck area.

Rhytidectomy procedures and other procedures, including cervicoplasty, that involve the excision of redundant skin and fat are usually performed solely for cosmesis, with the primary purpose being to improve appearance. The most common reason for performing a rhytidectomy procedure is to reverse the signs of aging. There are rare situations where these procedures may be performed to correct a functional impairment and would be considered medically necessary. In the facial area, a functional impairment may be due to facial paralysis or palsy. The functional impairment may involve difficulty with eating, swallowing and achieving oral continence (e.g., an inability to take in food or liquids orally).

Rhytidectomy procedures for glabellar frown lines, or the area that is above the nose and between the eyebrows, is considered to be cosmetic in nature. The primary purpose of this procedure is to remove wrinkles, with no functional deficit being corrected.

Removal of excessive or redundant skin may be performed in other areas of the body, including the thigh, leg, hip, buttock, abdomen and arm areas. (For information on redundant skin removal from the abdominal area, refer to the CIGNA Coverage Policy: Panniculectomy and Abdominoplasty) Depending on the body area, these procedures may be referred to as buttock lift, thigh lift, leg lift, or arm lift (i.e., brachioplasty). These procedures may also involve the removal of subcutaneous tissue, including lipectomy (i.e., removal of fat deposits). Lipectomy may be performed with the open approach or may be performed through suction-assisted procedures or liposuction. This involves the use of liposuction cannulae to remove the fat deposits. When suction-assisted lipectomy is performed alone, not as part of another procedure, for the removal of excessive skin, it is considered cosmetic in nature and not medically necessary.

Significant weight loss may result in the presence of redundant skin. This is one of the most common complaints of patients seeking excision of excessive skin and fat. Procedures for removal of redundant skin in the extremities and after weight loss are often performed in conjunction with other procedures, such as an abdominoplasty and/or panniculectomy procedure.

The presence of massive redundant or excessive skin, in rare situations, may result in chronic and persistent local skin conditions in the skin folds. These conditions may include intertrigo, intertriginous dermatitis, cellulitis, ulcerations or tissue necrosis, or they may lead to painful inflammation of the subcutaneous adipose tissue. When these skin conditions are severe, there may be interference with activities of daily living, such as personal hygiene and ambulation. In addition to excellent personal hygiene practices, treatment of these skin conditions generally involves topical or systemic corticosteroids, topical antifungals, and topical or systemic antibiotics.

Labiaplasty

Labiaplasty, or labia reduction (Current Procedural Terminology [CPT] codes 15839 or 56620), is a surgical procedure that removes tissue from the labia, and/or reshapes the labia. The procedure may be performed for asymmetrical, enlarged, or hypertrophic labia minora and/or labia majora. In general, labiaplasty is performed for reduction of labia minora; however, the procedure may also involve labia majora. The procedure is generally cosmetic in nature and is performed to improve appearance. In situations where there is discomfort from the condition, these symptoms can be managed with personal hygiene and avoidance of form-fitting clothes.

Vulvectomy (CPT code 56620) is a surgical procedure where part or all of the vulva is removed. A simple, complete vulvectomy includes removal of all of the labia majora, labia minora, and clitoris, while a simple, partial vulvectomy may include removal of part or all of the labia majora and labia minora on one side and the clitoris. The removal of vulvar tissue (vulvectomy or partial vulvectomy) may be considered medically necessary for diagnosis or treatment of benign, premalignant or malignant lesions.

In the absence of the above conditions vulvar surgery performed to change the appearance or reduce the size of the labia would be considered cosmetic as well as not medically necessary.

(For information regarding a labiaplasty procedure as part of initial gender reassignment surgery, refer to the CIGNA Coverage Policy: Gender Reassignment Surgery)

Use Outside of the US

No relevant information

Summary

Rhytidectomy and other procedures for the excision of redundant or excessive skin are generally performed for cosmetic purposes. In rare situations, they may be considered medically necessary. These situations are when the excessive skin directly impairs function or activities of daily living and/or there is presence of a skin condition that has not responded to medical management. These procedures, when performed for the primary purpose of improving appearance, are considered not medically necessary.

Coding/Billing Information

Note: 1) This list of codes may not be all-inclusive.

2) Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement

Covered when medically necessary:

CPT [®] * Codes	Description
15819	Cervicoplasty
15824	Rhytidectomy; forehead
15825	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)
15828	Rhytidectomy; cheek, chin, and neck
15829	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap
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

Suction-assisted lipectomy

Cosmetic/Not Medically Necessary/Not Covered when performed alone and not as part of a covered medically necessary procedure:

CPT* Codes	Description
15876	Suction assisted lipectomy; head and neck
15877	Suction assisted lipectomy; trunk
15878	Suction assisted lipectomy; upper extremity
15879	Suction assisted lipectomy; lower extremity

Rhytidectomy for glabellar frown lines:

Cosmetic/Not Medically Necessary/Not Covered:

CPT* Codes	Description
15826	Rhytidectomy; glabellar frown lines

Labiaplasty

Cosmetic/Not Medically Necessary/Not Covered when used to report labiaplasty:

CPT* Codes	Description
56620	Vulvectomy, simple; partial

*Current Procedural Terminology (CPT[®]) © 2013 American Medical Association: Chicago, IL.

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