Abdominoplasty and Panniculectomy

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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 medical surgical benefits of the Company's Medicaid products for medically necessary abdominoplasty and panniculectomy procedures.

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

Highmark Health Options (HHO) – Managed Care Organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan Plus members.

Abdominoplasty – Abdominoplasty is typically performed for cosmetic purposes, involves the removal of excess skin and fat from the pubis to the umbilicus or above, and may include tightening of the rectus muscle and creation or transposition of the umbilicus.

Panniculectomy – A surgical procedure used to remove a panniculus, which is an apron of fat and skin that hangs from the front of the abdomen. In certain circumstances, the panniculus can be associated with skin irritation and infection due to interference with proper hygiene and constant skin-on-skin contact in the folds underneath the panniculus. The presence of a panniculus may also interfere with daily activities.

Computed tomography – Computed tomography, also referred to as "CAT scanning," provides a different form of imaging known as cross-sectional imaging.

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.

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).

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

Abdominoplasty and panniculectomy following massive weight loss are clinically proven and, therefore, medically necessary procedures when all of the following criteria are met (American Society of Plastic Surgeons, 2017; Mechanick, 2013):

- A board-certified plastic surgeon performs the surgical procedure to modify the skin envelope, subcutaneous layer, and/or investing fascia
- The patient must be 18 years of age or older; and
- There is photographic documentation (with member standing) of at least a Grade 2 panniculus (see Attachment) that hangs to or below the level of the pubis; and
- Surgery will correct functional impairment caused by excessive skin and subcutaneous tissue redundancy.
- There is photographic documentation of any of the following chronic or recurring conditions related to excess tissue and skin folds:
    - Intertrigo (bacterial or fungal infections).
    - Cellulitis.
    - Folliculitis.
    - Panniculitis.
    - Skin ulceration.
    - Skin or subcutaneous abscesses.
    - Monilial infection or fungal dermatitis.

- Skin necrosis

- Documentation of failure of at least three months of conservative non-surgical management by a physician other than the operating physician, such as:

  - Intravenous (IV) antibiotic treatments
  - Oral antibiotic treatments
  - Good hygiene practices (e.g., bathing and washing daily, keeping skin dry and clean, wearing clean clothing).
  - Wound care (occurring under or around the panniculus) including topical antifungals and topical and/or systemic corticosteroids
  - Surgical drainage

  The patient must have adequate nutrition; and

- There must be MWL demonstrated by one of the following:

  - If massive weight loss occurs as a result of bariatric surgery, the procedure should not be performed for at least 18 months after the bariatric surgery and maintain a stable weight for a minimum of six (6) months, totaling 24 months or two (2) years.
  - If massive weight loss occurs naturally, the patient must maintain stable weight for a minimum of 6 months after weight loss.

Panniculectomy after massive weight loss is clinically proven and, therefore, medically necessary when all of the above criteria are met.

Abdominoplasty is clinically proven and, therefore, medically necessary when performed in conjunction with a panniculectomy that meets the above criteria. In this case abdominoplasty is considered part of the panniculectomy procedure and is not separately reimbursable.

LIMITATIONS

All other indications for abdominoplasty and panniculectomy after massive weight loss are considered not medically necessary, including, but not limited to:

- There is no history of MWL through natural occurrence or bariatric surgery.
- Improving cosmesis in the absence of a functional impairment.
- Relieving neck or back pain, as there is no evidence that reduction of redundant skin and tissue results in less spinal stress or improved posture or alignment. The patient's neck and/or back school be treated with appropriate physical therapy modalities.
- Repairing a diastasis recti.
- Minimizing the risk of hernia formation or recurrence.
- Treatment of psychological or psychosocial symptoms or complaints.

Endoscopic abdominoplasty or mini-abdominoplasty is not medically necessary for any reason.

Panniculectomy when performed in conjunction with a primary abdominal surgical procedure will be considered as part of the primary surgery (e.g., incisional hernia repair) and not separately reimbursable.

- Note: All requests for panniculectomy in conjunction with repair of an incisional, umbilical, epigastric, or ventral hernia must be documented by the patient's medical record and computed tomography scan recording the diameter of the fascial defect.

Panniculectomy is not covered when performed in conjunction with:

- Abdominal or gynecologic procedures (e.g. C-section, hysterectomy, and obesity surgery).
- Repair of abdominal wall laxity or diastasis recti.
- Only improving activities of daily living without skin condition criteria for a panniculectomy.

Alternative covered services:

- Analgesics
- Antibiotics
- Cortisone ointments
- Drying agents
- Topically applied skin barriers and supportive garments

CPT	Description
15830	Excision, excessive skin and subcutaneous tissue, 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).
00802	Anesthesia for procedures on lower anterior abdominal wall; panniculectomy.

Covered Diagnosis Codes

E65	I89.0	I89.1	L02.2019	L03.311
L03.316	L03.319	L03.321	L03.326	L03.329
L98.491	L98.492	L98.493	M79.3	

SUMMARY OF LITERATURE

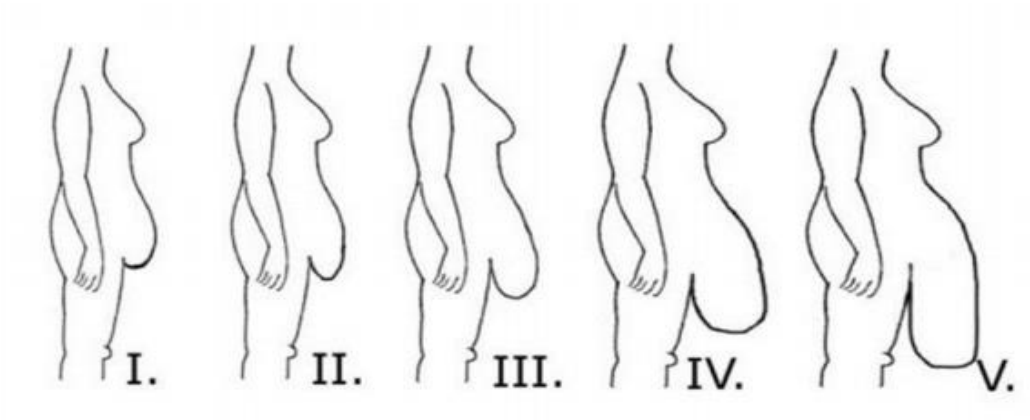
The American Society of Plastic Surgeons (ASPS) Practice Parameter for Surgical Treatment of Skin Redundancy for Obese and Massive Weight Loss Patients (2007b) recommends that body contouring surgery, including panniculectomy, be performed only after an individual maintains a stable weight for 2 to 6 months. For individuals who are post-bariatric surgery, this is reported to occur 12-18 months after surgery when the BMI has reached the 25 kg/m2 to 30 kg/m2 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. Weight loss and BMI are important when considering panniculectomy and a significant amount of weight loss may not bring the BMI of an individual to less than 30 kg/m2; however, a panniculectomy may still be necessary (Arthurs, 2007). The American Society for Metabolic and Bariatric Surgery Consensus statement states weight loss can vary from about 25% to 70% of an individual's excess body weight depending on the type of bariatric surgery that is performed (Buchwald, 2005).

Panniculectomy alone or with other abdominal surgical procedures, such as incisional or ventral hernia repair, or hysterectomy, is not clinically appropriate or an effective treatment of obesity. Recent meta-analyses have published mixed results of co-surgical procedures, but the studies lack documentation of a

medical indication for removal of the pannus (Prodromidou, 2020; Sosin, 2020). Although it has been suggested that the presence of a large overhanging panniculus may interfere with the surgery or compromise post-operative recovery, the presence of a pannus alone is not a medical condition which warrants surgical intervention. Removal of a pannus, for reasons other than those in the criteria for medical necessity is therefore considered cosmetic and not medically necessary.

The literature addressing abdominoplasty and surgical repair of diastasis recti confirms the cosmetic benefits of these procedures. However, improvements in physical functioning, cessation of back pain, and other positive health outcomes have not been demonstrated. Carloni and colleagues conducted a systematic-review (2016) and confirmed that the quality of evidence surrounding abdominoplasty remains low and no standardization of surgical approaches has been established. Winocour (2015) reported results of a study which included 25,478 abdominoplasties and found high complication rates, compared to other cosmetic procedures, especially when abdominoplasty was combined with other procedures. Massenburg (2015) reported outcomes from 2946 abdominoplasties and found 8.5% of subjects were readmitted due to complications and 5% required revision surgery. At this time, the evidence does not support abdominoplasty when done to remove excess abdominal skin or fat, with or without tightening lax anterior abdominal wall muscles, as an effective treatment for any medical condition, though it is an effective cosmetic procedure (ASPS Practice Parameter, 2007b).

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.

References

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