
**Subject: Abdominoplasty and
Panniculectomy**
Number: 0027

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INSTRUCTIONS FOR USE

This Medical Necessity Guideline outlines the factors CareAllies considers in determining medical necessity for this indication. Please note, the terms of a participant's particular benefit plan document or summary plan description (SPD) may differ significantly from the standard upon which this Medical Necessity Guideline is based. For example, a participant's benefit plan document or SPD may contain a specific exclusion related to the topic addressed. In the event of a conflict, a participant's benefit plan document or SPD always supercedes the information in this Medical Necessity Guideline. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document or SPD. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable group benefit plan document or SPD in effect on the date of service; 2) any applicable laws/regulations, and; 3) the specific facts of the particular situation. Medical Necessity Guidelines are not recommendations for treatment and should never be used as treatment guidelines. ©2007 Intracorp/CareAllies

Abdominoplasty and panniculectomy are considered medically necessary when ALL of the following criteria are met:

- Pannus hangs at or below the level of the symphysis pubis, as demonstrated on preoperative photographs.
- Pannus causes a chronic and persistent skin condition (e.g., intertriginous dermatitis, panniculitis, cellulitis or skin ulcerations) that is refractory to at least six months of medical treatment. In addition to good hygiene practices, treatment should include topical antifungals; topical and/or systemic corticosteroids; and/or local or systemic antibiotics.
- Pannus interferes with activities of daily living.

Note: If the procedure is being performed following significant weight loss, in addition to meeting the criteria noted above, there should be evidence that the patient has maintained a stable weight for at least six months. If the weight loss is the result of bariatric surgery, abdominoplasty/panniculectomy should not be performed until at least 18 months after bariatric surgery and only when weight has been stable for at least the most recent six months.

Abdominoplasty and/or panniculectomy when performed primarily for ANY of the following indications because are considered not medically necessary (this list may not be all-inclusive):

- treatment of neck or back pain
- improving appearance (i.e., cosmesis)
- repairing abdominal wall laxity or diastasis recti
- treating psychological symptomatology or psychosocial complaints
- when performed in conjunction with abdominal or gynecological procedures (e.g., abdominal hernia repair, hysterectomy, obesity surgery) unless criteria for panniculectomy and abdominoplasty criteria are met separately

Suction-assisted lipectomy, when performed alone and not as part of a medically necessary abdominoplasty/panniculectomy procedure, is considered cosmetic in nature and not medically necessary.

General Background

Abdominoplasty, often referred to as a "tummy tuck," is a surgical procedure that tightens lax anterior abdominal wall muscles and removes excess abdominal skin and fat. 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.

Panniculectomy, a procedure closely related to abdominoplasty, is the surgical excision of a redundant, large and/or long overhanging apron of skin and subcutaneous fat located in the lower abdominal area. The condition may accompany significant overstretching of the lax anterior abdominal wall and hence often occurs in morbidly obese individuals or following substantial weight loss. Treatment of this redundant skin and fat is often performed solely for cosmesis, to improve the appearance of the abdominal area. The presence of a massive overhanging apron of fat and skin, however, may result in chronic and persistent local skin conditions in the abdominal folds. These conditions may include intertrigo, intertriginous dermatitis, cellulitis, ulcerations or tissue necrosis, or they may lead to painful inflammation of the subcutaneous adipose tissue (i.e., panniculitis). When panniculitis is severe, it may interfere with activities of daily living, such as personal hygiene and ambulation. In addition to excellent personal hygiene practices, treatment of these skin conditions generally involves topical or systemic corticosteroids, topical antifungals, and topical or systemic antibiotics. Concurrent abdominal and pelvic surgical procedures (e.g., hernia repair, hysterectomy, obesity surgery) may also be performed in the same operative setting as abdominoplasty or panniculectomy.

Diastasis Recti

Abdominoplasty is frequently performed to treat diastasis recti, a condition that involves the separation of the two sides of the rectus abdominis muscles in the midline at the linea alba. Other than its untoward cosmetic appearance, diastasis recti does not lead to any complications that require intervention (Condon, 1995). Diastasis recti has no clinical significance, does not require treatment and is not considered a true hernia. When performed for the sole purpose of repairing diastasis recti, abdominoplasty is considered cosmetic in nature and not medically necessary.

Abdominoplasty and Panniculectomy at the Time of Abdominal or Gynecological Surgeries

Abdominal surgeries such as hernia repair (i.e., incisional/ventral, epigastric or umbilical) or obesity surgery may be performed alone or in combination with abdominoplasty and panniculectomy. In addition, some surgeons perform these procedures at the same time as gynecological or pelvic procedures, such as hysterectomy. Although 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, such as dehiscence or necrosis, there is insufficient evidence in the published, peer-reviewed scientific literature to support such assertions. Performing an abdominoplasty at the same operative session as abdominal operations (e.g., hernia repair, gastric bypass) or gynecological procedures is not essential for the successful clinical outcome of the abdominal or gynecological surgical procedure. In the absence of chronic and persistent skin conditions or interference with activities of daily living, abdominoplasty and panniculectomy are considered not medically necessary when performed in conjunction with abdominal or pelvic/gynecological surgeries to facilitate surgical access, to promote postoperative wound healing, or to minimize wound complications.

Suction-Assisted Lipectomy

Suction-assisted lipectomy of the abdominal area is a procedure in which excess fat deposits are removed from the trunk using a liposuction cannula with the goal of recontouring the body, thereby improving appearance. This procedure may be performed alone or as one component of the overall abdominoplasty or panniculectomy procedure. Suction-assisted lipectomy, when performed alone and not as part of a medically necessary abdominoplasty or panniculectomy, is considered cosmetic in nature. When the procedure is performed as part of a medically necessary abdominoplasty or panniculectomy, suction-assisted lipectomy of the trunk is considered incidental to the primary procedure.

Mini-Abdominoplasty (with or Without Liposuction)

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 and, as such, would not be considered medically necessary.

Abdominal Wall Laxity and Back Pain

No correlation has been established between the presence of abdominal wall laxity or redundant pannus and the development of neck or back pain. There is insufficient evidence in the published, peer-reviewed scientific literature to support the use of abdominoplasty and/or panniculectomy to treat neck or back pain, including pain in the cervical, thoracic, lumbar or lumbosacral regions. Abdominoplasty or panniculectomy is considered not medically necessary when performed for the sole purpose of treating neck or back pain.

Professional Societies/Organizations

According to the recommended coverage criteria of the American Society of Plastic Surgeons (ASPS), an abdominoplasty or panniculectomy should be considered a reconstructive procedure when performed to correct or relieve structural defects of the abdominal wall. The ASPS further states that when an abdominoplasty or panniculectomy is performed solely to enhance a patient's appearance in the absence of any signs or symptoms of functional abnormalities, the procedure should be considered cosmetic (ASPS, 2005).

Summary

Abdominoplasty and panniculectomy are often performed together to achieve the best therapeutic result. These procedures are indicated for panniculitis that impairs function and is unresponsive to good personal hygiene and optimal medical management. Suction-assisted lipectomy and mini-abdominoplasty, when performed purely for cosmesis, are considered not medically necessary.

Coding/Billing Information

Note: This list of codes may not be all-inclusive.

When medically necessary:

CPT®*	Description
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication)

HCPCS Codes	Description
	No specific codes

ICD-9-CM Diagnosis Codes	Description
278.1	Localized adiposity
682.2	Other cellulitis and abscess, trunk
692.9	Contact dermatitis and other eczema, unspecified
695.89	Other specified erythematous conditions, other
701.8	Other specified hypertrophic and atrophic conditions of skin
701.9	Unspecified hypertrophic and atrophic conditions of skin
707.8	Chronic ulcer of other specified site
707.9	Chronic ulcer of unspecified site
729.30	Panniculitis, unspecified site

729.39	Panniculitis of other sites
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Not medically necessary:

CPT* Codes	Description
15877	Suction assisted lipectomy; trunk

HCPCS Codes	Description
	No specific codes

ICD-9-CM Diagnosis Codes	Description
723.1	Cervicalgia
723.6	Panniculitis specified as affecting neck
724.5	Backache, unspecified
728.84	Diastasis of muscle

***Current Procedural Terminology (CPT®) © 2006 American Medical Association: Chicago, IL.**

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