Priority Health

**MEDICAL POLICY**
**No. 91444-R10**

# PANNICULECTOMY/ABDOMINOPLASTY

| | |
|---|---|
| **Effective Date: July 24, 2023** | **Review Dates: 8/01, 12/01, 4/02, 4/03, 12/03, 3/04, 3/05, 2/06, 2/07, 7/07, 2/08, 2/09, 2/10, 8/10, 8/11, 8/12, 8/13, 8/14, 8/15, 8/16, 8/17, 8/18, 8/19, 11/19, 11/20, 11/21, 11/22, 5/23, 5/24, 5/25** |
| **Date Of Origin: August 22, 2001** | **Status: Current** |

## I. POLICY/CRITERIA

A. Panniculectomy maybe medically necessary when applicable InterQual® criteria are met.

B. Abdominoplasty is considered cosmetic and not medically necessary unless abdominal wall laxity interferes with activities of daily living and causes a functional impairment.

C. Priority Health considers a panniculectomy or an abdominoplasty to be experimental, investigational, unproven, or not medically necessary for all other indications, including, but not limited to:

1. Minimization of the risk of hernia formation or recurrence is experimental, investigational, or unproven.
2. For the sole purpose of treating neck or back pain is experimental, investigational, or unproven.
3. Repair of diastasis recti (defined as a thinning out of the anterior abdominal wall fascia) is not medically necessary.
4. When performed in conjunction with abdominal or gynecological procedures such as but not limited to abdominal hernia repair (i.e., incisional/ventral, epigastric or umbilical), hysterectomy, obesity surgery is not medically necessary.
5. When performed solely to enhance a member's appearance in the absence of any signs or symptoms of functional abnormalities is considered cosmetic.

D. 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

Prior authorization for certain drug, services, and procedures may or may not be required. In cases where prior authorization is required, providers will submit a request demonstrating that a drug, service, or procedure is medically necessary. For more information, please refer to the Priority Health Provider Manual.

## 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) and/or the Evidence of Coverage (EOC); 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 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.

It has been proposed that performing abdominoplasty or panniculectomy in the same operative session as abdominal or gynecological surgeries may facilitate surgical access or promote postoperative wound healing and minimize the potential for wound complications, however, there is insufficient evidence in the published, peer-reviewed scientific literature to support such assertions.

Priority Health utilizes InterQual® Procedures criteria for the prior authorization of panniculectomy. InterQual criteria are derived from the systematic, continuous review and critical appraisal of the most current evidence-based literature and include input from our independent panel of clinical experts. To generate the most appropriate recommendations, a comprehensive literature review of the clinical evidence was conducted. Sources searched included PubMed, Agency for Healthcare Research and Quality (AHRQ) Comparative Effectiveness Reviews, the Cochrane Library, Choosing Wisely, Centers for Medicare & Medicaid Services (CMS) National Coverage Determinations, and the National Institute of Health and Care Excellence (NICE). Other medical literature databases, medical content providers, data sources, regulatory body websites, and specialty society resources may also have been used. Relevant studies were assessed for risk of bias following principles described in the Cochrane Handbook. The resulting evidence was assessed for consistency, directness, precision, effect size, and publication bias. Observational trials were also evaluated for the presence of a dose-response

gradient and the likely effect of plausible confounders. (Source: Change Healthcare LLC).

## 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


1. Akram J, Matzen SH. Rectus abdominis diastasis. J Plast Surg Hand Surg. 2014 Jun;48(3):163-9. doi: 10.3109/2000656X.2013.859145. Epub 2013 Nov 21. PMID: 24256310.
2. American Society of Plastic Surgeons (ASPS). Practice Parameter for Surgical Treatment of Skin Redundancy for Obese and Massive Weight Loss Patients. June 2017.
3. American Society of Plastic Surgeons (ASPS). ASPS Recommended Insurance Coverage Criteria for Third-Party Payers. Surgical Treatment of Skin Redundancy for Obese and Massive Weight Loss Patients. June 2017.
4. American Society of Plastic Surgeons (ASPS). ASPS Recommended Insurance Coverage Criteria for Third-Party Payers. Abdominoplasty. September 26, 2018.
5. American Society of Plastic Surgeons (ASPS). ASPS Recommended Insurance Coverage Criteria for Third-Party Payers: Panniculectomy. March 2019.
6. Giordano S, Garvey PB, Baumann DP, Liu J, Butler CE. Concomitant Panniculectomy Affects Wound Morbidity but Not Hernia Recurrence Rates in Abdominal Wall Reconstruction: A Propensity Score Analysis. Plast Reconstr Surg. 2017 Dec;140(6):1263-1273. doi: 10.1097/PRS.0000000000003855. PMID: 28820845.
7. Hickey F, Finch JG, Khanna A. A systematic review on the outcomes of correction of diastasis of the recti. Hernia. 2011 Dec;15(6):607-14. doi: 10.1007/s10029-011-0839-4. Epub 2011 Jun 18. PMID: 21688021.

8. Hopkins MP, Shriner AM, Parker MG, Scott L. Panniculectomy at the time of gynecologic surgery in morbidly obese patients. Am J Obstet Gynecol. 2000 Jun;182(6):1502-5. doi: 10.1067/mob.2000.107333. PMID: 10871472
9. Jeyarajah R, Harford WV. Abdominal Hernias and Gastric Volvulus. In: Feldman: Sleisenger & Fordtran's Gastrointestinal and Liver Disease, 9th ed.
10. Pestana IA, Campbell D, Fearmonti RM, Bond JE, Erdmann D. Supersize panniculectomy: indications, technique, and results. Ann Plast Surg. 2014 Oct;73(4):416-21. doi: 10.1097/SAP.0b013e31827f5496. PMID: 23722576.