PANNICULECTOMY AND ABDOMINOPLASTY

Policy Number: 2015M0060A          Effective Date: July 1, 2015

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INSTRUCTIONS:

“Medical Policy assists in administering UCare benefits when making coverage determinations for members under our health benefit plans. When deciding coverage, all reviewers must first identify enrollee eligibility, federal and state legislation or regulatory guidance regarding benefit mandates, and the member specific Evidence of Coverage (EOC) document must be referenced prior to using the medical policies. In the event of a conflict, the enrollee’s specific benefit document and federal and state legislation and regulatory guidance supersede this Medical Policy. In the absence of benefit mandates or regulatory guidance that govern the service, procedure or treatment, or when the member’s EOC document is silent or not specific, medical policies help to clarify which healthcare services may or may not be covered. This Medical Policy is provided for informational purposes and does not constitute medical advice. In addition to medical policies, UCare also uses tools developed by third parties, such as the InterQual Guidelines®, to assist us in administering health benefits. The InterQual Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified healthcare provider and do not constitute the practice of medicine or medical advice. Other Policies and Coverage Determination Guidelines may also apply. UCare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary and to provide benefits otherwise excluded by medical policies when necessitated by operational considerations.”

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**POLICY DESCRIPTION:**

This policy describes the use of panniculectomy, abdominoplasty and other abdominal procedures intended for patients who have had massive weight loss, and are left with a large symptomatic abdominal panniculus which causes health problems that are unresponsive to conservative therapy, and that are having a negative effect on quality of life.

1. Panniculectomy is a body contouring surgery that removes the large flap of subcutaneous hanging fat and redundant skin that hangs down from the abdomen and covers the pubis and groin, typically after massive weight loss.
2. Abdominoplasty, known more commonly as a "tummy tuck," is a surgical procedure to remove excess skin and fat from the middle and lower abdomen and to tighten the muscles of the abdominal wall.

**COVERAGE RATIONALE / CLINICAL CONSIDERATIONS:**

### A. PANNICULECTOMY

#### INDICATIONS THAT ARE CONSIDERED RECONSTRUCTIVE AND/OR MEDICALLY NECESSARY

For patients with a large abdominal panniculus (excess of subcutaneous fat and redundant skin that hangs down from the abdomen), typically after significant weight loss, panniculectomy may be considered **RECONSTRUCTIVE AND MEDICALLY NECESSARY** in ANY of the following situations:

1. The panniculus meets ALL of the following criteria:
   a. The panniculus hangs at or below the level of the symphysis pubis, AND
   b. The panniculus causes a recurrent or persistent skin condition (e.g., intertriginous dermatitis, cellulitis, transdermal skin ulcerations or necrosis of overhanging skin folds) that is refractory to supervised medical treatment and appropriate skin hygiene over a period of 3 months, AND
   c. The panniculus causes functional impairment (such as back pain, or the pannus itself causes interference with activities of daily living performance and quality of life), AND
   d. The surgery is expected to restore or improve the functional impairment.

2. After bariatric surgery and significant weight loss. The patient must meet all the criteria listed above. In addition, the individual must have attained adequate weight loss and have maintained that weight loss for at least one year.

3. Incidental to ventral hernia repair or intra-abdominal surgery to improve surgical access and wound healing when at least ONE of the above criteria (a-d) is present.

#### INDICATIONS THAT ARE CONSIDERED COSMETIC AND/OR NOT MEDICALLY NECESSARY

Panniculectomy is generally done to improve the appearance of a patient and is considered **COSMETIC AND NOT MEDICALLY NECESSARY** in the following situations (not an all-inclusive list):

1. Performed to relieve neck or back pain when there is no evidence that reduction of redundant skin and tissue results in less spinal stress or improved posture/alignment.
2. Performed in conjunction with abdominal or gynecologic surgery, including but not limited to:
hernia repair, obesity surgery, C-section and hysterectomy unless the enrollee meets the criteria for panniculectomy as stated above in this document.

3. Performed post childbirth in order to return to pre-pregnancy shape.

4. Performed for intertrigo, a superficial inflammatory response, or any other condition that does not meet the criteria above in this document.

B. ABDOMINOPLASTY

Abdominoplasty is considered **COSMETIC AND NOT MEDICALLY NECESSARY** for any indication. This surgery is intended solely to improve the appearance of the patient and not to restore bodily function, or correct deformity. Examples (this is not an all-inclusive list) are:

1. Performed post childbirth in order to return to pre-pregnancy shape.

2. Performed to repair abdominal wall laxity or diastasis recti in the absence of a true midline hernia (ventral or umbilical).

3. Treatment of neck or back pain.

4. Performed in conjunction with abdominal or gynecologic surgery, including but not limited to: hernia repair, obesity surgery, C-section and hysterectomy.

5. Performed to remove excess skin and fat from the middle and lower abdomen in order to contour and alter the appearance of the abdominal area to improve appearance.

6. Performed when there is no documentation of a physical and/or physiologic impairment.

C. LIPECTOMY / SUCTION ASSISTED LIPECTOMY

Lipectomy may be performed as a component of a medically necessary panniculectomy procedure but, when performed alone and/or on any other site including buttocks, arms, legs, neck, abdomen and medial thigh (not an all-inclusive list) it is considered **COSMETIC AND NOT MEDICALLY NECESSARY**.

Clinical Considerations:

- A large panniculus may cause difficulty maintaining adequate hygiene and can lead to recurrent or chronic rash, infection, cellulitis, or skin ulceration. Medical treatment with antibacterial agents, antifungal agents, cortisone ointment, skin barriers, or supportive garments can provide short-term relief of symptoms.

- The severity of a patient's panniculus, the excess fat and skin on the anterior abdomen, is graded on a scale of one to five, with five being the most severe:
  
  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

- Medical records are required for determination of medical necessity. When medical records are requested, a letter of support and/or explanation may be helpful, but alone will not be considered
sufficient documentation. Documentation for reconstructive surgery must include appropriate historical medical record and photographs.

1. Photographs (Front and lateral photographs demonstrating the size of the pannus and skin condition).
2. Consultation reports/office records (indicating the nature of the skin condition, treatments attempted and the response to treatment).
3. Operative reports and/or other applicable hospital records (examples: pathology report, history and physical).
4. Letters with pertinent information from providers and subscribers to make a medical necessity determination.

Example: To distinguish a ventral hernia repair from a purely cosmetic abdominoplasty, documentation will require the size of the hernia, whether the ventral hernia is reducible, whether the hernia is accompanied by pain or other symptoms, the extent of diastasis (separation) of rectus abdominus muscles, whether there is a defect (as opposed to mere thinning) of the abdominal fascia, and office notes indicating the presence and size of the fascial defect.

- **Complications:** The procedure is associated with a high postoperative complication rate (~40%), although most complications are mild and treatable. Major complications that require hospitalization or surgical reintervention occur in 10% to 15% of patients. Complications following body contouring surgery in general include: seroma, dehiscence, infection, hematoma, skin necrosis, lymphedema, deep vein thrombosis/pulmonary embolus, psychiatric difficulty, residual localized fat and/or fat necrosis leading to contour irregularities, temporary or permanent numbness, unattractive or hypertrophic scarring, malposition of the umbilicus, relapse or recurrent laxity.

- **Contraindications:** Smoking is a relative contraindication to any body-contouring procedure, since it increases the risk of skin necrosis and wound breakdown (Colwell, 2009). Patients who have not lost sufficient weight, or whose weight loss is unstable are not appropriate candidates for panniculectomy.

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**BACKGROUND:**

**Panniculectomy:** Panniculectomy is a body contouring surgery that removes the large flap of subcutaneous hanging fat and redundant skin that hangs down from the abdomen and covers the pubis and groin, typically after massive weight loss. It may be performed by itself or combined with other abdominal surgeries. A large panniculus can interfere with normal activities such as walking, and lead to serious medical problems. The heavy overhanging tissue can cause chronic skin inflammation under the flap, and subsequently, skin breakdown and infection. The number of panniculectomies performed in the United States is increasing with the increasing incidence of obesity and bariatric surgery. Historically, panniculectomy has been considered primarily a cosmetic procedure; however, for some patients, surgery is the only option if a large panniculus causes debilitating symptoms that do not respond to conventional medical therapy.

The optimal time to perform panniculectomy is at least 1 year following bariatric surgery when weight loss has stabilized. The most common operation involves the placement of two elliptical incisions, a horizontal one that crosses the bottom of the abdomen from hip to hip, and a vertical one from the pubis to the
breastbone, forming an inverted T shape. Excess fat and skin beneath the navel and above the pubis are removed, and the incisions are closed. Unlike abdominoplasty (tummy tuck), another procedure done after bariatric surgery, panniculectomy does not tighten the abdominal muscles or reposition the navel. Panniculectomy is intended for patients who have had massive weight loss, and are left with a large or symptomatic panniculus that causes health problems that are unresponsive to conservative therapy, and that are having a negative effect on quality of life.

Abdominoplasty: An alternative or adjunct to a panniculectomy is an abdominoplasty, which is usually reserved for patients who have weak or loose abdominal muscles in addition to excess skin and fat. In this operation, which is more invasive, the weak or separated abdominal muscles and connective tissue are sutured together to tighten the abdominal wall. Abdominoplasty also involves umbilical transposition and fascial plication. Panniculectomy is sometimes called a partial abdominoplasty. The term dermolipectomy is sometimes used interchangeably with panniculectomy, although dermolipectomy is a more general term for the removal of skin and fat from any area of the body, while panniculectomy is specific to the removal of a panniculus from the abdomen. Panniculectomy might also constitute part of a more comprehensive procedure to remove excess tissue from the abdomen and back (circumferential body contouring) or the so-called lower body lift or belt lipectomy, which also encompasses the buttocks and thighs and usually involves abdominoplasty.

Liposuction: Suction-Assisted Lipectomy (SAL), traditionally known as liposuction, is a method of removing unwanted fatty deposits from specific areas of the face and body. The surgeon makes a small incision and inserts a cannula attached to a vacuum device that suctions out the fat. Areas suitable for liposuction include the chin, neck, cheeks, upper arms, area above the breasts, the abdomen, flanks, the buttocks, hips, thighs, knees, calves and ankles. Liposuction can improve body contour and provide a sleeker appearance. Surgeons may also use liposuction to remove lipomas (benign fatty tumors) in some cases.

REGULATORY STATUS:

1. U.S. FOOD AND DRUG ADMINISTRATION (FDA):
   Panniculectomy is a procedure and, therefore, is not subject to FDA regulation.

2. CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS):
   No CMS National or Local Coverage Determination (NCD, LCDs) were identified for panniculectomy following significant weight loss (CMS, 2015).

3. MINNESOTA DEPARTMENT OF HUMAN SERVICES (DHS):
   Minnesota DHS does not have a policy statement regarding panniculectomy and abdominoplasty in its Provider Manual or other specific provider references.
**CLINICAL EVIDENCE:**

The evidence on panniculectomy for treatment of symptomatic panniculi following massive weight loss is limited to retrospective studies focused on surgical complications, with little or no documentation of other clinical outcomes such as resolution of panniculus-related skin disorders or pain. The evidence suggests that panniculectomy can be performed alone or combined with other abdominal surgical procedures. The procedure is associated with a high postoperative complication rate (~40%), although most complications are mild and treatable. The most common complications include disturbances in wound healing and wound infection, hematoma, and seroma. Major complications that require hospitalization or surgical reintervention occur in 10% to 15% of patients. There were three postoperative deaths in one study among patients who underwent panniculectomy at the same time as bariatric surgery. There is conflicting evidence as to whether BMI, diabetes, or concurrent surgeries are potential risk factors for panniculectomy-related complications. Limited evidence suggests that patients are generally satisfied following surgery, despite the high rate of complications.

The evidence base consists of retrospective uncontrolled studies, and the overall quality of the evidence is low since these types of studies are prone to bias. The lack of control groups, varied surgical approaches, diverse study populations, and differences in assessing outcomes such as wound complications further limit evaluation of the evidence. None of the studies provide data on the impact of panniculectomy on health outcomes other than complications, making it difficult to determine if this procedure effectively addresses medical conditions associated with a large pannicus. Well-designed, controlled studies with sufficient follow-up are needed to determine the efficacy of panniculectomy in the multidisciplinary treatment program of morbid obesity, and to evaluate its effect on the physical and psychosocial well-being and quality of life of these patients.

**Insights:**

- Theoretically, removal of excess skin and tissue during panniculectomy should effectively reduce the incidence of panniculus-related medical conditions. Despite the lack of evidence on efficacy, and despite the associated complications, patient demand is likely to continue to drive uptake of this surgery because a large pannus diminishes quality of life in patients who were motivated to become healthier and who have invested time, effort, and money into losing weight. In addition, there is no effective clinical alternative.

- Hospitals and other providers considering adoption of this therapy should ensure that panniculectomy is performed by experienced surgeons whose training and skills will maximize outcomes, and minimize procedure-related risks and complications. Ideally, care should be coordinated between bariatric and plastic surgeons. Candidates must meet all the criteria for eligibility and providers must thoroughly document medical necessity. While many payers reimburse for this surgery for patients who meet strict criteria, coverage policies vary, therefore, reimbursement might be a potential barrier, and patients should be informed of any out-of-pocket costs.

**SUMMARY:**

A panniculectomy is often performed after massive weight loss to remove hanging fat and skin. The procedure is indicated for panniculitis that impairs function and is unresponsive to good personal hygiene and optimal medical management. Although an abdominoplasty is sometimes performed in conjunction with a panniculectomy, an abdominoplasty does not restore or improve function and is therefore
considered to be cosmetic. Suction-assisted lipectomy, when performed purely for cosmesis, is considered not medically necessary.

The evidence on panniculectomy for treatment of symptomatic panniculi following massive weight loss is limited to retrospective studies focused on surgical complications, with little or no documentation of other clinical outcomes such as resolution of panniculus-related skin disorders or pain. The evidence suggests that panniculectomy can be performed alone or combined with other abdominal surgical procedures. The procedure is associated with a high postoperative complication rate (~40%), although most complications are mild and treatable. The most common complications include disturbances in wound healing and wound infection, hematoma, and seroma. Major complications that require hospitalization or surgical reintervention occur in 10% to 15% of patients. There were three postoperative deaths in one study among patients who underwent panniculectomy at the same time as bariatric surgery. There is conflicting evidence as to whether BMI, diabetes, or concurrent surgery are potential risk factors for panniculectomy-related complications. Limited evidence suggests that patients are generally satisfied following surgery, despite the high rate of complications.

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**APPLICABLE CODES:**

The Current Procedural Terminology (CPT®) codes and HCPCS codes listed in this policy are for reference purposes only. Listing of a service or device code in this policy does not imply that the service described by this code is a covered or non-covered health service. The inclusion of a code does not imply any right to reimbursement or guarantee claims payment. Other medical policies and coverage determination guidelines may apply.

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REFERENCES:


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<td>• Added applicable ICD-10 codes to the Coding Section. The list of codes may not</td>
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<td>be all-inclusive and does not denote coverage.</td>
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