

from sagging, excess skin in her abdomen, upper arms, and other areas of body, including her breasts, upper thighs, and back. Ibid. Petitioner alleges that she suffers from rashes as a result of the excess skin.

In September 2020, Petitioner consulted with a plastic surgeon, who submitted a request for prior authorization to Aetna for two surgical procedures, a panniculectomy, a procedure to remove excess skin from Petitioner's abdomen, under CPT code 15830, and brachioplasty, a procedure to remove excess skin from Petitioner's bilateral upper arms, under CPT code 15878. Ibid. After an initial denial of these procedures, Aetna approved both of the procedures on November 23, 2020, following an internal appeal filed by Petitioner. Ibid. Petitioner did not proceed with the approved procedures and the prior authorizations expired. Ibid.

In January 2021, Petitioner consulted with a second plastic surgeon, who sought prior authorization on Petitioner's behalf for a panniculectomy, CPT code 15830, which was previously approved, excision of skin from Petitioner's abdomen (abdominoplasty), CPT code 15847, suction lipectomy of Petitioner's trunk, CPT code 15877, and excision of skin from Petitioner's upper arms, CPT code 15836. Ibid. On January 27, 2021, Aetna denied all of the procedures sought by the second plastic surgeon, stating that the procedures were not medically necessary. Id. at 4. Petitioner appealed the decision through an internal appeal with Aetna, and on February 24, 2021, Aetna upheld its denial related to CPT codes 15847, 15877, and 15836. Ibid. However, Aetna approved CPT code 15830 for the panniculectomy and CPT code 15878 for the brachioplasty of Petitioner's upper arms,¹ determining that these two procedures were medically necessary. Ibid.

Petitioner filed an external appeal with an Independent Utilization Review Organization (IURO), Permedion, which was completed by Anthony J. Beisler, M.D. Ibid.

¹ I note that CPT code 15878 was previously submitted for prior authorization by Petitioner's first plastic surgeon and it was not specifically included in the prior authorization request submitted by Petitioner's second surgeon.

After reviewing Petitioner's medical records, Dr. Beisler determined that there was medical necessity for the panniculectomy, CPT code 15830. Ibid. However, Dr. Beisler determined during this appeal that there was no medical necessity related to CPT codes 15847, 15877, and 15836. Ibid. Specifically, CPT code 15847, which is similar to a panniculectomy, but which also treats above and below the belly button, would only be medically necessary if there were documented periumbilical intertrigo or infections, ventral hernias, or if supraumbilical skin recruitment would be required to close a wound, which were not present in Petitioner's case. Ibid. Moreover, it was determined that liposuction of Petitioner's trunk was related to CPT code 15847 and would not resolve the problems of which Petitioner has complained and the procedure was primarily for cosmetic purposes. Ibid. Lastly, it was determined removal of Petitioner's excess arm skin under CPT code 15836 was not medically necessary, as the excess skin posed no functional impairment to Petitioner. Id. at 4-5.

The Initial Decision upholds the denial, finding that the requested procedures are cosmetic in nature and Petitioner has not demonstrated that the requested CPT codes were medically necessary. I concur. The medical records submitted by Petitioner show that Petitioner has complained of sporadic rashes as a result of the excess skin caused by her weight loss. As noted by Dr. Beisler during the IURO appeal, the requested procedures under CPT codes 15877, suction lipectomy of Petitioner's trunk, and 15836, excision of excessive skin from Petitioner's upper arms, would not resolve Petitioner's issues with rashes and are mainly cosmetic in nature. Pursuant to N.J.A.C. 10:49-5.5, services that are not medically required for diagnosis or treatment of a disease, injury, or condition or any service furnished in connection with elective cosmetic procedures are not generally covered by Medicaid. Moreover, N.J.A.C. 10:54-5.3 provides that cosmetic surgery, which is performed solely for the purpose of beautifying an individual and which has no significant medical necessity, is not a covered or reimbursable service unless there is a demonstrated,

significant redeeming medical necessity. There is nothing in the record that supports Petitioner's claim that these requested procedures are medically necessary for the treatment of her rashes, and as noted above, Dr. Beisler found that the procedures are mainly cosmetic. Accordingly, Aetna's denial of CPT code 15877 and 15836 are appropriate, as neither procedure was medically necessary for the treatment of Petitioner's condition.

Additionally, Petitioner's medical records do not show that Petitioner suffers from periumbilical intertrigo or infections, ventral hernias, or a wound that would require supraumbilical skin recruitment to close that would necessitate an abdominoplasty under CPT code 15847. Accordingly, Aetna's denial of CPT code 15847 was appropriate, as it is not medically necessary for the treatment of Petitioner's condition.

Both Aetna and Dr. Beisler determined that Petitioner's issues with the development of rashes caused by the excess skin would be resolved through the approval of the panniculectomy, under CPT code 15830. Additionally, Aetna approved the excision of Petitioner's excess upper arm skin through a brachioplasty, under CPT code 15878. Petitioner has failed to present any medical documentation that would support a finding that these two procedures are insufficient to resolve the issues of which she complained.

Accordingly, Aetna's denial of the requested procedures under CPT codes 15847, 15877, and 15836 were appropriate, as they are not medically necessary to treat Petitioner's documented conditions.

THEREFORE, it is on this ^{19th} day of NOVEMBER 2021,

ORDERED:

That the Initial Decision is hereby ADOPTED.



Jennifer Langer Jacobs, Assistant Commissioner
Division of Medical Assistance and Health Services