

CLINICAL MEDICAL POLICY	
Policy Name:	Panniculectomy/Abdominoplasty/Lipectomy
Policy Number:	MP-041-MD-DE
Approved By:	Medical Management
Provider Notice Date:	04/01/2019; 04/15/2018; 04/01/2017
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Products:	Highmark Health Options
Application:	All participating hospitals and providers
Page Number(s):	1 of 9

Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

Highmark Health Options may provide coverage under the medical-surgical benefits of the Company's Medicaid products for medically necessary panniculectomy surgical procedures. This policy excludes the coverage of abdominoplasty and lipectomy surgical procedures, due to the procedures being cosmetic in nature.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

DEFINITIONS:

Panniculus – The subcutaneous fat or a layer of fat underlying the dermis (also referred to as pannus, fat apron, or abdominal apron). The layer of fat and dermis hangs from the front of the abdomen.

Panniculectomy – The surgical excision to remove a panniculus.

Lipectomy – The excision of subcutaneous adipose tissue which may be performed on various parts of the body (also referred to as belt lipectomy, liposuction, brachioplasty, buttock or thigh lift, and body lift).

Abdominoplasty – The removal of excess skin and fat from the pubis to the umbilicus region or above, may also include the tightening of the rectus muscle (also referred to as “tummy tuck”). The abdominoplasty is typically performed for cosmetic purposes (ASPS, 2007).

Massive Weight Loss (MWL) – Loss of 50% of excess weight.

Functional Impairment – A condition that describes a state where an individual is physically limited in the performance of activities of daily living (ADL).

Intertrigo – An inflammation of the top layers of skin caused by moisture, bacteria, or fungi in the folds of the skin.

Colostomy – The surgical creation of an opening in the abdominal wall (belly). The end of the colon is brought through this opening to form a stoma. Colostomies are performed for many different diseases and problems.

Ventral hernia – A bulge or tear in the abdominal wall, resulting from weakened fascia or muscles, which allows the inner lining of the abdomen and/or intestinal loop to extend through the abdominal wall.

Incisional hernia – The most common ventral hernia. If the ventral hernia occurs along an area of a previous surgical incision, it is referred to as an incisional hernia.

“True” hernia repair – Involves opening fascia and/or dissection of a hernia sac with return of intraperitoneal contents back to the peritoneal cavity. A “true” hernia repair should not be confused with diastasis recti repair, which is the repair to the separation of the rectus abdominis muscles.

PROCEDURES:

1. In order for a patient to be medically eligible for a panniculectomy, the following conditions must be met:
 - A. The patient must be 18 years of age or older; AND
 - B. The panniculus must be a Grade II or above in size (see Attachment B); AND
 - C. There must be functional impairment; AND
 - D. The patient’s panniculus must exhibit recurrent or chronic episodes of a skin condition (i.e., cellulitis, ulcerations, lymphedema/lymphangitis or skin abscesses); AND
 - 1) The patient must be unresponsive with appropriate medical management, such as:
 - a. Intravenous (IV) antibiotic treatments

- b. Oral antibiotic treatments
 - c. Good hygiene practices (e.g., bathing and washing daily, keeping skin dry and clean, wearing clean clothing)
 - d. Wound care (occurring under or around the panniculus) including topical antifungals and topical and/or systemic corticosteroids
 - e. Surgical drainage
 - E. The patient must have adequate nutrition; AND
 - F. There must be MWL demonstrated by one of the following:
 - 1) A patient that goes through natural MWL must have maintained a stable weight for a minimum of 6 months after weight loss; OR
 - 2) A patient that goes through MWL resulting from bariatric surgery must wait at least 18 months after surgery and maintain a stable weight for a minimum of 6 months, totaling 24 months or 2 years.
2. Medical records must be provided to support the evaluation and treatment of the condition of the panniculus. The required documentation is as follows:
 - A. PCP records comprising of a History and Physical and medication list; AND
 - B. Photographs (including front, side, and undersurface views); AND/OR
 - C. Pathology reports/operative reports (i.e., bariatric surgery, other obesity surgery, abdominoplasty, lipectomy, or any other surgery relevant to the region of the body where the panniculus is located); AND
 - D. Consultation reports (i.e., dermatologist, infectious disease, wound care clinic, home care notes, and surgeon)
 3. Highmark Health Options may consider the panniculectomy to be medically necessary when performed in conjunction with a colostomy or stomaplasty, to prevent distention of the colostomy in specific cases.
 4. Highmark Health Options may consider the panniculectomy an eligible service when performed in conjunction with a “true” ventral hernia repair, and the criteria for the panniculectomy above is met. The panniculus must be a grade IV or more (see Attachment B). The following documentation is required for a ventral hernia:
 - A. Size
 - B. Not manually reducible
 - C. Nonrecurring
 - D. Imaging (CT) or exam confirming the presence of the ventral hernia
 - E. Symptoms associated with hernia (e.g., pain)
 5. Relative risks
 - A. Following MWL the patient has significant skin deterioration with marked weakening of the epidermis.
 - B. Plastic surgery addiction and patients suffering from body dysmorphia are not good candidates for a panniculectomy.
 - C. Failure to cease tobacco use before surgery due to the increased risk of skin necrosis and wound breakdown.

6. When the panniculectomy is not covered
 For conditions other than those listed above scientific evidence has not been established.
 Examples include but are not limited to:
- A. There is no history of MWL through natural occurrence or bariatric surgery.
 - B. A panniculectomy is not covered to improve:
 - 1) Physical appearance; OR
 - 2) The treatment of psychological or psychosocial symptoms or complaints; OR
 - 3) The treatment of neck and/or back pain because there is no evidence that reduction of redundant skin and tissue results in less spinal stress or improved posture alignment. The patient's neck and/or back pain should be treated with appropriate physical therapy modalities.
 - C. The panniculectomy is not covered when performed in conjunction with:
 - 1) Abdominal or gynecologic procedures (e.g., C-section, hysterectomy, and obesity surgery).
 - 2) Repair of abdominal wall laxity or diastasis recti.
 - 3) Only improving activities of daily living without skin condition criteria for a panniculectomy.
 - D. A lipectomy (15877) is cosmetic and not medically necessary, therefore, the surgery is not covered.
 - E. An abdominoplasty (15847) is cosmetic and not medically necessary, therefore, the surgery is not covered.
 - F. A panniculectomy is not covered when performed due to intertrigo or any other skin condition that does not meet the criteria above in this document.
 - G. A panniculectomy is not covered and not medically necessary as an aid to other procedures including, but not limited to, inguinal, umbilical, or hiatal abdominal hernia repairs. A ventral hernia is not considered unless the above criteria in this policy is met.
7. Post-payment Audit Statement
 The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Health Options at any time pursuant to the terms of your provider agreement.
8. Place of Service
 This procedure requires an inpatient surgical stay.

GOVERNING BODIES APPROVAL

Panniculectomy is a procedure and is therefore not subject to the U.S. Food and Drug Administration (FDA) regulation, although any devices or drugs used for this procedure would require approval.

CODING REQUIREMENTS:

Procedure Codes

CPT Codes	Description
15830	Excision, excessive skin and subcutaneous tissue; abdomen, infraumbilical panniculectomy

Non-covered Procedure Codes

All requests for the following procedures require Medical Director Review

CPT Codes	Description
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen (e.g., abdominoplasty) (includes umbilical transposition and fascial plication)
15877	Suction assist lipectomy, trunk

Diagnosis Codes

ICD 10 Codes	Description
L02.219	Cutaneous abscess of trunk, unspecified
L03.311	Cellulitis of abdominal wall
L03.316	Cellulitis of umbilicus
L03.319	Cellulitis of trunk, unspecified
L03.321	Acute lymphangitis of abdominal wall
L03.326	Acute lymphangitis of umbilicus
L03.329	Acute lymphangitis of trunk, unspecified
I89.0	Lymphedema, not elsewhere classified
I89.1	Chronic lymphangitis
L98.491	Non-pressure chronic ulcer of skin of other sites limited to breakdown of skin
L98.492	Non-pressure chronic ulcer of skin of other sites with fat layer exposed
L98.493	Non-pressure chronic ulcer of skin of other sites with necrosis of muscle
E65	Panniculus adiposus; localized adiposity
M79.3	Panniculitis, unspecified

REIMBURSEMENT

Participating facilities will be reimbursed per their Highmark Health Options contract.

SUMMARY OF LITERATURE

The American Society of Plastic Surgeons devised literature (2007) designating aesthetic and cosmetic indications as the most common reasons patients undergo a panniculectomy and/or abdominoplasty and lipectomy. In some cases, a panniculectomy is considered to be medically necessary due to chronic skin infections of a patient with Massive Weight Loss (MWL) and a large panniculus (ASPS, 2007). Natural MWL happens over time which gives the body time to adjust to the changes and allows the skin to reshape itself. On the other hand, 68% to 85% of MWL patients who are post-bariatric surgery desire body contouring surgery to remove a panniculus (Constantine et al., 2014). In 2013, an estimated 179,000 bariatric surgeries were to be performed in the United States (Ponce, 2014). The increased number of bariatric surgeries has increased the prevalence and relevance of panniculectomies (Constantine, 2014). There are large amounts of panniculectomies performed succeeding bariatric surgery due to increased rate of MWL and the body's inability to contract and strengthen the epidermis.

Although many disorders and co-morbidities decrease with weight loss, there are defined issues following MWL. According to the American Society of Plastic Surgeons (2007), there are few alternative treatment options to a panniculectomy since it is virtually impossible to correct a panniculus by diet, additional weight loss, or exercise. The Journal of Plastic and Reconstructive Surgery (2015) published data that suggests significant outcomes to a panniculectomy does not include postoperative patient appearance but includes improved ADLs and skin conditions.

A panniculus can lead to impaired ambulation, difficulty with hygiene, and severe skin conditions (Hayes, 2016). Moisture buildup and irritation formed underneath the panniculus makes the panniculus highly susceptible to skin infection, including (Hayes, 2016):

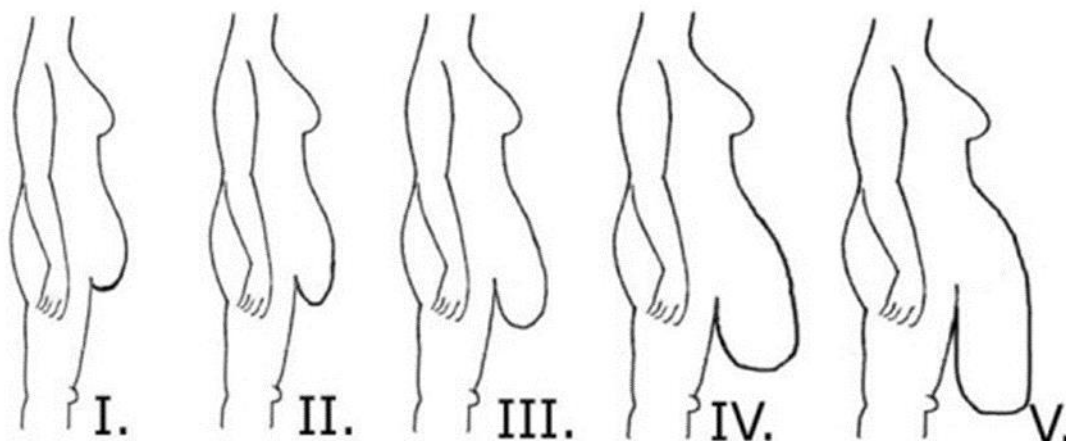
- Skin disorders (cellulitis)
- Skin breakdown
- Rashes
- Ulcers (may lead to bacterial or fungal infections, abscesses, or gangrene)

Intertrigo is a common skin disorder not considered within the realm of determinants for a medically necessary skin condition to approve a medically necessary panniculectomy. Intertrigo is simply the inflammation of skin folds and is commonly categorized secondary to cutaneous infections observed in this area (Janniger et al., 2005).

Some research suggests a panniculectomy should be considered medically necessary when performed in conjunction with abdominal or gynecologic procedures (e.g., abdominal hernia repair, hysterectomy) (Gurunluoglu, 2008). This research does not present ample evidence to support consideration of abdominal or gynecologic procedures (Harth et al., 2011). Types of abdominal procedures that are excluded from being performed in conjunction with the panniculectomy include, but are not limited to, inguinal hernia repair, umbilical hernia repair, hiatal hernia repair, and ventral (incisional) hernia repair (unless all criteria for a panniculectomy alone are met for ventral hernias). In 2011, a study performed with the American Journal of Surgery proved conjoining a panniculectomy with abdominal procedures is feasible, but the potential benefit in reducing recurrent hernias remains unclear (Harth et al., 2011). In addition, the study found there was short-term wound morbidity with post-bariatric panniculectomy cases, compromising hernia repair (Harth et al., 2011). Forty percent of patients that underwent a simultaneous panniculectomy required additional operative debridement or percutaneous intervention (Harth et al., 2011). The only procedures under consideration (secondary to panniculectomy criteria) include ventral hernia repair or incisional hernia repair. Incisional hernias occurred in 20% of postoperative bariatric patients, which are a direct effect of MWL, a result similar to the formation and appearance of the panniculus (Rao et al., 2011).

An additional consideration is adjoining the panniculectomy procedure with a colostomy procedure. A very large panniculus may cause stomal retraction in patients that have an existing colostomy (Ito et al., 2016). In order to prevent distention to the stoma, it is optimal to perform a stomaplasty or a revision colostomy around the surgical site (Ito et al., 2016).

Panniculus Severity Grading Scale



Grade I patients with a panniculus that covers the hairline and the mons pubis but not the genitals

Grade II extends to cover the genitals

Grade III extends to cover the upper thigh

Grade IV extends to cover the mid-thigh

Grade V extends to cover the knees or beyond

POLICY SOURCE(S)

Erdmann, D. Resection of Panniculus Morbidus: A Salvage Procedure with a Steep Learning Curve. *Plastic & Reconstructive Surgery* 2008; 122(4):1290. Accessed on 12/19/2016.

American Society of Plastic Surgeons (ASPS). Practice Parameter for Surgical Treatment of Skin Redundancy Following Massive Weight Loss. January, 2007. Accessed on 12/6/2016.

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 2007. Accessed on 12/19/2016.

Constantine, R.S., Davis, K.E., Kenkel, J.M.: The Effect of Massive Weight Loss Status Amount of Weight Loss, and Method of Weight Loss on Body Contouring Outcomes. *Aesthetic Surgery Journal* 2014; 34(4). Accessed on 12/19/2016.

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Ito, E., Kitajima, M., Tsutsui, N. Stomoplasty with panniculectomy in an obese patient with stomal retraction: A case report. International Journal of Surgery Case Reports May 2016; S2210-2612(16)301572. Accessed on 12/20/2016.

Janniger, K.C., Schwartz, R.A., Szepietowski, J.C., Reich, A. Intertrigo and Common Secondary Skin Infections. American Family Physician 2005; 1; 72 (5):833-838. Accessed on 12/16/2016.

Ponce J. New procedure estimates for bariatric surgery: what the numbers reveal. Connect. May 2014. American Society for Metabolic and Bariatric Surgery 2014. Accessed on 12/19/2016.

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Rao, R.S., Gentileschi, P., Kini, S.U. Management of ventral hernias in bariatric surgery. Surgery for Obesity and Related Diseases 2011; 110-116. Accessed on 12/6/2016.

Policy History

Date	Activity
12/19/2016	Initial policy developed
03/14/2017	QI/UM Committee Review Approval
05/01/2017	Provider effective date
08/09/2017	Added Disclaimer Statement in opening of medical policy. EHS Revisions: Added Issue Date to opening policy box; Added 'Covered' to procedure code table in Attachment B and diagnosis codes in Attachment C. Added procedure codes to Section 6, statements D & E. Added 'Informational' to Table D.
12/20/2017	Annual Review: Removed procedure code 00802 from the Procedure Code section; No other changes.
03/13/2018	QI/UM Committee Review Approval
05/15/2018	New Provider effective date
03/12/2019	Annual Review Revisions: no criteria changes; formatting revisions; removed hyperlinks to the references.
03/12/2019	QI/UM Committee Review Approval
05/06/2019	Provider effective date