02-12000-16

Original Effective Date: 07/01/13

Reviewed: 08/22/24

Revised: 09/15/24

Subject: Panniculectomy and Abdominoplasty

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DESCRIPTION:

Panniculectomy is the surgical removal of hanging excess skin/fat (panniculus, pannus, apron) from the abdomen via a transverse or vertical wedge, but does not include muscle plication, neoumbilicoplasty, or flap elevation. The excess abdominal skin and fat may hang down over the genital area and thighs, and rarely to the knees. The excess abdominal skin and fat may be accompanied by laxity of the anterior abdominal wall. According to the American Society of Plastic Surgeons (ASPS), the severity of abdominal deformities is graded 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

Abdominoplasty, also referred to as a "tummy tuck," is an excisional surgical procedure, which involves removal of excess abdominal skin (apron) and fat from the pubis to the umbilical or above, and may include fascial plication of the rectus muscle diastasis and a neoumbilicoplasty. This reshaping and contouring of the abdominal wall area is often performed solely to improve the appearance of a protuberant abdomen by creating a flatter, firmer abdomen. (American Society of Plastic Surgeons (ASPS))

There are similarities between an abdominoplasty and a panniculectomy procedure as both procedures remove varying amounts of abdominal wall skin and fat. According to the ASPS Practice Parameter for

Abdominoplasty and Panniculectomy, the procedures are most commonly performed for cosmetic indications. However, there are reconstructive indications such as abdominal wall defects, irregularities or pain caused by previous pelvic or lower abdominal surgery, umbilical hernias, intertriginous skin conditions and scarring. The ASPS recommended coverage criteria state that an abdominoplasty or panniculectomy should be considered a reconstructive procedure when performed to correct or relieve structural defects of the abdominal wall. When an abdominoplasty or panniculectomy is performed solely to enhance a patient's appearance in the absence of signs or symptoms of functional abnormalities, the procedure should be considered cosmetic.

The ASPS Practice Parameter for Surgical Treatment of Skin Redundancy Following Massive Weight Loss (2007) states that "body contouring surgery is ideally performed after the patient maintains a stable weight for two to six 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."

Abdominal Surgeries and Gynecologic Surgeries

Abdominal surgeries (e.g., hernia repair, bariatric, exploratory laparotomy, caesarean section) and gynecologic surgeries (e.g., hysterectomy, pelvic surgical procedures) may be performed in conjunction with an abdominoplasty or panniculectomy. It has been proposed that performing abdominoplasty or panniculectomy in the obese patient at the time of abdominal and gynecologic surgeries may improve operative exposure, promote postoperative wound healing and minimize postoperative wound complications (e.g., dehiscence, necrosis, infection). There is insufficient evidence to support performance of abdominoplasty and panniculectomy at the time of abdominal and gynecologic surgeries.

Diastasis Recti

Diastasis recti (also known as abdominal separation) is a separation between the left and right side of the rectus abdominis muscle (covers the front surface of the abdominal area). Diastasis recti appear as a ridge running down the midline of the abdomen from the bottom of the breastbone to the navel. Diastasis recti are a common and normal condition in newborns. In pregnant women, increased tension on the abdominal wall may lead to diastais recti. Diastasis recti usually heal on its own, surgery may be needed if a hernia develops. According to the ASPS, "a true hernia repair involves opening fascia and/or dissection of a hernia sac with return of intraperitoneal contents back to the peritoneal cavity."

Summary and Analysis of Evidence: In a retrospective review of patients who underwent panniculectomy between January 2010 and January 2020 at our institution was performed. Exclusion criteria were a history of prior panniculectomy or abdominoplasty. Patient characteristics and clinical outcomes were collected. Univariate and multivariable analyses were performed to assess the risk factors of complications. The mean age in the included 238 patients was 51.7 ± 12.7 years, and the mean body mass index (BMI) at the time of panniculectomy was 33 ± 7.5 kg/m^2. Median resection weight was 2.7 kg (range: 0.15-14.6) and median length of hospital stay was 2 days (range: 0-24). Mean follow-up time was 50 ± 37 months. The rate of major complications was 22.3%. Revision surgery was performed in 3.4% of the cases. Multivariable analyses demonstrated that increase in BMI (P = 0.007) and active smoking (P = 0.026) were significantly associated with increased odds of major complication, and increase in BMI (P = 0.0004), history of venous thromboembolism (P = 0.034) and having a concomitant

ventral hernia repair (*P* = 0.0044) were significantly associated with having a length of hospital stay of 3 days or more. The authors concluded that panniculectomy is generally safe to perform, with major postoperative complication rate of 22.3% in our series. Increase in BMI and active smoking were significantly associated with having a major complication. Higher BMI, concomitant hernia repair, and a history of venous thromboembolism were associated with length of hospital stay of 3 days or more (Kuruoglu et al 2021).

An UpToDate review on "Rectus abdominis diastasis" (Nahabedian) states that "Rectus abdominis diastasis (RAD; diastasis recti, divarication of the rectus abdominis, abdominal muscle separation) is an anatomic term describing a condition in which the two rectus muscles are separated by an abnormal distance. Acquired RAD can result from any number of conditions that weaken the linea alba, resulting in protrusion of abdominal contents. RAD describes a condition in which an abnormally wide distance separates the two rectus muscles. However, there is controversy regarding what constitutes a normal inter-rectus distance, at what level measurements should be taken, and by what means, and thus when, the distance can be considered abnormal. RAD is often corrected in the course of abdominoplasty. The standard abdominoplasty approach is performed by removing excess skin. Liposuction is commonly combined with abdominoplasty to remove excess fat. Then, the skin of the anterior abdominal wall is undermined up to the xiphoid to expose the fascia of the rectus muscles. The umbilicus stays in its native position and a new orifice is made to accommodate it after advancing the abdominal skin inferiorly. The diastasis can be repaired by removing a strip of the widened linea alba and reapproximating the edges of the rectus muscles using running sutures."

POSITION STATEMENT:

NOTE: Coverage for panniculectomy and abdominoplasty is subject to the member's benefit terms, limitations and maximums. Some plans may exclude coverage for panniculectomy and abdominoplasty as the member may not have a benefit for weight loss surgery or a complication of a non-covered service. If a pannus (panniculus) results from a contract excluded procedure such as bariatric surgery, the panniculectomy and abdominoplasty will also be considered an excluded procedure.

Refer to specific contract language regarding panniculectomy and abdominoplasty surgery.

Medical records, including photography and/or operative reports may be required to be submitted to the health plan for review.

Panniculectomy

Panniculectomy **meets the definition of medical necessity** when **ALL** of the following criteria are met:

Panniculus at grade 2 or above, using the following scale (medical records, including photography and/or operative reports may be required to be submitted to the health plan for review):

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

AND

One of the following:

- Clinical documentation of recurrent chronic and persistent skin condition under panniculus (e.g., intertriginous dermatitis, panniculitis, cellulitis, non-healing skin ulceration, tissue necrosis, recurrent/persistent skin infection) unresponsive to 3 months of medical therapy (failed both oral and topical medications); **OR**
- Chronic maceration of overhanging skin folds that is refractory to medical therapy; **OR**
- There is a functional impairment, such as documented difficulty with ambulation due to the abdominal pannus.

AND

When **ALL** of the following criteria are met:

- There is a functional deficit due to a severe physical deformity or disfigurement resulting from the pannus; **AND**
- The surgery is expected to restore or improve the functional deficit; **AND**
- The pannus is interfering with activities of daily living.

Abdominal/Gynecologic Surgery

Panniculectomy **meets the definition of medical necessity** when performed in conjunction with an abdominal and intra-abdominal gynecologic surgery when required to improve operative exposure in extremely rare circumstances (Medical records, including photography and/or operative reports may be required to be submitted to the health plan for review).

Panniculectomy is considered **experimental or investigational** for minimizing the risk of hernia formation or recurrence.

Significant Weight Loss/Bariatric Surgery

Panniculectomy performed following *significant weight loss **meets the definition of medical necessity** when **ALL** of the following criteria are met:

- Meets **ALL** of the criteria listed above under “Panniculectomy” heading; **AND**
- Symptoms (persistent skin condition under panniculus, chronic maceration of overhanging skin) or functional impairment persists despite *significant weight loss which has been stable for at least 3 months or documented attempts at weight loss (medically supervised diet or bariatric surgery) have been unsuccessful; **AND**
- If the member has had bariatric surgery, they are at least 18 months post-operative or has documented stable weight for at least 3 months.

Note: *Significant weight loss varies based on the member’s clinical circumstances and may be documented when the member:

Reaches a body mass index (BMI) less than or equal to 30 kg/m2; **OR**

Has documented at least a 100 pound weight loss; **OR**

Has achieved a weight loss which is 40% or greater of the excess body weight that was present prior to the member's weight loss or surgical intervention.

Cosmetic/Non-Covered

NOTE: Coverage for cosmetic surgery is subject to the member's benefit terms, limitations and maximums. Refer to specific contract language regarding cosmetic surgery.

Panniculectomy performed for cosmetic purposes (e.g., to improve, change, or enhance appearance in the absence of signs or symptoms of functional abnormalities, improve self-esteem, psychological symptomatology, psychological complaints) is **considered cosmetic and not covered**.

Panniculectomy performed for the treatment of back or neck pain is **non-covered**.

Abdominoplasty

Abdominoplasty (including mini abdominoplasty or modified abdominoplasty) for all indications with or without repair of abdominal wall laxity or diastasis recti is **considered cosmetic and non-covered**.

BILLING/CODING INFORMATION:

Panniculectomy and Abdominoplasty

The following codes may be used to describe panniculectomy and abdominoplasty.

CPT Coding:

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 placation) (list separately in addition to code for primary procedure)

Mini Abdominoplasty and Modified Abdominoplasty

There is no specific code that describes mini abdominoplasty and modified abdominoplasty.

LOINC Codes:

The following information may be required documentation to support medical necessity: physician history and physical, physician progress notes, plan of treatment and reason for panniculectomy.

Documentation Table	LOINC Codes	LOINC Time Frame	LOINC Time Frame Modifier Codes Narrative

		Modifier Code	
Physician history and physical	28626-0	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim
Attending physician progress note	18741-9	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim
Plan of treatment	18776-5	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim
Perioperative records	29752-3	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.
Current, discharge, or administered medications	34483-8	18805-2	Include all data of the selected type that represents observations made six months or fewer before starting date of service for the claim.

REIMBURSEMENT INFORMATION:

Refer to section entitled **POSITION STATEMENT**.

PROGRAM EXCEPTIONS:

Federal Employee Program (FEP): Follow FEP guidelines.

State Account Organization (SAO): Follow SAO guidelines.

Medicare Advantage products: The following Local Coverage Determination (LCD) was reviewed on the last guideline reviewed date: Cosmetic and Reconstructive Surgery (L38914) located at cms.gov.

If this Medical Coverage Guideline contains a step therapy requirement, in compliance with Florida law 627.42393, members or providers may request a step therapy protocol exemption to this requirement if based on medical necessity. The process for requesting a protocol exemption can be found at Coverage Protocol Exemption Request

DEFINITIONS:

Abdominoplasty (tummy tuck): 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 neoumbilicoplasty.

Diastasis Recti: a separation between the left and right side of the rectus abdominis muscle, which covers the front surface of the abdominal area.

Intertrigo: inflammation produced by chafing of adjacent areas of skin.

Panniculectomy (apronectomy): involves the removal of hanging excess skin/fat in a transverse or vertical wedge but does not include muscle plication, neoumbilicoplasty or flap elevation. A cosmetic abdominoplasty is sometimes performed at the time of a functional panniculectomy or delayed pending completion of weight reduction.

RELATED GUIDELINES:

Reconstructive Surgery/Cosmetic Surgery, 02-12000-01

OTHER:

Other names used to report panniculectomy and abdominoplasty:

Panniculectomy (Apronectomy)
Abdominoplasty (Tummy tuck)

REFERENCES:

1. American Society of Plastic Surgeons Practice Parameter for Abdominoplasty and Panniculectomy Unrelated to Obesity or Massive Weight Loss, Jul 2006; updated Jan 2007.
2. American Society of Plastic Surgeons Practice Parameter for Surgical Treatment of Skin Redundancy for Obese and Massive Weight Loss Patients, June 2017.
3. American Society of Plastic Surgeons Recommended Insurance Coverage Criteria for Abdominoplasty and Panniculectomy Unrelated to Obesity or Massive Weight Loss, 2007.
4. American Society of Plastic Surgeons Recommended Insurance Coverage Criteria for Abdominoplasty, Sept 2018.
5. American Society of Plastic Surgeons Recommended Insurance Coverage Criteria for Panniculectomy, March 2019.
6. American Society of Plastic Surgeons Recommended Insurance Coverage Criteria for Surgical Treatment for Skin Redundancy for Obese and Massive Weight Loss Patients, June 2017.
7. Kuruoglu D, Salinas CA, Tran NV, et al. Abdominal Panniculectomy: An Analysis of Outcomes in 238 Consecutive Patients over 10 Years. Plast Reconstr Surg Glob Open. 2021 Nov 24;9(11):e3955.
8. Nahabedian M, Brooks D C. Rectus abdominis diastasis. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. (Accessed on July 20, 2022.)
9. National Institutes of Health Practical Guide to the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults, 2020.

COMMITTEE APPROVAL:

This Medical Coverage Guideline (MCG) was approved by the Florida Blue Medical Policy and Coverage Committee on 08/22/24.

GUIDELINE UPDATE INFORMATION:

07/02/13	New Medical Coverage Guideline.
09/15/14	Annual review; no change in position statement.
09/15/15	Annual review; no change in position statement. Updated references.
12/15/16	Annual review; no change to position statement.
10/15/18	Review; no change in position statement. Updated references.
10/15/20	Review; no change in position statement. Updated references.
10/15/22	Review; no change in position statement. Deleted 17999. Updated references.
05/23/23	Update to Program Exceptions section.
09/15/24	Review; no change in position statement.