

## Medical Policy



### Title: Panniculectomy and Abdominoplasty

#### Professional

Original Effective Date: November 2000  
 Revision Date(s): October 6, 2004;  
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#### Institutional

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**If your patient is covered under a different Blue Cross and Blue Shield plan, please refer to the Medical Policies of that plan.**

#### DESCRIPTION

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.

Abdominoplasty is a surgical procedure intended to remove excess skin and /or fat, and to tighten the muscles of the abdomen.

Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

## **POLICY**

- A. Panniculectomy is considered **medically necessary** for the patient who meets all the following criteria:
1. The panniculus hangs below the lower level of the pubis (which is documented in photographs)  
**AND**
  2. The patient has had significant weight loss and reached a BMI  $\leq 30$  kg/m<sup>2</sup> as well as the following:
    - a. The patient has maintained a stable weight for at least six months  
**AND**
    - b. If the patient has had bariatric surgery, he/she is at least 18 months post operative  
**AND**
  3. Has recurrent or chronic rashes, infections, cellulitis, or non-healing ulcers, that do not respond to conventional treatment for a period of three months
- B. Panniculectomy may be considered **medically necessary** with the performance of colostomy to prevent distention of the colostomy. With a very large abdominal wall, it may also be difficult to mobilize enough colon without compromising blood supply to the colon.
- C. Panniculectomy may be considered **medically necessary** for chronic wounds of the panniculus that have failed to heal despite medically supervised care at a wound center.
- D. Panniculectomy may be considered **medically necessary** for refractory hidradenitis suppurativa despite optimal medical management which might include antibiotics, retinoids, and immuno suppression.
- E. 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 for medical necessity for panniculectomy listed in A. are met.
- F. Panniculectomy for the treatment of back pain is considered **not medically necessary**.
- G. Repair of diastasis rectus alone is considered **not medically necessary** for all indications.

- H. Abdominoplasty, when done to remove excess skin or fat with or without tightening of the underlying muscles is considered **cosmetic, and therefore not covered**.
- I. Liposuction is considered **cosmetic, and therefore not covered**.
- J. If a condition such as a pannus results from a contract excluded procedure such as bariatric surgery, the panniculectomy / abdominoplasty will also be considered **an excluded condition**.

Note: Documentation of a ventral hernia requires size of the hernia, whether it is reducible, painful or other symptoms, and whether there is a defect rather than just thinning of the abdominal fascia.

**Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.**

## **RATIONALE**

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, this is adequate clinical opinion to support the use of this procedure in limited circumstances where a patient's health is jeopardized.

There is not adequate evidence that pannus contributes to hernia formation or recurrence. The primary cause of hernia formation is an abdominal wall defect or weakness, not a pulling effect from a pannus.

Diastasis rectus is a thinning out of the anterior abdominal wall fascia. It does not represent a true hernia and is of no clinical significance.

Weight stability is required before panniculectomy. The American Society of Plastic Surgeons (ASPS) *Practice Parameter for Surgical Treatment of Skin Redundancy for Obese and Massive Weight Loss Patients* (2007) recommends that body contouring surgery, including panniculectomy, be performed only after the patient maintains a stable weight for two to six months. For post bariatric surgery patients, this is reported to occur 12-18 months after surgery when the BMI has reached the 25 kg/m<sup>2</sup> to 30 kg/m<sup>2</sup> range (Rubin, 2004). If performed prematurely, a potential exists for a second panniculus to develop once additional weight loss has occurred and the risks of postoperative complications are increased.

There is little evidence to demonstrate any significant health benefit imparted by abdominoplasty either for diastasis recti, or for other indications. Improvements in physical functioning, cessation of back pain and other positive health outcomes have not been demonstrated. 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.

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.

## **CODING**

**The following codes for treatment and procedures applicable to this policy are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.**

### CPT/HCPCS

- 15830 Excision, excessive skin and subcutaneous tissue (includes 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)
- 15877 Suction assisted lipectomy; trunk

### ICD-9 Diagnoses

- 278.00 Obesity, unspecified
- 278.01 Morbid obesity
- 728.84 Diastasis of muscle

### ICD-10 Diagnoses (Effective October 1, 2014)

- E66.8 Other obesity
- E66.9 Obesity, unspecified
- E66.01 Morbid (severe) obesity due to excess calories
- M62.08 Separation of muscle (nontraumatic), other site

## **REVISIONS**

10-19-2009	<p>Description section updated</p> <p>Policy section updated</p> <p>The previous policy language was:          "If a condition such as a pannus results from a contract excluded procedure such as bariatric surgery, the panniculectomy/abdominoplasty will also be considered an excluded condition.          Panniculectomy and abdominoplasty are considered medically necessary for the patient who meets all the following criteria:          The panniculus hangs below the level of the pubis (which is documented in photographs);          AND          The patient has had significant weight loss of 100 pounds or more, as well as the following:</p>
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	<p>The patient has maintained a stable weight for at least six months AND          If the patient has had bariatric surgery, he/she is at least 18 months post operative; AND          Recurrent or chronic rashes, infections, cellulitis, or non-healing ulcers, that do not respond to conventional treatment for a period of three months; information must be documented in office visit records.</p> <p>Panniculectomy is considered cosmetic as an adjunct to other medically necessary procedures, including, but not limited to, hysterectomy, and/or incisional or ventral hernia repair unless the criteria for medical necessity for panniculectomy listed above are met. There is no adequate evidence that pannus contributes to hernia formation or recurrence. The primary cause of hernia formation is an abdominal wall defect or weakness, not a pulling effect from a pannus.</p> <p>Panniculectomy or abdominoplasty for the treatment of back pain is considered not medically necessary.</p> <p>Repair of diastasis rectus alone is considered cosmetic for all indications. Diastasis rectus is a thinning out of the anterior abdominal wall fascia. It does not represent a true hernia and is of no clinical significance. Documentation of a ventral hernia requires size of the hernia, whether it is reducible, painful or other symptoms, and whether there is a defect rather than just thinning of the abdominal fascia.</p> <p>Liposuction is considered cosmetic.</p> <p>Weight stability is required before panniculectomy. If performed prematurely there is the potential for a second panniculus to develop once additional weight loss has occurred. There is little evidence to demonstrate any significant health benefit imparted by abdominoplasty either for diastasis recti, or for other indications. Improvements in physical functioning, cessation of back pain and other positive health outcomes have not been demonstrated. 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."</p> <p>The policy updates pertained to the following:</p> <ul style="list-style-type: none"> <li>▪ Revised wording from "...significant weight loss of 100 pounds or more..." to "...significant weight loss and reached a BMI <math>\leq</math> 30 kg/m<sup>2</sup>..."</li> <li>▪ Added indications "B. Panniculectomy may be considered medically necessary with the performance of colostomy to prevent distention of the colostomy. With a very large abdominal wall, it may also be difficult to mobilize enough colon without compromising blood supply to the colon." and "C. Panniculectomy may be considered medically necessary for chronic infections of the panniculus that have failed to heal despite medically supervised care at a wound center."</li> <li>▪ Revised wording from "Panniculectomy is considered cosmetic as an adjunct..." to "Panniculectomy is considered not medically necessary as an adjunct..."</li> <li>▪ Revised wording from "Repair of diastasis rectus alone is considered cosmetic for all indications." to "Repair of diastasis rectus alone is considered not medically necessary for all indications."</li> </ul>
	Rationale section added
03-07-2011	<p>In policy section:</p> <ul style="list-style-type: none"> <li>▪ Added to C. "wounds and" to read "Panniculectomy may be considered medically necessary for chronic wounds and infections of the panniculus that have failed to heal despite medically supervised care at a wound center."</li> <li>▪ Added medically necessary indication item D. "Panniculectomy may be considered medically necessary for refractory hidradenitis suppurativa despite optimal medical management which might include antibiotics, retinoids, and immuno suppression."</li> </ul>
	Reference section updated

02-28-2014	Description section reviewed
	Rationale section reviewed
	In Coding section: <ul style="list-style-type: none"> <li>▪ Remove CPT code: 00802</li> <li>▪ ICD-10 Diagnoses Codes added</li> </ul>
	References updated

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