Panniculectomy and Excision of Redundant Skin

Policy

Panniculectomy surgery may be considered medically necessary when the following criteria are met:

- The panniculus hangs to or below the level of the pubis; AND
- The panniculus causes chronic/persistent skin conditions that
  - Result in infection AND
  - Persist after 3-months of medical management (see Documentation required) AND
  - Causes a physical functional impairment that interferes with activities of daily living (ADLs) (See Policy Guidelines)

A panniculectomy surgery performed at the time of an approved gastric restrictive surgery may be considered medically necessary when criteria are met.

Panniculectomy surgery is considered not medically necessary when criteria are not met.

Abdominoplasty
An abdominoplasty surgery, including a mini or modified abdominoplasty, is considered cosmetic as the procedure does not address any physical functional condition.

Redundant Skin Removal
Procedures to remove redundant skin (skin laxity) in the arms, buttocks, hips, legs, thighs, or torso are considered cosmetic as these procedures do not address any physical functional condition. Procedures to remove redundant skin include but are not limited to the following:

- Belt Lipectomy
- Circumferential Body Lift
- Circumferential Lipectomy
- Lipoabdominoplasty
- Lower Body Lift
- Suction Lipectomy
- Torsoplasty

(See Related Policies for procedures not addressed in this policy)

Diastasis Recti Treatment
Treatment of diastasis recti is considered **cosmetic** as the separation/laxity of the muscles of the abdominal wall is not considered a true hernia and the treatment does not address a physical functional condition. (See Policy Guidelines Definition of Terms)

Procedures are considered **cosmetic** when performed solely to improve physical appearance.

### Related Policies

<table>
<thead>
<tr>
<th>7.01.516</th>
<th>Bariatric Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.01.514</td>
<td>Cosmetic and Reconstructive Services</td>
</tr>
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### Policy Guidelines

#### Documentation Required

**Panniculectomy Surgery**

Written documentation in the medical record for panniculectomy surgery must include:

- The specific physical functional impairment for the panniculectomy.
- Front and lateral view photographs demonstrating redundant/excessive skin or the size of the panniculus
- Clinical observations about the nature/extent of any chronic/persistent skin conditions present such as skin irritation or infection resulting in pain, ulceration, super pubic intertrigo, monilial infestation or panniculitis.
  - Information should include the conservative medical treatments for persistent skin irritation that were tried for at least a 3-month period. (Examples may include, but are not limited to antifungal, antibacterial or moisture-absorbing agents, topically applied skin barriers and supportive garments.)

#### Definition of Terms

(Terms taken in part from the American Society of Plastic Surgeons Position Papers)

- **Abdominoplasty**: Also known as a tummy tuck, this surgery removes loose folds of skin of the abdomen, from the pubis to the umbilicus or above, and tightens underlying stomach muscles that are weakened or separated; that may include a diastasis recti repair and a neoumbilicoplasty.
- **Belt Lipectomy**: A surgery that 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 that eliminates lower back rolls, and provides some elevation of the outer thighs, buttocks and mons pubis (monsplasty).
- **Circumferential Lipectomy**: A surgery that combines an abdominoplasty or panniculectomy with flank and back lifts, both procedures being performed together sequentially and including suction assisted lipectomy, where necessary.
- **Cosmetic procedures/services**: In this policy, cosmetic procedures/services are those which are primarily intended to preserve or improve appearance. Cosmetic surgery is performed to reshape normal structures of the body in order to improve the patient’s appearance or self-esteem.
- **Diastasis recti**: A separation between the right and left side of the rectus abdominus muscles that cover the front of the abdomen. The muscle separation appears as a ridge down the middle of the abdomen that does not lead to complications that need intervention. This condition does not represent a true hernia.
- **Hernia Repairs**: A ventral hernia may be embedded in a panniculus and a panniculectomy may be a necessary adjunct to the ventral hernia repair to reconstruct the abdominal wall. A true hernia repair should not be confused with diastasis recti repair that is part of a standard abdominoplasty.
- **Lower body lift**: A procedure that treats the lower trunk and thighs as a unit by eliminating a circumferential wedge of tissue that is generally, but not always, more inferiorly positioned laterally and posteriorly than a belt lipectomy. The procedure lifts tissues all the way from knee level and reduces, but
does not eliminate, the need for subsequent thigh lifts. A lower body lift tends to stress thigh lifting along with truncal improvement.

- **Panniculectomy**: A surgery that involves only the removal of excess skin/fat from below the belly button that hangs over the genitals and/or thighs in a transverse or vertical wedge. The surgery but does not include fascial plication, neoumbilicoplasty or flap elevation. A cosmetic abdominoplasty is sometimes performed at the time of a functional panniculectomy.

- **Physical Functional Impairment**: In this policy, physical functional impairment means a limitation from normal (or baseline level) of physical functioning that may include, but is not limited to, problems with ambulation, mobilization, communication, respiration, eating, swallowing, vision, facial expression, skin integrity, distortion of nearby body parts or obstruction of an orifice. The physical functional impairment can be due to structure, congenital deformity, pain, or other causes. Physical functional impairment excludes social, emotional and psychological impairments or potential impairments.

- **Reconstructive Surgery**: In this policy, reconstructive surgery refers to surgeries performed on abnormal structures of the body, caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease. It is generally performed to improve function.

- **Torsoplasty**: A series of operative procedures, usually done together to improve the contour of the torso, usually female (though not exclusively). This series would include abdominoplasty with liposuction of the hips/flanks and breast augmentation and/or breast lift/reduction. In men, this could include reduction of gynecomastia by suction assisted lipectomy/ultrasound assisted lipectomy or excision.

### Coding

<table>
<thead>
<tr>
<th>CPT</th>
<th>Description</th>
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<tbody>
<tr>
<td>15830</td>
<td>Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy</td>
</tr>
<tr>
<td>15832</td>
<td>Excision, excessive skin and subcutaneous tissue (includes lipectomy); Thigh</td>
</tr>
<tr>
<td>15833</td>
<td>Excision, excessive skin and subcutaneous tissue (includes lipectomy); Leg</td>
</tr>
<tr>
<td>15834</td>
<td>Excision, excessive skin and subcutaneous tissue (includes lipectomy); Hip</td>
</tr>
<tr>
<td>15835</td>
<td>Excision, excessive skin and subcutaneous tissue (includes lipectomy); Buttock</td>
</tr>
<tr>
<td>15836</td>
<td>Excision, excessive skin and subcutaneous tissue (includes lipectomy); Arm</td>
</tr>
<tr>
<td>15837</td>
<td>Excision, excessive skin and subcutaneous tissue (includes lipectomy); Forearm or hand</td>
</tr>
<tr>
<td>15838</td>
<td>Excision, excessive skin and subcutaneous tissue (includes lipectomy); Submental fat pad</td>
</tr>
<tr>
<td>15839</td>
<td>Excision, excessive skin and subcutaneous tissue (includes lipectomy); Other area</td>
</tr>
<tr>
<td>15847</td>
<td>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) (Use 15847 in conjunction with 15830)</td>
</tr>
<tr>
<td>17999</td>
<td>Unlisted procedure, skin, mucous membrane and subcutaneous tissue</td>
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</table>

### Description

In a severely obese patient, excess adipose tissue and skin hanging downward from the navel past the pelvis is referred to as a panniculus or pannus. (Sometimes referred to as an “apron” of extra skin and fat). The excessive skin apron can also result from the physical changes that occur with extreme weight loss (usually 100 pounds or more) through diet and exercise or following gastric restrictive surgery for obesity.

The panniculus can cause difficulty fitting into clothing, interference with personal hygiene, impaired ambulation and be associated with lower back pain or pain in the panniculus itself. The redundant skin folds are susceptible to infections of the skin (fungal dermatitis, folliculitis, subcutaneous abscesses, ulcerations) or panniculitis. A large panniculus complicates the surgery of a morbidly obese patient.

Panniculectomy surgery may be indicated to reduce the panniculus. The surgery is done solely to remove the excess skin that hangs over the abdominal area that interferes with a person’s daily activities (ADLs) and/or results in severe skin conditions that do not resolve after medical treatment. A panniculectomy does not tighten the abdominal muscles. Obese patients with a very large pannus or who have a massive weight loss that requires retraction of excessive skin may require more extensive and time-consuming procedures due to the severity of the defect.

A true ventral hernia that is large, symptomatic and not manually reducible may require surgery at the same time...
that a medically necessary panniculectomy is performed.

Surgery to reduce the amount of excess abdominal skin is often done solely for improving appearance without any evidence of physical functional/ADL impairment. Abdominal skin redundancy may occur after pregnancy. An abdominoplasty, sometimes referred to as a “tummy tuck” is the most common cosmetic surgery performed to remove abdominal skin, fat and tighten flaccid muscles of the abdominal wall.

Scope

Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This policy does not apply to Medicare Advantage.

Benefit Application

Some plan benefit descriptions specifically exclude services for or related to removal of excess skin following weight loss, regardless of physical functional impairment.

Refer to member contract language for any direct and specific exclusions regarding the performed services.

A Benefit Advisory is recommended.

Rationale

This policy was created in 2005 and updated annually with a MEDLINE literature review. The most recent literature review was through November 2016.

Shermak believed that patients who sustain massive weight loss after open gastric bypass are prone to incisional hernias.(1) The author retrospectively studied this patient population at the Johns Hopkins Medical Institution. From February 2001 to December 2003, 40 patients had hernia repairs in combination with abdominoplasty. (Average age was 42 while the average weight loss was 152 pounds.) The average body mass index (BMI) at the time of plastic surgery was 35.6. Average abdominal skin resection was 9.9 pounds. Hernia recurred in one patient with a BMI of 41.3 after heavy lifting within 1 year of hernia repair surgery. Other complications included wound-healing problems (20%). Seroma (12.5%); bleeding requiring surgical take-back (2.5%); suture abscess requiring surgical removal of suture (7.5%); bleeding anastomotic ulcer requiring transfusion (2.5%); and fatal pulmonary embolus (2.5%). Of this group, 60% had uncomplicated healing. Shermak concluded that hernias are safely and preferentially repaired at the time of removal of redundant abdominal panniculus. Shermak believes these are acceptable results in this patient group.

Body contouring after bariatric surgery is currently the fastest growing field within plastic surgery.(2,3) Although bariatric procedures may produce impressive weight loss, people who achieve massive weight loss are often unhappy with the hanging folds of skin and subcutaneous tissue that remain. After massive weight loss, patients are left “deflated”. Patients go to plastic surgeons to address the deformities resulting from the massive weight loss.

Practice Guidelines and Position Statements
American Society of Plastic Surgeons (ASPS)

According to the ASPS(2) Surgical treatment of skin redundancy for obese and massive weight loss patients(1) recommended insurance coverage criteria for third-party payers includes:

- Surgery to remove extensive skin redundancy and fat folds 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 in nature and not a compensable procedure.
- A panniculectomy to eliminate a large hanging abdominal panniculus and its associated symptoms would be considered reconstructive.
- Where a circumferential treatment approach is utilized to also treat the residual back and hip rolls or the ptotic buttock tissue, only the anterior portion of the procedures would be considered reconstructive, the remaining portion of the procedure would be considered cosmetic.
- Only in very rare circumstances will buttock, thigh or arm lifts be needed to treat functional abnormalities. Typically these procedures are performed to improve appearance and are therefore cosmetic in nature.

References


Appendix

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<thead>
<tr>
<th>Date</th>
<th>Reason</th>
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<tbody>
<tr>
<td>05/10/05</td>
<td>Add to Surgery Section - New Policy</td>
</tr>
<tr>
<td>05/09/06</td>
<td>Replace Policy - Policy reviewed with literature search; no change to policy statement.</td>
</tr>
<tr>
<td>06/06/09</td>
<td>Disclaimer and Scope update - No other changes.</td>
</tr>
<tr>
<td>02/26/07</td>
<td>Codes Updated - No other changes.</td>
</tr>
<tr>
<td>06/12/07</td>
<td>Replace Policy - Policy statement added for abdominoplasty/panniculectomy performed in the absence of documented physical functional impairment as cosmetic; criteria of the presence of a documented physical functional impairment added to medically necessary policy statement. Definitions for cosmetic, physical functional impairment and reconstructive surgery added to Policy Guidelines. References added.</td>
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<tr>
<td>04/08/08</td>
<td>Replace Policy - Policy updated with literature search. Policy statement to include “Belt Lipectomy/Torosoplasty/Circumferential/Lower body lift” as a medically necessary indication when criteria are met. Title expanded to add “skin redundancy’. Policy updated with definitions from the American Society of Plastic Surgeons. Code added.</td>
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<tr>
<td>01/13/09</td>
<td>Code Updates - Code 49656 added effective 1/1/09.</td>
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<tr>
<td>02/10/09</td>
<td>Replace Policy - Policy reviewed with literature search; no change to policy statement.</td>
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<td>10/13/09</td>
<td>Cross Reference Update - No other changes.</td>
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<td>01/12/10</td>
<td>Replace Policy - Policy updated with literature search; no change to the policy statement. Benefit Application clarified but intent is unchanged.</td>
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<tr>
<td>02/08/11</td>
<td>Replace Policy - Policy updated with literature search; no change to the policy statements.</td>
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<td>09/23/11</td>
<td>Related Policies updated; 10.01.514 added.</td>
</tr>
<tr>
<td>03/23/12</td>
<td>Replace Policy – Policy updated with literature search; no change to the policy statements.</td>
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<tr>
<td>03/08/13</td>
<td>Replace policy. No change to the policy statements.</td>
</tr>
<tr>
<td>12/18/13</td>
<td>Update Related Policies. Edit title to 7.01.516.</td>
</tr>
<tr>
<td>03/10/14</td>
<td>Replace policy. No change to policy statements. ICD-9 diagnosis codes removed; they do not relate to adjudication of the policy.</td>
</tr>
<tr>
<td>05/12/15</td>
<td>Annual Review. Abdominoplasty removed from title. Title changed to Panniculectomy and excision of redundant skin. Procedures to excise redundant skin in other body areas considered as cosmetic are now listed in the Policy section. Statements added that abdominoplasty &amp; diastasis recti surgery is considered cosmetic. Policy updated with literature search through March 2015. Definition of Terms consolidated into the Policy Guidelines Section. Documentation requirements reformatted as bullet points. ASPS’ recommended coverage criteria added to Practice Guidelines section. CPT codes related to covered ventral hernia repair were removed 49560, 49561, 49565, 49566, 49568, and 49656. Policy statements changed as noted.</td>
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<tr>
<td>11/10/15</td>
<td>Interim Update. In the Policy Guidelines section, revised the last sentence of the definition of diastasis recti to state “This condition does not represent a true hernia.” Policy statements unchanged.</td>
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<tr>
<td>08/09/16</td>
<td>Annual Review. Policy updated with literature search; policy statements unchanged.</td>
</tr>
<tr>
<td>02/14/17</td>
<td>Annual review. All applicable policy statements for the procedure(s) changed from cosmetic to not medically necessary. Policy reviewed with literature search, no new references added.</td>
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</tbody>
</table>

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  200 Independence Avenue SW, Room 509F, HHH Building
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