Abdominoplasty/Panniculectomy/Ventral Hernia Repair

POLICY

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. The procedure can improve cosmesis by reducing the protrusion of the abdomen. The first step involves creating a horizontal incision across the lower abdomen followed by separation of the muscles from the layer of skin and fat over it. The muscles are then separated along the mid-line of the belly and brought together again in a new configuration. The layer of skin and fat is then pulled downward and the excess is removed. The navel is often re-positioned during this surgery. Abdominoplasty is considered cosmetic because it is not associated with functional improvements.

Abdominoplasty may also be used to correct a condition known as diastasis recti, which is a separation between the left and right side of the rectus abdominis muscle, the muscle covering the front surface of the abdomen. This condition is frequently seen in newborns. As the infant develops, the rectus abdominis muscles continue to grow and the diastasis recti gradually disappears. Surgical treatment may be indicated if a hernia develops and becomes trapped in the space between the muscles, although this is extremely rare. Diastasis recti may also be seen in some women during or following pregnancy, especially in women with poor abdominal tone. The abdominal muscles separate because of the increasing pressure of the growing fetus. In such cases, postpartum abdominal exercises to strengthen the musculature may close the diastasis recti. In order to distinguish a ventral hernia repair from a diastasis recti, documentation of 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 may be required.

Liposuction, also known as lipoplasty or suction-assisted lipectomy, is a surgical procedure performed to recontour the patient's body by removing excess fat deposits that have been resistant to reduction by diet or exercise. This procedure has been used on various locations of the body, including the buttocks, thighs, shin and abdomen. Liposuction does not remove large quantities of fat and is not intended as a weight reduction technique.

Panniculectomy is a surgical procedure used to remove a panniculus, which is an “apron” of fat and skin that hangs from the front of the abdomen. In certain circumstances, this “apron” can be associated with skin irritation and infection due to interference with proper hygiene and constant skin-on-skin contact in the folds underneath the panniculus. The presence of a panniculus may also interfere with daily activities.

GEHA considers panniculectomy medically necessary when the following conditions are met:

- Panniculus hangs below level of pubis Grade 2 or higher, documented by photographs; and
- The medical records document that the panniculus causes chronic intertrigo that consistently recurs over 3 months while receiving appropriate medical therapy (e.g., oral or topical prescription medication), or remains refractory to appropriate medical therapy over a period of 3 months; and
Photographs with pannus lifted to document presence of intertrigo.

If the above criteria are met post bariatric surgery, additionally:

- significant weight loss down to a BMI of <= 30 kg/m²
- weight stability for 6 months and
- A waiting period of 18 months following bariatric surgery before a panniculectomy can be undertaken. If performed prematurely, there is the potential for a second panniculus to develop once additional weight loss has occurred

GEHA considers panniculectomy for the following conditions cosmetic and not medically necessary

- Concurrent use of panniculectomy for either gynecological or abdominal procedures to facilitate the primary procedure such as ventral hernia repair healing
- For minimizing the risk of hernia formation or recurrence. There is inadequate evidence that pannus contributes to hernia formation. The primary cause of hernia formation is an abdominal wall defect or weakness, not a pulling effect from a large or redundant pannus
- For the treatment of back pain

GEHA considers Abdominoplasty cosmetic because it is not associated with functional improvements. The procedure can improve cosmesis by reducing the protrusion of the abdomen. A ventral hernia repair, 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.

Ventral hernia repair is considered medically necessary when a true hernia exists as opposed to a diastasis recti, which is a separation between the left and right side of the rectus abdominis muscle. In order to distinguish a ventral hernia repair from a purely cosmetic abdominoplasty, documentation of 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 of the rectus abdominus muscles, and whether there is a defect (as opposed to mere thinning) of the abdominal fascia.

RATIONALE

The current medical evidence addressing the efficacy of panniculectomy consists mostly of individual case reports and review articles. There have been only a very limited number of small-scale controlled trials on the subject. However, there is adequate clinical opinion to support the use of this procedure in limited circumstances where a patient’s health is jeopardized. The 1996 position paper from the American Society of Plastic and Reconstructive Surgeons on the treatment of skin redundancy following massive weight loss states resection of redundant skin and fat folds is medically indicated if panniculitis or uncontrollable intertrigo is present.

The evidence is currently insufficient to support panniculectomy as a medically beneficial procedure when the above medically necessary criteria are not met. This includes the concurrent use of
panniculectomy with other abdominal surgical procedures, such as incisional or ventral hernia repair or hysterectomy, unless the criteria for panniculectomy alone are met. Although it has been suggested that the presence of a large overhanging panniculus may interfere with the surgery or compromise postoperative recovery, there is insufficient evidence to support the proposed benefits of improved surgical site access or improved health outcomes. According to Medicare Policy Guidelines, when a panniculectomy is performed at the site of an incision or ventral hernia, it should not be reported. The Policy states, "Removal of excess skin and subcutaneous tissue (panniculectomy) at the site of an abdominal incision for an open procedure including hernia repair is not separately reportable. CPT code 15830 should not be reported for this type of procedure."

There is little evidence to demonstrate any significant health benefit imparted by abdominoplasty either for diastasis recti or for other indications. While there is ample literature to illustrate the cosmetic benefits of this procedure, improvements in physical functioning, cessation of back pain and other positive health outcomes have not been demonstrated. The main body of evidence is limited to individual case reports primarily concerned with the cosmetic outcomes of the surgery. Literature based on the National Surgical Quality Improvement Program database shows that concomitant panniculectomy with ventral hernia repair increases complications without reducing recurrences. At this time, there is insufficient evidence to support abdominoplasty for other than cosmetic purposes when done to remove excess abdominal skin or fat, with or without tightening lax anterior abdominal wall muscles.

Surgical procedures to correct diastasis recti have not been demonstrated to be effective for alleviating back pain or other non-cosmetic conditions. At this time, there is insufficient evidence to support the use of surgical procedures to correct diastasis recti for other than cosmetic purposes.

The use of liposuction has not been shown in clinical trials to provide additional benefits beyond standard surgical techniques and has been associated with significant complications, including some deaths.

Liposuction, also known as lipoplasty or suction-assisted lipectomy, is a surgical procedure performed to recontour the patient's body by removing excess fat deposits that have been resistant to reduction by diet or exercise. This procedure has been used on various locations of the body, including the buttocks, thighs, shin and abdomen. Liposuction does not remove large quantities of fat and is not intended as a weight reduction technique.

CPT codes covered when criteria are met:

15830
49560-66
49652
CPT codes not covered

15847
15877

References:


