



**BlueCross BlueShield
of Alabama**

Name of Policy:

Management of Excessive Skin and Subcutaneous Tissue

Policy #: 058
Category: Surgery

Latest Review Date: July 2011
Policy Grade: D

Background/Definitions:

As a general rule, benefits are payable under Blue Cross and Blue Shield of Alabama health plans only in cases of medical necessity and only if services or supplies are not investigational, provided the customer group contracts have such coverage.

The following Association Technology Evaluation Criteria must be met for a service/supply to be considered for coverage:

- 1. The technology must have final approval from the appropriate government regulatory bodies;*
- 2. The scientific evidence must permit conclusions concerning the effect of the technology on health outcomes;*
- 3. The technology must improve the net health outcome;*
- 4. The technology must be as beneficial as any established alternatives;*
- 5. The improvement must be attainable outside the investigational setting.*

Medical Necessity means that health care services (e.g., procedures, treatments, supplies, devices, equipment, facilities or drugs) that a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury or disease or its symptoms, and that are:

- 1. In accordance with generally accepted standards of medical practice; and*
- 2. Clinically appropriate in terms of type, frequency, extent, site and duration and considered effective for the patient's illness, injury or disease; and*
- 3. Not primarily for the convenience of the patient, physician or other health care provider; and*
- 4. Not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.*

Description of Procedure or Service:

Abdominoplasty is a surgical procedure performed to tighten a lax abdominal wall caused by diastasis recti (the separation of the 2 rectus muscles along the medial line of the abdominal wall) and removes excess fat and abdominal skin. Abdominoplasty is more commonly known as a “tummy tuck”. 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. Abdominoplasty is always considered cosmetic as it is not performed for functional improvements.

Panniculectomy is the surgical removal of the overhanging “apron” of redundant skin and fat in the lower abdominal area. Panniculectomy is different from abdominoplasty, in that abdominoplasty tightens the muscle as well as removes excess skin and fat, but a panniculectomy is performed only to remove excess skin and fat. A panniculus is often seen in individuals who have had significant weight loss or in those who are morbidly obese. The panniculus can cause difficulty fitting into clothing, interference with personal hygiene, impaired ambulation and be associated with lower back pain or pain in the panniculus itself. The redundant skin folds are predisposed to areas of intertrigo, which can give rise to infections of the skin (fungal dermatitis, folliculitis, subcutaneous abscesses) or panniculitis.

Lipectomy is a surgical technique that is used to cut and remove unwanted fat deposits from specific areas of the body. These include: chin, neck, upper arms, above the breasts, abdomen, buttocks, hips, thighs, knees, calves and ankles. It may also be performed in conjunction to further sculpt the abdomen or remove fat from other areas. These are generally considered to be cosmetic procedures.

~~Other surgical procedures performed to correct skin redundancy from massive weight loss include panniculectomy (15830); abdominoplasty (relocating the umbilicus, a rectus imbrication or “tummy tuck”) when performed with panniculectomy, can only be used with 15830 (CPT 15847); upper arm brachioplasty (CPT 15836); thigh plasty (CPT 15832); and hip plasty (CPT 15834). In the thigh regions, excessive skin and fat is excised using various incisions to provide for direct removal of the redundant tissue with longitudinal or diagonal incisions extending to and sometimes including the inguinal region. The thigh plasties, usually performed on the medial surface of the thighs can be continued to the posterior inferior gluteal regions if indicated. In the arms, a brachioplasty is performed via an elliptical excision along the medial border of the upper arm.~~

~~Abdominoplasty is a surgical procedure that tightens a lax abdominal wall and removes excess fat and abdominal skin from the middle and lower abdomen. Abdominoplasty is more commonly know as a “tummy tuck”. Abdominoplasty usually takes two to five hours. The procedure can be performed on an outpatient or inpatient basis using either local or general anesthesia.~~

Policy:

Effective for dates of service on or after September 6, 2011:

Excision of excessive skin and subcutaneous tissue of the following areas does not meet Blue Cross and Blue Shield of Alabama's medical criteria for coverage:

- Thigh, leg, hip, buttock, arm, forearm or hand, submental fat pad,
- Females- labia minora reduction, labia major reshaping, clitoral reduction, hymenoplasty, pubic liposuction, vaginal rejuvenation or tightening
- Males- phalloplasty, scrotoplasty

Panniculectomy and ~~Lipectomy~~ of the abdomen meets Blue Cross and Blue Shield of Alabama's medical criteria for coverage when **all** of the following conditions are met:

- The panniculus fold(s) hangs below the level of the pubis with photo documentation;
AND
- **Clinical records and photos document** the presence of symptomatology such as chronic intertrigo, excoriation, infection, etc., for which 3 months of conservative treatment has been tried; **AND**
- There is difficulty with the activities of daily living, such as ambulation, and personal hygiene

Panniculectomy does not meet Blue Cross and Blue Shield of Alabama's medical criteria for coverage when the following conditions exist:

- As an adjunct to other medically necessary procedures, including but not limited to hysterectomy; unless the medical criteria is met
- For the treatment of back pain
- For the purpose of improving appearance (cosmetic)
- For improving abdominal wall laxity (tummy tuck, cosmetic) or diastasis recti
- For the treatment of psychological or psychosocial complaints
- Suction-assisted lipectomy when performed as the only procedure

Abdominoplasty, a surgical procedure that tightens a lax abdominal wall muscle and removes excess fat and abdominal skin, does not meet Blue Cross and Blue Shield of Alabama's medical criteria for coverage as this is considered cosmetic and not functional. (See Key Points)

Lipectomy, a surgical technique used to cut and remove subcutaneous fatty tissue, does not meet Blue Cross and Blue Shield of Alabama's medical criteria for coverage as this is considered cosmetic.

Effective for dates of service from September 10, 2010 through September 5, 2011:

Excision of excessive skin and subcutaneous tissue of the following areas does not meet Blue Cross and Blue Shield of Alabama's medical criteria for coverage:

- Thigh, leg, hip, buttock, arm, forearm or hand, submental fat pad,

- Females- labia minora reduction, labia major reshaping, clitoral reduction, hymenoplasty, pubic liposuction, vaginal rejuvenation or tightening
- Males- phalloplasty, scrotoplasty

Panniculectomy and Lipectomy of the abdomen meets Blue Cross and Blue Shield of Alabama's medical criteria for coverage when **all** of the following conditions are met:

- The panniculus fold(s) hangs below the level of the pubis with photo documentation; **AND**
- **Clinical records and photos document** the presence of symptomatology such as chronic intertrigo, excoriation, infection, etc., for which 3 months of conservative treatment has been tried; **AND**
- There is difficulty with the activities of daily living, such as ambulation, and personal hygiene

Panniculectomy does not meet Blue Cross and Blue Shield of Alabama's medical criteria for coverage when the following conditions exist:

- As an adjunct to other medically necessary procedures, including but not limited to hysterectomy; unless the medical criteria is met
- For the treatment of back pain
- For the purpose of improving appearance (cosmetic)
- For improving abdominal wall laxity (tummy tuck, cosmetic) or diastasis recti
- For the treatment of psychological or psychosocial complaints
- Suction-assisted lipectomy when performed as the only procedure

Abdominoplasty does not meet Blue Cross and Blue Shield of Alabama's medical criteria for coverage as this is considered cosmetic and not functional. (See Key Points)

Effective for dates of service on or after May 22, 2010 through September 10, 2010:

Excision of excessive skin and subcutaneous tissue of the following areas does not meet Blue Cross and Blue Shield of Alabama's medical criteria for coverage:

- Thigh, leg, hip, buttock, arm, forearm or hand, submental fat pad,
- Females- labia minora reduction, labia major reshaping, clitoral reduction, hymenoplasty, pubic liposuction, vaginal rejuvenation or tightening
- Males- phalloplasty, scrotoplasty

Panniculectomy and Lipectomy of the abdomen meets Blue Cross and Blue Shield of Alabama's medical criteria for coverage when **all** of the following conditions are met:

- The panniculus fold(s) hangs below the level of the pubis with photo documentation; **AND**
- **Clinical records and photos document** the presence of symptomatology such as chronic intertrigo, excoriation, infection, etc., for which 3 months of conservative treatment has been tried; **AND**

- There is difficulty with the activities of daily living, such as ambulation, and personal hygiene

Panniculectomy does not meet Blue Cross and Blue Shield of Alabama's medical criteria for coverage when the following conditions exist:

- As an adjunct to other medically necessary procedures, including but not limited to hysterectomy; unless the medical criteria is met
- For the treatment of back pain
- For the purpose of improving appearance (cosmetic)
- For improving abdominal wall laxity (tummy tuck, cosmetic) or diastasis recti
- For the treatment of psychological or psychosocial complaints
- Suction-assisted lipectomy when performed as the only procedure

Abdominoplasty does not meet Blue Cross and Blue Shield of Alabama's medical criteria for coverage as this is considered cosmetic and not functional. (See Key Points)

Effective for dates of service prior to May 22, 2010:

Excision of excessive skin and subcutaneous tissue of the thigh, leg, hip, buttock, arm, forearm or hand, submental fat pad or other area meets Blue Cross and Blue Shield of Alabama's medical criteria for coverage when **all** of the following conditions are met:

- Photographs demonstrate evidence of chronic irritation and infection or uncontrollable intertrigo; **AND**
- Documentation of interference of ambulation, personal hygiene, treatments and response to treatments for at least 3-6 months.

All other indications for removal of excessive skin and subcutaneous tissue does not meet Blue Cross and Blue Shield of Alabama's criteria for coverage and is considered **cosmetic**.

Effective for dates of service on or after October 1, 2005:

Abdominoplasty, Panniculectomy and Lipectomy of the abdomen meet Blue Cross and Blue Shield of Alabama's medical criteria for coverage when **all** of the following conditions are met:

- The panniculus fold(s) hangs below the level of the pubis; **AND**
- Clinical records document the presence of symptomatology such as chronic intertrigo, excoriation, infection, etc., for which 3 months of conservative treatment has been tried; **AND**
- There is difficulty with the activities of daily living, such as personal hygiene.

Effective for dates of service on or after January 1, 2007:

Panniculectomy and Abdominoplasty do not meet Blue Cross and Blue Shield of Alabama's medical criteria for coverage when the following conditions exist:

- As an adjunct to other medically necessary procedures, including but not limited to hysterectomy; unless the medical criteria is met
- For the treatment of back pain
- For the purpose of improving appearance (cosmetic)

- For improving abdominal wall laxity (tummy tuck, cosmetic) or diastasis recti
- For the treatment of psychological or psychosocial complaints
- Suction-assisted lipectomy when performed as the only procedure

Effective for dates of service prior to October 1, 2005:

Abdominoplasty, Panniculectomy, and Lipectomy of the abdomen meet Blue Cross and Blue Shield of Alabama’s medical criteria for coverage when **all** of the following conditions are met:

- The panniculus folds hang below the pubis; **AND**
- Clinical records document the presence of symptomatology such as chronic irritation, intertrigo, excoriation, infection, back pain, and response to treatment. Treatment should be at least 3-6 months.

Blue Cross and Blue Shield of Alabama does not approve or deny procedures, services, testing, or equipment for our members. Our decisions concern coverage only. The decision of whether or not to have a certain test, treatment or procedure is one made between the physician and his/her patient. Blue Cross and Blue Shield of Alabama administers benefits based on the members' contract and corporate medical policies. Physicians should always exercise their best medical judgment in providing the care they feel is most appropriate for their patients. Needed care should not be delayed or refused because of a coverage determination.

Key Points:

Abdominoplasty is considered reconstructive when performed to correct or relieve structural defects of the abdominal wall and/or chronic low back pain due to functional incompetence of the anterior abdominal wall. These conditions may be caused by: Permanent over stretching of the anterior abdominal wall following one or more pregnancies; Permanent over stretching (with or without diastasis recti of the anterior abdominal wall with a large or long abdominal panniculus) following weight loss in the treatment of morbid obesity and resulting in the uncontrollable intertrigo and/or difficult ambulation and interference with personal hygiene; Trauma or surgery to the anterior wall of the abdomen resulting in loss of fascial integrity or pain from scar contracture; Abdominal hernia following previous abdominal surgery. When an abdominoplasty 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 in nature.

Sabiston Textbook of Surgery states diastasis recti refers to a thinning of the linea alba in the epigastrium and is manifested by a midline protrusion of the anterior abdominal wall. The transversalis fascia is intact, and hence this is not a hernia. There are no identifiable fascial margins and there is no risk of intestinal strangulation. The presence of diastasis recti may be particularly noticeable to the patient on straining or on lifting the head from the pillow. Appropriate management consists of reassurance of the patient and the family regarding the innocuous nature of this condition.

Panniculectomy, performed to relieve the massive apron of fat, is considered purely functional. It is done to relieve uncontrolled intertriginous dermatitis, difficulty in walking and occasionally actual skin necrosis.

Massive weight loss can lead to extensive redundancy of skin and fat folds in varied anatomic locations causing functional problems. These areas include medial upper arms, and medial thighs. Redundant skin folds predispose areas of intertrigo that can give rise to infections of the skin (fungal dermatitis, folliculitis, subcutaneous abscesses). Constant rubbing together of medial thigh folds can cause areas of chronic irritation and infection as well. Resection of redundant upper arm and thigh tissue is performed to improve the patient's comfort and appearance. Redundant thigh tissue may extend posteriorly and involve the buttocks and inferior gluteal regions. The resection of other areas of redundant skin and fat, specifically of the upper arm and thighs, may be indicated for cosmetic reasons.

The above Key Points information is from the American Society of Plastic Surgeons (ASPS) web site. The American Medical Association, the American College of Surgeons and other organizations of specialty societies recognize ASPS.

February 2009 Update

No peer-reviewed published literature was identified that would alter the coverage statement of this policy.

February 2010 Update

According to Grabb and Smith's *Plastic Surgery*, abdominoplasty is indicated in most instances for those whose laxity involves the supra and infraumbilical regions, limited to the anterior aspects of the lower trunk. The goals of an abdominoplasty are dependent on presenting deformities such as creating a flat abdominal contour, elimination abdominal wall laxity, enhancing waist definition in some patients, and eradicating mons pubis ptosis if present. Patients with excess with intra-abdominal fat that would prevent flattening of the abdominal wall by plication are not good candidates for abdominoplasty. These patients are better served by weight loss prior to contemplating abdominoplasty-type procedures.

Brachioplasty is a surgical procedure used to remove excess fat and skin from the back of the upper arm. This procedure is primarily to improve a patient's appearance. Buttock and thigh lifts are surgical procedures used to remove excess fat and skin from the buttocks and thighs. These procedures are intended to enhance the appearance and have no known medical benefits even if done following significant weight loss.

A wide variety of procedures have been proposed to alter the appearance, size, or function of the external and internal female genitalia. Surgical procedures to alter the size or shape of the labia or clitoris restore the hymen, and other such measures do not provide any physical health benefits.

The labia minora is part of the external structure of the vagina. In some patients the labia minora may be enlarged or asymmetrical leading to mild discomfort with wearing certain clothing or during some activities. Reconstructive surgical procedures have been proposed to reduce enlarged labia minora. These procedures have not been well studied in the medical literature and the possible risks have not been adequately assessed in relation to the potential benefits.

Phalloplasty is a surgical procedure to reconstruct or enlarge the penis. Reconstruction may be required in cases of traumatic injury or loss due to disease. Enlargement may be desired in cases of abnormally small penis size.

Key Words:

Abdominoplasty, panniculectomy, lipectomy, thighplasty, tummy tuck brachioplasty, panniculus, hip-plasty, labial reduction, phalloplasty, scrotoplasty

Approved by Governing Bodies:

Not applicable

Benefit Application:

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

ITS: Home Policy provisions apply

BellSouth/AT&T contracts: No special consideration

FEP contracts: Special benefit consideration may apply. Refer to member's benefit plan.

Wal-Mart: Special benefit consideration may apply. Refer to member's benefit plan.

Pre-determinations will be performed as a courtesy for the provider and subscriber with the following: Front and lateral view photographs (for abdominoplasty/panniculectomy photos should be without garments or drapes obstructing the view of the pubis). Documentation should also include symptomatology such as: irritation, intertrigo, excoriation, infection, back pain, etc., not responsive to treatment.

Coding:

- 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
- 17999 Unlisted procedure, skin, mucous membrane and subcutaneous tissue
- ~~49560 Repair initial incisional or ventral hernia; reducible~~
- ~~15831 Excision, excessive skin and subcutaneous tissue (including lipectomy); abdomen (abdominoplasty)~~ **Code deletes effective January 1, 2007**
- 55175 Scrotoplasty repair, simple

55180 Scrotoplasty repair, complicated

Effective for dates of service on or after January 1, 2007:

15830 Excision, excessive skin and subcutaneous tissue (including lipectomy); abdomen (infraumbilical panniculectomy)

15847 Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (e.g., abdominoplasty) (includes umbilical transposition and fascial plication) (list separately in addition to code for primary procedure)

References:

1. American Society of Plastic Surgeons. *Treatment of skin redundancy following massive weight loss*, <http://www.plasticsurgery.org/profinfo/pospap/skin.htm>.
2. American Society of Plastic Surgeons. *Abdominoplasty*, <http://www.plasticsurgery.org/profinfo/pospap/abd.htm>.
3. Excellus Health Plan, Incorporated, Medical Protocol, Policy number 7.01.53, March 28, 2002.
4. *Grabb & Smith's Plastic Surgery*, 6th Edition. Published by Lippincott Williams & Wilkins 2007.
5. Greenfield, Lazar J., Mulholland, Michael W., et al. *Essentials of Surgery* 1997.
6. Plastic Surgery Information Service. *Treatment of skin redundancy following massive weight loss*, <http://www.plasticsurgery.org/profinfo/pospap/skin.htm>.
7. Plastic Surgery Information Service. *Abdominoplasty*, <http://www.plasticsurgery.org/profinfo/pospap/abd.htm>.
8. *Sabiston Textbook of Surgery: The Biological Basis of Modern Surgical Practice*, 17th Edition, p. 1178.

Policy History:

Medical Policy Group, July 2002

Medical Policy Administration Committee, July 2002

Available for Comment August 26-October 9, 2002

Medical Policy Group, January 2004

Medical Policy Group, September 2005 **(1)**

Medical Policy Administration Committee, October 2005

Available for comment October 12-November 28, 2005

Medical Policy Group, December 2006 **(1)**

Medical Policy Administration Committee, January 2007

Available for comment January 5-February 19, 2007

Medical Policy Group, February 2009 **(1)**

Medical Policy Group, February 2010 **(1)**

Medical Policy Administration Committee April 2010

Available for comment April 7-May 21, 2010

Medical Policy Group, September 2010 **(1)** Photographic documentation was added to the policy

Medical Policy Administration Committee, September 2010

Available for comment September 8-October 22, 2010

Medical Policy Group, January 2011

Medical Policy Group, July 2011 (1) Update to Description related to abdominoplasty and removal of coding; change in Policy related to removal of coverage for lipectomy and clarification of differences between abdominoplasty, panniculectomy and lipectomy

Medical Policy Administration Committee, July 2011

Available for comment July 21 through September 5, 2011

This medical policy is not an authorization, certification, explanation of benefits, or a contract. Eligibility and benefits are determined on a case-by-case basis according to the terms of the member's plan in effect as of the date services are rendered. All medical policies are based on (i) research of current medical literature and (ii) review of common medical practices in the treatment and diagnosis of disease as of the date hereof. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment.

This policy is intended to be used for adjudication of claims (including pre-admission certification, pre-determinations, and pre-procedure review) in Blue Cross and Blue Shield's administration of plan contracts.