

<b>BLUE CROSS OF NORTHEASTERN PA "BCNEPA" MEDICAL POLICY BULLETIN</b>	<b>MANUAL:</b> MEDICAL POLICY
	<b>REFERENCE NO.:</b> MPO-490-0151
<b>EFFECTIVE DATE</b> April 1, 2014	<b>SUBJECT:</b> Panniculectomy and Abdominoplasty

### **Blue Cross of Northeastern Pennsylvania ("BCNEPA") Medical Policy**

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical policy and claims payment policy are applied. Policies are provided for informational purposes only and are developed to assist in administering plan benefits and do not constitute medical advice. Treating providers are solely responsible for medical advice and treatment. Policies are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and information are constantly changing and BCNEPA may review and revise its medical policies periodically. Also, due to the rapid pace of changing technology and the advent of new medical procedures, BCNEPA may not have a policy to address every procedure. In those cases, BCNEPA may review other sources of information including, but not limited to, current medical literature and other medical resources, such as Technology Evaluation Center Assessments (TEC) published by the Blue Cross Blue Shield Association. BCNEPA may also consult with health care providers possessing particular expertise in the services at issue.

#### **I. DESCRIPTION:**

Panniculectomy is the surgical excision of a redundant, large or long overhanging apron (panniculus) of skin and subcutaneous fat located in the lower abdominal area. A panniculus is often seen in men or women who have had significant weight loss or in morbidly obese patients. Panniculectomy is often performed for cosmetic purposes, to improve the appearance of the lower abdomen. However, the presence of a panniculus may result in skin conditions in the abdominal folds. These include: intertrigo; intertriginous dermatitis; cellulitis; ulceration; and tissue necrosis or panniculitis (inflammation of the subcutaneous adipose tissue). Treatments of these skin conditions include: good personal hygiene; topical or systemic corticosteroids; topical antifungals; and topical or systemic antibiotics. A large panniculus may interfere with activities of daily living, such as personal hygiene and ambulation.

It has been postulated that for certain gynecological or other medically necessary procedures, such as incisional or ventral herniorraphies or hysterectomy, that the presence of a panniculus may interfere with surgery or compromise post-operative recovery. There is little evidence, however, that improved surgical site access or improved health outcomes result from the concurrent use of panniculectomy for either gynecological or abdominal procedures.

Abdominoplasty is a surgical procedure designed to remove excess abdominal skin and/or fat, with or without tightening lax anterior abdominal wall muscles. It is typically done for cosmetic purposes. At this time, there is insufficient evidence to support the use of abdominoplasty for other than cosmetic purposes (e.g., improvements in physical functioning, cessation of back pain, and other positive health outcomes have not been demonstrated). There is also insufficient evidence to support the use of abdominoplasty to correct diastasis recti for other than cosmetic purposes. Diastasis recti has no clinical significance, is not considered a true hernia, and does not require treatment. Also, as in the case with panniculectomy, performing an abdominoplasty at the same operative session as abdominal or gynecological surgery is not essential for the successful clinical outcome of the abdominal or gynecological surgical procedure.

## II. **BENEFIT POLICY STATEMENT:**

BCNEPA makes decisions on coverage based on Policy Bulletins, benefit plan documents, and the member's medical history and condition. Benefits may vary based on product line, group or contract, therefore, Member benefits must be verified. In the event of a conflict between the Member's benefit plan document and topics addressed in Medical Policy Bulletins (i.e., specific contract exclusions), the Member's benefit plan document always supersedes the information in the Medical Policy Bulletins. BCNEPA determines medical necessity only if the benefit exists and no contract exclusions are applicable.

Benefits are determined by the terms of the Member's specific benefit plan document [i.e., the Fully Insured policy, the Administrative Services Only (ASO) agreement applicable to the Self-Funded Plan Participant, or the Individual Policy] that is in effect at the time services are rendered.

## III. **MEDICAL POLICY STATEMENT:**

**Coverage is subject to the terms, conditions, and limitations of the member's contract.**

- A. BCNEPA shall provide coverage for panniculectomy for members 18 years and older who meet the following criteria:
1. The Panniculus hangs below the level of the symphysis pubis as demonstrated on frontal and lateral view pre-operative photographs with the patient in an erect posture; AND
  2. The member has experienced weight loss of at least 100 pounds:
    - a) The member has maintained a stable weight for at least six months (documented in the medical records); AND
    - b) If the member has had bariatric surgery, he/she is at least 18 months post-operative; AND
  3. One of the following as documented by the patient's primary treating physician who is not the consulting surgeon:
    - a) There are documented in the medical record recurrent or chronic rashes, infections or non-healing ulcers that do not respond to medically supervised conventional therapy. This must last for a period of three months or more, as documented in the medical records. A patient's historical account of such conditions or interventions is not considered to the adequate documentation. Conventional therapy is defined as treatment with oral antibiotics, topical anti-infective medications, adequate hygiene and the use of barriers to prevent skin-on-skin contact; OR
    - b) Documentation in office visit records of interference with activities of daily living, such as ambulation.

- B. If the above criteria are not met then panniculectomy will be considered a cosmetic procedure.
- C. Abdominoplasty is considered a cosmetic procedure in all circumstances.

**IV. DEFINITIONS:**

Panniculectomy: Surgical excision of the abdominal apron of superficial fat in an obese patient.

Cosmetic Procedures: Medical or surgical procedures which are done to improve the appearance of any portion of the body and from which little or no improvement in physiologic function can be expected.

**-PLEASE SEE CODING ON NEXT PAGE-**

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**BCNEPA CODING**

Covered procedure codes are dependent upon meeting criteria of the policy and appropriate diagnosis code.

Benefits are determined by the Member's fully insured policy or the administrative services only agreement applicable to the Self-Funded plan Participant that is in effect at the time services are rendered.

**PROCEDURE CODES**

15830

15847

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