

PANNICULECTOMY/ABDOMINOPLASTY

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Date Of Origin: August 22, 2001

Status: Current

I. 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 in #1a or 1b and 2a, b and c 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 (In addition to good hygiene practices, treatment should include topical antifungals, topical and/or systemic corticosteroids, and/or local or systemic antibiotics).
 - 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. 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.
 - c. Documentation must show a stable weight for a minimum of 6 months post weight loss program.

Note: 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.

- 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. Abdominoplasty or panniculectomy is considered not medically necessary when performed for the sole purpose of treating neck or 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.
- D. Priority Health considers repair of a true incisional or ventral hernia medically necessary.
- E. 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.
- F. 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 the presence and size of the fascial defect. Priority Health *will* cover abdominoplasty in conjunction with ventral hernia repair.
- G. The following applies to Medicaid/Healthy Michigan Plan members only: Medicaid and the Healthy Michigan Plan only cover 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.
The physician must identify the specific reasons any of the above criteria are met in the prior authorization request.

II. MEDICAL NECESSITY REVIEW

Required Not Required Not Applicable

III. 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. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **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); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-159815--,00.html. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html, the Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.*

IV. DESCRIPTION

Abdominoplasty is a procedure involving the removal of excess abdominal skin and/or fat with or without tightening lax anterior abdominal wall musculature. 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 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), intertriginous dermatitis, cellulitis, tissue necrosis or ulceration, or panniculitis (painful inflammation of the subcutaneous adipose tissue). Obesity is a predisposing factor for panniculitis. When panniculitis is severe, it may interfere with activities of daily living, such as personal hygiene and ambulation.

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

V. CODING

ICD-10 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)

Not Covered:

- 15877 Suction assist lipectomy, trunk

VI. REFERENCES

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