



Kansas City

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## Panniculectomy and Abdominoplasty

**Policy Number:** 7.01.512

**Last Review:** 10/2014

**Origination:** 10/2009

**Next Review:** 10/2015

### **Policy**

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Blue Cross and Blue Shield of Kansas City (Blue KC) will provide coverage for a panniculectomy when it is determined to be medically necessary because the criteria shown below are met. BCBSKC will not provide coverage for abdominoplasty. This is considered cosmetic.

### **When Policy Topic is covered**

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Panniculectomy may be considered **medically necessary** for the individual who meets the following criteria:

1. The severity of panniculus is documented in photographs as Grade 2 or higher (see Considerations section for grade classifications); **AND**
2. The medical records document that the panniculus causes chronic intertrigo (dermatitis occurring on opposed surfaces of the skin, skin irritation, infection or chafing) that consistently recurs over 3 months while receiving appropriate medical therapy, or remains refractory to appropriate medical therapy over a period of 3 months; **AND**
3. The individual has achieved significant weight loss and reached a body mass index (BMI)  $\leq 30$  kg/m<sup>2</sup>, as well as the following:
  - the individual has maintained a stable weight for at least 6 months **AND**
  - if the individual has had bariatric surgery, he/she is at least 18 months post operative.

Panniculectomy performed simultaneously with surgery for biopsy-proven cancer to optimize surgical field exposure may be considered **medically necessary**.

### **When Policy Topic is not covered**

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Panniculectomy is considered **not medically necessary** when the criteria above are not met.

Panniculectomy is considered **not medically necessary** as an adjunct to other medically necessary procedures, including, but not limited to, hysterectomy, and/or incisional or ventral hernia repair unless the criteria above are met.

Panniculectomy or abdominoplasty, with or without diastasis recti repair, for the treatment of back pain is considered **not medically necessary**.

Abdominoplasty when done to remove excess skin or fat with or without tightening of the underlying muscles is considered **cosmetic**.

Repair of diastasis recti is considered **cosmetic** for all indications

Liposuction is considered **cosmetic** for all indications.

### **Considerations**

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- Grade 1: panniculus covers hairline and mons pubis but not the genitals
- Grade 2: panniculus covers genitals and upper thigh crease

- Grade 3: panniculus covers upper thigh
- Grade 4: panniculus covers mid-thigh
- Grade 5: panniculus covers knees and below

### **Description of Procedure or Service**

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**Panniculectomy** is a surgical procedure used to remove a panniculus, which is an “apron” of fat and skin that hangs from the front of the abdomen. In certain circumstances, this “apron” can be associated with skin irritation and infection due to interference with proper hygiene and constant skin-on-skin contact in the folds underneath the panniculus. The presence of a panniculus may also interfere with daily activities.

It has been proposed that for certain gynecologic or other medically necessary procedures, such as incisional or ventral hernia repair or hysterectomy, the presence of a large overhanging panniculus may interfere with the surgery or compromise post-operative recovery. Under these circumstances, it has been suggested that concurrent or adjunctive panniculectomy could be reasonable to facilitate the primary procedure. One common argument for this procedure is that the presence of a large panniculus may have negative effects on the ability of a ventral hernia repair to heal properly and may actually cause rupture of suture lines or other complications. However, there is little evidence addressing the proposed benefits of improved surgical site access or improved health outcomes as a result of the concurrent use of panniculectomy for either gynecological or abdominal procedures.

**Abdominoplasty**, known more commonly as a "tummy tuck," is a surgical procedure to remove excess skin and fat from the middle and lower abdomen and to tighten the muscles of the abdominal wall. The procedure can improve cosmesis by reducing the protrusion of the abdomen. The first step involves creating a horizontal incision across the lower abdomen followed by separation of the muscles from the layer of skin and fat over it. The muscles are then separated along the mid-line of the belly and brought together again in a new configuration. The layer of skin and fat is then pulled downward and the excess is removed. The navel is often re-positioned during this surgery. Abdominoplasty is considered cosmetic because it is not associated with functional improvements.

Abdominoplasty may also be used to correct a condition known as diastasis recti, which is a separation between the left and right side of the rectus abdominis muscle, the muscle covering the front surface of the abdomen. This condition is frequently seen in newborns. As the infant develops, the rectus abdominis muscles continue to grow and the diastasis recti gradually disappears. Surgical treatment may be indicated if a hernia develops and becomes trapped in the space between the muscles, although this is extremely rare. Diastasis recti may also be seen in some women during or following pregnancy, especially in women with poor abdominal tone. The abdominal muscles separate because of the increasing pressure of the growing fetus. In such cases, postpartum abdominal exercises to strengthen the musculature may close the diastasis recti. In order to distinguish a ventral hernia repair from a purely cosmetic abdominoplasty, documentation of the size of the hernia, whether the ventral hernia is reducible, whether the hernia is accompanied by pain or other symptoms, the extent of diastasis (separation) of rectus abdominus muscles, whether there is a defect (as opposed to mere thinning) of the abdominal fascia, and office notes indicating the presence and size of the fascial defect may be required.

**Liposuction**, also known as lipoplasty or suction-assisted lipectomy, is a surgical procedure performed to recontour the patient's body by removing excess fat deposits that have been resistant to reduction by diet or exercise. This procedure has been used on various locations of the body, including the buttocks, thighs, shin and abdomen. Liposuction does not remove large quantities of fat and is not intended as a weight reduction technique.

### **Rationale**

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The current medical evidence addressing the efficacy of panniculectomy consists mostly of individual case reports and review articles. There have been only a very limited number of small-scale controlled trials on the subject. However, there is adequate clinical opinion to support the use of this procedure in

limited circumstances where a patient's health is jeopardized. The 1996 position paper from the American Society of Plastic and Reconstructive Surgeons on the treatment of skin redundancy following massive weight loss states resection of redundant skin and fat folds is medically indicated if panniculitis or uncontrollable intertrigo is present.

Our policy position for panniculectomy requires significant weight loss, weight stability for 6 months and a waiting period of 18 months following bariatric surgery (when applicable) before a panniculectomy can be undertaken. If performed prematurely, there is the potential for a second panniculus to develop once additional weight loss has occurred. Expert medical opinion supports this conservative approach.

The evidence is currently insufficient to support panniculectomy as a medically beneficial procedure when the above medically necessary criteria are not met. This includes the concurrent use of panniculectomy with other abdominal surgical procedures, such as incisional or ventral hernia repair or hysterectomy, unless the criteria for panniculectomy alone are met. Although it has been suggested that the presence of a large overhanging panniculus may interfere with the surgery or compromise post-operative recovery, there is insufficient evidence to support the proposed benefits of improved surgical site access or improved health outcomes.

There is little evidence to demonstrate any significant health benefit imparted by abdominoplasty either for diastasis recti or for other indications. While there is ample literature to illustrate the cosmetic benefits of this procedure, improvements in physical functioning, cessation of back pain and other positive health outcomes have not been demonstrated. The main body of evidence is limited to individual case reports primarily concerned with the cosmetic outcomes of the surgery. At this time, there is insufficient evidence to support abdominoplasty for other than cosmetic purposes when done to remove excess abdominal skin or fat, with or without tightening lax anterior abdominal wall muscles.

Surgical procedures to correct diastasis recti have not been demonstrated to be effective for alleviating back pain or other non-cosmetic conditions. At this time, there is insufficient evidence to support the use of surgical procedures to correct diastasis recti for other than cosmetic purposes.

The use of liposuction has not been shown in clinical trials to provide additional benefits beyond standard surgical techniques and has been associated with significant complications, including some deaths.

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### **Billing Coding/Physician Documentation Information**

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| <b>00802</b> | Anesthesia for procedures on lower anterior abdominal wall; panniculectomy   |
| <b>15830</b> | Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy  |
| <b>15847</b> | Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure) |
| <b>15877</b> | Suction assisted lipectomy; trunk  |

### **Additional Policy Key Words**

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N/A

### **Policy Implementation/Update Information**

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| 10/1/09 | New policy.   |
| 10/1/10 | Medically necessary policy statement for criteria #1 was clarified. The intent of the policy has not changed. |
| 10/1/11 | No policy statement changes.  |
| 10/1/12 | No policy statement changes.  |
| 12/1/12 | Policy updated removing benefit language from the "Policy" section.   |
| 10/1/13 | No policy statement changes.  |
| 10/1/14 | No policy statement changes.  |
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