



PANNICULECTOMY/ABDOMINOPLASTY

Effective Date: August 18, 2010

Review Dates: 8/01, 12/01, 4/02, 4/03, 12/03, 3/04,
3/05, 2/06, 2/07, 7/07, 2/08, 2/09, 2/10, 8/10

Date Of Origin: August 22, 2001

Status: Current

Summary of Changes

Clarifications:

-

Deletions:

-

Additions:

- Pg 1, Section II, A, 1, a, “treating physician” added to the existing language. Previously, documentation could only be completed by a dermatologist or infectious disease specialist.
- Pg 2-3, Section II, F, Medicaid criteria added.

I. DESCRIPTION

Panniculectomy is the surgical procedure that removes excess skin and body fat from the lower abdomen on patients suffering from obesity or who have had a significant weight loss. This excess skin and fat is called the abdominal panniculus, often referred to as an apron.

A large hanging panniculus can cause problems such as intertrigo (a form of superficial dermatitis), chronic infection, cellulitis, pain and impaired mobility. It may also interfere with personal hygiene. Obesity is a predisposing factor for this condition. Often the dermatitis becomes infected, as this skin condition can be chronic and persistent. Infection may also occur within the panniculus itself. Pain is also documented in these patients. The pain may be low back, abdominal, joint related or involving the panniculus.

The demand for panniculectomy has increased as patients have had successful weight loss after gastric bypass surgical procedures.

II. POLICY/CRITERIA

- A. The excision of excess abdominal fat and skin is most often a cosmetic procedure and is not a covered benefit. Exceptions for medical necessity or functional impairment may be made if the criteria listed below are met.
1. Panniculectomy/abdominoplasty may be a covered benefit upon prior authorization by Priority Health when one of the following is met:
 - a. Documentation by the treating physician, dermatologist or an infectious disease specialist that the panniculus causes recurrent episodes of infection that do not respond to treatment



or recurrent non-healing ulcerations over 6 months despite appropriate medical therapy (e.g. oral or topical prescription medication *or*

- b. Documentation by the treating physician that the panniculus directly causes, due to its size and weight, significant clinical functional impairment which is directly attributable to the size and weight of the panniculus. "Clinical functional impairment" exists when the pannus causes significant cardiopulmonary or musculoskeletal dysfunction, or major psychological trauma, that interferes with activities of daily living, and there is reasonable evidence to support that this intervention will correct the condition to which it is being attributed to. Further definition can be located in the Certificate of Coverage.

2. The following criteria must also be met:

- a. Documentation with frontal and lateral photographs that the panniculus hangs to or below the level of the pubis.
- b. Documentation by the treating physician that has determined that conservative management has failed, and that a panniculectomy will resolve the symptoms.

- B. Priority Health considers panniculectomy experimental and investigational for minimizing the risk of hernia formation or recurrence. There is no adequate evidence that pannus contributes to hernia formation. The primary cause of hernia formation is an abdominal wall defect or weakness, not a pulling effect from a large or redundant pannus.
- C. Priority Health considers repair of a true incisional or ventral hernia medically necessary.
- D. Priority Health considers an abdominoplasty to repair a diastasis recti, defined as a thinning out of the anterior abdominal wall fascia, not medically necessary because, according to the clinical literature, it does not represent a "true" hernia and is of no clinical significance.
- E. In order to distinguish a ventral hernia repair from a purely cosmetic abdominoplasty, Priority Health requires 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 of the presence and size of the fascial defect. Priority Health *will* cover abdominoplasty in conjunction with ventral hernia repair.
- F. The following applies to Medicaid members only:
Medicaid only covers cosmetic surgery if prior authorization has been obtained. The physician may request prior authorization for surgery if any of the following exist:
 1. The condition interferes with employment.



2. It causes significant disability or psychological trauma (as documented by psychiatric evaluation).
3. It is a component of a program of reconstructive surgery for congenital deformity or trauma.
4. It contributes to a major health problem.

III. MEDICAL NECESSITY REVIEW

Required

Not Required

Not Applicable

IV. APPLICATION TO PRODUCTS

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

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS).*
- ❖ **MEDICAID:** *If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual and the Michigan Medicaid Fee Schedule, the Michigan Medicaid Provider Manual and the Michigan Medicaid Fee Schedule at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html will govern.*
- ❖ **MICHILD:** *For MICHILD members, this policy will apply unless MICHILD certificate of coverage limits or extends coverage.*

V. CODING

ICD-9 codes

Not specified – see criteria

CPT/HCPCS Codes:

- 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)

**VI. REFERENCES**

1. Abdominoplasty/Suction Lipectomy/Ventral Hernia Repair, Aetna Clinical Policy Bulletin, Available on the World Wide Web @ <http://www.aetna.com/cpb/data/PrtCPBA0211.html> (Retrieved 2-28-05 and January 4, 2007).
2. Abdominoplasty and Panniculectomy, Cigna Coverage Position. Available on the World Wide Web @ http://www.cigna.com/health/provider/medical/procedural/coverage_positions/medical/index.html (Retrieved January 4, 2007)

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