

MEDICAL POLICY

MEDICAL POLICY DETAILS	
Medical Policy Title	Abdominoplasty and Panniculectomy
Policy Number	7.01.53
Category	Contract Clarification
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Product Disclaimer	<ul style="list-style-type: none"> • Services are contract dependent; if a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply. • If a commercial product (including an Essential Plan or Child Health Plus product), medical policy criteria apply to the benefit. • If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit. • If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit. • If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.

POLICY STATEMENT

Abdominoplasty

- I. An abdominoplasty (“tummy tuck”) or belt lipectomy is considered a cosmetic procedure and, therefore, is not **medically necessary** for all indications.

Panniculectomy

- II. A panniculectomy is considered **medically appropriate** when medical records document **ALL** the following criteria:
- The panniculus is Grade 2 (panniculus covers genitals and upper thigh crease) or higher, documented by photographs;
 - A significant functional impairment of a recurrent or persistent medical condition directly related to the excess tissue and skin folds of the panniculus (e.g., intertrigo, dermatitis, cellulitis, panniculitis, ulceration, or necrosis) which is:
 - documented by color photographs;
 - refractory to at least three (3) months of prescribed standard medical management including **BOTH** of the following:
 - adherence to prescribed hygiene practices and/or applicable wound care; and
 - adherence to prescribed systemic antibiotics, antifungal agents, or corticosteroids; and
 - There is an expectation that surgery will improve or resolve the significant functional impairment; and
 - If the member had a significant weight loss, detailed medical records document **ONE** (1) of the following:
 - If the weight loss is secondary to bariatric surgery **ALL** of the following must be met:
 - a minimum of 18 months has elapsed from the date of the bariatric surgery;

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- b. stable weight was maintained for at least six (6) months prior to the consultation for panniculectomy, and
 - c. significant post-operative weight loss is documented by of **ONE** of the following:
 - i. Body Mass Index (BMI) has reached less than or equal to 30 kg/m²;
 - ii. documentation of at least a 100-pound weight loss; or
 - iii. the achieved weight loss is 40% or greater of the excess body weight that was present prior to the individual's weight loss program or surgical intervention.
 2. If the weight loss was unrelated to bariatric surgery, **ALL** of the following must be met:
 - a. BMI is less than or equal to 30 kg/m² range, and
 - b. stable weight was maintained for at least six (6) months prior to the consultation for panniculectomy.
- III. A panniculectomy is considered **not medically necessary** for any other sole indication, including but not limited to:
- A. Improvement of a member's appearance or self-esteem;
 - B. Correction of poorly fitting clothes, or problems with hygiene;
 - C. Treatment of superficial inflammation or infection when controlled only with topical medications;
 - D. For the correction of neck or back pain;
 - E. When performed as an adjunct to other medically necessary abdominal or gynecological surgery (e.g., ventral hernia repair, bariatric surgery, hysterectomy, pelvic procedure) unless the criteria are met separately.

Refer to Corporate Medical Policy #7.01.11 Cosmetic and Reconstructive Procedures

POLICY GUIDELINES

- I. Preoperative photographs are an absolute requirement for determination of medical appropriateness.
- II. Documentation of functional deficit(s), all prescribed standard medical management, and weight trends can be documented by any of the member's treating providers, including but not limited to the performing surgeon, primary care physician and/or specialist (e.g., wound care, dermatology).
- III. The criteria for panniculectomy apply regardless of the cause of the excess fatty tissue and/or redundant skin. These criteria apply to removal of fatty tissue and/or redundant (excessive) skin caused by obesity and apply to weight loss due to any reason, including bariatric surgery.
- IV. The American Society of Plastic Surgeons' (2017) grading system for the severity of abdominal deformities is as follows:
 - Grade 1: panniculus covers hairline and mons pubis but not the genitals
 - Grade 2: panniculus covers genitals and upper thigh crease
 - Grade 3: panniculus covers upper thigh
 - Grade 4: panniculus covers mid-thigh
 - Grade 5: panniculus covers knees and below
- V. A panniculectomy is ideally performed after the patient maintains a stable weight for two (2) to six (6) months. For post bariatric surgery patients, this often occurs 12-18 months after surgery or at the 25 kg/mg² to 30 kg/mg² weight range (ASPS, 2017).

DESCRIPTION

The American Society of Plastic Surgeons (2017) defines the following:

Abdominoplasty ("tummy tuck") 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 fascial plication of the rectus muscle diastasis and a neoumbilicoplasty.

Circumferential lipectomy (belt lipectomy, lower body lift) is a circumferential procedure which combines the elements of an abdominoplasty or panniculectomy with removal of excess skin/fat from the lateral thighs and buttock. The procedure involves removing a "belt" of tissue from around the circumference of the lower trunk which eliminates lower back rolls,

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and provides some elevation of the outer thighs, buttocks, and mons pubis. A circumferential lipectomy describes an abdominoplasty or panniculectomy combined with flank and back lifts, both procedures being performed together sequentially and including suction assisted lipectomy, where necessary.

Panniculectomy involves the removal of hanging excess skin/fat in a transverse or vertical wedge but does not include muscleplication, neoumbilicoplasty or flap elevation. Deformities associated with massive weight loss vary greatly depending on the patients' body type, their fat deposition pattern, and the amount of weight gained or lost. These deformities can lead to patient dissatisfaction with appearance, inability to exercise, impaired ambulation, chronic back, neck and shoulder pain, difficulty with hygiene and symptoms such as uncontrolled intertrigo, infections, and skin necrosis.

A panniculectomy could be considered as a functional correction in patients who are of appropriate height and weight, and have a history of problems including panniculitis or chronic back pain that have persisted despite an adequate trial of non-surgical management, or have a functional impairment in activities of daily living/work, etc. Body contouring surgery is ideally performed after the patient maintains a stable weight for two (2) to six (6) months. For post-bariatric surgery patients, this often occurs 12 to 18 months after surgery or at the 25 kg/mg² to 30 kg/mg² weight range (ASPS, 2017).

CODES

- *Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.*
- ***CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.***
- *Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.*
- *Code Key: Experimental/Investigational = (E/I), Not medically necessary/ appropriate = (NMN).*

CPT Codes

Code	Description
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (e.g., abdominoplasty) (includes umbilical transposition and fascial plication)
15877	Suction assisted lipectomy; trunk

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HCPCS Codes

Code	Description
No code(s)	

ICD10 Codes

Code	Description
K42.9	Umbilical hernia without obstruction or gangrene
K43.2	Incisional hernia without obstruction or gangrene
K43.9	Ventral hernia without obstruction or gangrene
K46.9	Unspecified abdominal hernia without obstruction or gangrene
L02.211 -L02.219	Cutaneous abscess of trunk (code range)
L03.311-L03.319	Cellulitis of trunk (code range)
L03.321-L03.326	Acute lymphangitis of trunk (code range)

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Code	Description
L03.329	Acute lymphangitis of trunk, unspecified
L26	Exfoliative dermatitis
L30.4	Erythema intertrigo
L53.8	Other specified erythematous conditions
L54	Erythema in diseases classified elsewhere
L57.4	Cutis laxa senilis
L66.4	Folliculitis ulerythematososa reticulate
L90.4	Acrodermatitis chronica atrophicans
L90.8	Other atrophic disorders of skin
L91.8	Other hypertrophic disorders of the skin
L95.1	Erythema elevatum diutinum
L98.491-L98.499	Non-pressure chronic ulcer of skin of other sites (code range)
M54.5	Low back pain
M79.3	Panniculitis, unspecified

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*Key Article

KEY WORDS

Abdominoplasty, Belt Lipectomy, Lipectomy, Panniculectomy, Tummy Tuck

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

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Based upon our review, Abdominoplasty and/or Panniculectomy are not addressed in National or Regional Medicare coverage determinations or policies.