

Cigna Medical Coverage Policy



Subject Panniculectomy and
Abdominoplasty

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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

Abdominoplasty and panniculectomy are specifically excluded under many benefit plans. In addition, coverage for these services may be subject to the provisions of a cosmetic and/or reconstructive surgery benefit. These procedures are considered cosmetic when performed solely to improve physical appearance. Cosmetic surgery is specifically excluded under many benefit plans.

Under many benefit plans formerly administered by Great-West Healthcare reconstructive services and surgery are covered when the reconstruction services are being performed for one of the following primary purposes: 1) to relieve severe physical pain caused by an abnormal body structure; 2) to treat a functional impairment caused by an abnormal body structure or to restore an individual's normal appearance, regardless of whether a functional impairment exists, when the abnormality results from a documented illness that occurred within the preceding 12 months.

Please refer to the applicable benefit plan language to determine the terms, conditions and limitations of coverage.

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

Cigna covers panniculectomy as medically necessary when ALL of the following conditions are met as demonstrated on preoperative photographs:

- The pannus hangs at or below the level of the symphysis pubis.
- The pannus causes a chronic and persistent skin condition (e.g., intertriginous dermatitis, panniculitis, cellulitis or skin ulcerations) that is refractory to at least three months of medical treatment and associated with at least one episode of cellulitis requiring systemic antibiotics. In addition to good

hygiene practices, treatment should include topical antifungals, topical and/or systemic corticosteroids, and/or local or systemic antibiotics.

- There is presence of a functional deficit due to a severe physical deformity or disfigurement resulting from the pannus.
- The surgery is expected to restore or improve the functional deficit.
- The pannus is interfering with activities of daily living.

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, panniculectomy 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.

Cigna does not cover panniculectomy for any other indication, including but not limited to when performed primarily for ANY of the following, because it is considered not medically necessary (this list may not be all-inclusive):

- treatment of neck or back pain
- improving appearance (i.e., cosmesis)
- treating psychological symptomatology or psychosocial complaints
- when performed in conjunction with abdominal or gynecological procedures (e.g., abdominal hernia repair, hysterectomy, obesity surgery) unless criteria for panniculectomy are met separately

Cigna does not cover abdominoplasty for any indication, including but not limited to the following, because it is considered cosmetic in nature and not medically necessary (this list may not be all-inclusive):

- repairing abdominal wall laxity or diastasis recti
- treatment of neck or back pain
- treating psychological symptomatology or psychosocial complaints
- when performed in conjunction with abdominal or gynecological procedures (e.g., abdominal hernia repair, hysterectomy, obesity surgery)

Cigna does not cover suction-assisted lipectomy when performed alone and not as part of a medically necessary and covered panniculectomy procedure because it is considered cosmetic in nature and not medically necessary.

General Background

Abdominoplasty, also referred to in lay terms as a "tummy tuck," is a surgical procedure that tightens lax anterior abdominal wall muscles and removes excess abdominal skin and fat. This recontouring of the abdominal wall area is often performed solely to improve the appearance of a protuberant abdomen by creating a flatter, firmer abdomen. The standard abdominoplasty involves plication of the anterior rectus sheath for muscle diastasis (i.e., repair of diastasis recti) and removal of excess fat and skin. Traditional abdominoplasty can be performed as an open procedure or endoscopically. Abdominoplasty completed by endoscopic guidance is usually reserved for those patients who seek less extensive contouring of the abdominal wall. Mini-abdominoplasty, with or without liposuction, is a partial abdominoplasty involving the incision of the lower abdomen only. The procedure is generally performed solely for cosmetic purposes in order to improve the appearance of the abdominal area.

Panniculectomy, a procedure closely related to abdominoplasty, is the surgical excision of a redundant, large and/or long overhanging apron of skin and subcutaneous fat located in the lower abdominal area. The condition may accompany significant overstretching of the lax anterior abdominal wall and, hence, often occurs in morbidly obese individuals or following substantial weight loss. The severity of abdominal deformities is graded as follows (American Society of Plastic Surgeons [ASPS], 2007d):

- 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

Treatment of this redundant skin and fat is often performed solely for cosmesis, to improve the appearance of the abdominal area. The presence of a massive overhanging apron of fat and skin, however, may result in chronic and persistent local skin conditions in the abdominal 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 (i.e., panniculitis). When panniculitis is severe, it may interfere 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. Concurrent abdominal and pelvic surgical procedures (e.g., hernia repair, hysterectomy, obesity surgery) may also be performed in the same operative setting as abdominoplasty or panniculectomy.

Diastasis Recti

Abdominoplasty is frequently performed to treat diastasis recti, a condition that involves the separation of the two sides of the rectus abdominis muscles in the midline at the linea alba. Other than its untoward cosmetic appearance, diastasis recti does not lead to any complications that require intervention. Diastasis recti has no clinical significance, does not require treatment and is not considered a true hernia (Jeyarajah and Harford, 2010). When performed for the sole purpose of repairing diastasis recti, abdominoplasty is considered cosmetic in nature and not medically necessary.

Abdominoplasty and Panniculectomy at the Time of Abdominal or Gynecological Surgeries

Abdominal surgeries such as hernia repair (i.e., incisional/ventral, epigastric or umbilical) or obesity surgery may be performed alone or in combination with abdominoplasty and panniculectomy. In addition, some surgeons perform these procedures at the same time as gynecological or pelvic procedures, such as hysterectomy. Although it has been proposed that performing abdominoplasty or panniculectomy in the same operative session as abdominal or gynecological surgeries may facilitate surgical access or promote postoperative wound healing and minimize the potential for wound complications, such as dehiscence or necrosis, there is insufficient evidence in the published, peer-reviewed scientific literature to support such assertions. Performing an abdominoplasty at the same operative session as abdominal operations (e.g., hernia repair, gastric bypass) or gynecological procedures is not essential for the successful clinical outcome of the abdominal or gynecological surgical procedure. In the absence of chronic and persistent skin conditions or interference with activities of daily living, abdominoplasty and panniculectomy are considered not medically necessary when performed in conjunction with abdominal or pelvic/gynecological surgeries to facilitate surgical access, to promote postoperative wound healing, or to minimize wound complications.

Suction-Assisted Lipectomy

Suction-assisted lipectomy of the abdominal area is a procedure in which excess fat deposits are removed from the trunk using a liposuction cannula with the goal of recontouring the body, thereby improving appearance. This procedure may be performed alone or as one component of the overall abdominoplasty or panniculectomy procedure. Suction-assisted lipectomy, when performed alone and not as part of a medically necessary panniculectomy, is considered cosmetic in nature. When the procedure is performed as part of a medically necessary panniculectomy, suction-assisted lipectomy of the trunk is considered incidental to the primary procedure.

Abdominal Wall Laxity and Back Pain

No correlation has been established between the presence of abdominal wall laxity or redundant pannus and the development of neck or back pain. There is insufficient evidence in the published, peer-reviewed scientific literature to support the use of abdominoplasty and/or panniculectomy to treat neck or back pain, including pain in the cervical, thoracic, lumbar or lumbosacral regions. Abdominoplasty or panniculectomy is considered not medically necessary when performed for the sole purpose of treating neck or back pain.

Professional Societies/Organizations

American Society of Plastic Surgeons (ASPS): According to the ASPS Practice Parameter for Abdominoplasty and Panniculectomy, the procedures are most commonly performed for cosmetic indications. However, there are reconstructive indications such as abdominal wall defects, irregularities or pain caused by previous pelvic or lower abdominal surgery, umbilical hernias, intertriginous skin conditions and scarring (ASPS, 2007c). The ASPS recommended coverage criteria state that an abdominoplasty or panniculectomy should be considered a reconstructive procedure when performed to correct or relieve structural defects of the abdominal wall. When an abdominoplasty or panniculectomy is performed solely to enhance a patient's appearance in the absence of any signs or symptoms of functional abnormalities, the procedure should be considered cosmetic (ASPS, 2007a).

The ASPS Practice Parameter for Surgical Treatment of Skin Redundancy Following Massive Weight Loss states that "body contouring surgery is ideally performed after the patient maintains a stable weight for two to six months. For post bariatric surgery patients, this often occurs 12-18 months after surgery or at the 25 kg/mg2 to 30 kg/mg2 weight range" (ASPS, 2007d).

Use Outside of the US

No relevant information found.

Summary

A panniculectomy is often performed after massive weight loss to remove hanging fat and skin. The procedure is indicated for panniculitis that impairs function and is unresponsive to good personal hygiene and optimal medical management. Although an abdominoplasty is sometimes performed in conjunction with a panniculectomy, an abdominoplasty does not restore or improve function and is therefore considered to be cosmetic. Suction-assisted lipectomy and mini-abdominoplasty, when performed purely for cosmesis, 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

Panniculectomy

Covered when medically necessary:

CPT® Codes	Description
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy

Abdominoplasty

Cosmetic/Not Medically Necessary/Not Covered:

CPT® Codes	Description
15847	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)
17999†	Unlisted procedure, skin, mucous membrane and subcutaneous tissue

†Note: Cosmetic/Not Medically Necessary/Not Covered when used to report mini-abdominoplasty, with or without liposuction

Suction Assisted Lipectomy

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

CPT* Codes	Description
15877	Suction assisted lipectomy; trunk

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

References

1. American Society of Plastic Surgeons (ASPS). ASPS Recommended Insurance Coverage Criteria for Third-Party Payers. Abdominoplasty and Panniculectomy Unrelated to Obesity or Massive Weight Loss. 2006 Jul. Last updated 2007a Jan. Accessed Feb 4, 2014. Available at URL address: <http://www.plasticsurgery.org/for-medical-professionals/legislation-and-advocacy/health-policy-resources/recommended-insurance-coverage-criteria.html>
2. American Society of Plastic Surgeons (ASPS). ASPS Recommended Insurance Coverage Criteria for Third-Party Payers. Surgical Treatment of Skin Redundancy Following Massive Weight Loss. 2006 Jul. Last updated 2007b Jan. Accessed Feb 4, 2014. Available at URL address: <http://www.plasticsurgery.org/for-medical-professionals/legislation-and-advocacy/health-policy-resources/recommended-insurance-coverage-criteria.html>
3. American Society of Plastic Surgeons (ASPS). Practice Parameter for Abdominoplasty and Panniculectomy Unrelated to Obesity or Massive Weight Loss. 2006 Jul. Last updated 2007c Jan. Accessed Feb 4, 2014. Available at URL address: <http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/evidence-practice/AbdominoplastyAndPanniculectomy.pdf>
4. American Society of Plastic Surgeons (ASPS). Practice Parameter for Surgical Treatment of Skin Redundancy Following Massive Weight Loss. 2006 Jul. Last updated 2007d Jan. Accessed Feb 4, 2014. Available at URL address: <http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/evidence-practice/Surgical-Treatment-of-Skin-Redundancy-Following-Massive-Weight-Loss.pdf>
5. Haeck PC, Swanson JA, Gutowski KA, Basu CB, Wandel AG, Damitz LA, et al. Evidence-based patient safety advisory: liposuction. *Plast Reconstr Surg*. 2009 Oct;124(4 Suppl):28S-44S.
6. Igwe D, Stanczyk M, Lee H, Felahy B, Tambi J, Fobi MA. Panniculectomy adjuvant to obesity surgery. *Obes Surg*. 2000 Dec;10(6):530-9.
7. Iverson RE, Lynch DJ; American Society of Plastic Surgeons Committee on Patient Safety. Practice advisory on liposuction. *Plast Reconstr Surg*. 2004 Apr 15;113(5):1478-90; discussion 1491-5.
8. Jeyarajah R, Harford WV. Abdominal Hernias and Gastric Volvulus. In: Feldman: Sleisenger & Fordtran's Gastrointestinal and Liver Disease, 9th ed. Copyright © 2010 Saunders, an Imprint of Elsevier.
9. Manahan MA, Shermak MA. Massive panniculectomy after massive weight loss. *Plast Reconstr Surg*. 2006 Jun;117(7):2191-7; discussion 2198-9.
10. Neaman KC, Hansen JE. Analysis of complications from abdominoplasty: a review of 206 cases at a university hospital. *Ann Plast Surg*. 2007 Mar;58(3):292-8.

11. Shermak MA. Hernia repair and abdominoplasty in gastric bypass patients. *Plast Reconstr Surg*. 2006 Apr;117(4):1145-50; discussion 1151-2.

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