

Corporate Medical Policy

Abdominoplasty/Panniculectomy/Lipectomy

Description of Procedure or Service

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.

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.

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.

Background

Panniculectomy is generally considered when the patient experiences reoccurring skin issues that adversely affect daily activities. 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. Panniculectomy in obese patients is usually performed in a hospital due to the medical status of these patients and the extensive nature of the surgery. Patients may be hospitalized for one or two weeks or more, and complete wound healing may take several months.

Abdominoplasty can improve cosmesis by reducing the protrusion of the abdomen. The first step involves creating a surgical incision across the 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.

Suction-assisted lipectomy (SAL) 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. Suction-assisted lipectomy is not an alternative to weight loss. It is intended for use on localized areas of fat that do not respond to diet or exercise. 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.

Ultrasound-assisted liposuction (UAL) is a relatively new liposuction technique in the United States. It is similar to traditional liposuction procedures. However, UAL uses ultrasonography to target and remove fatty tissues more selectively and with minimal impact on surrounding tissues and blood vessels. Ultrasonic energy is used to fractionate or burst the fat cells. The fat is then removed with relatively low-volume suction, resulting in less trauma to tissues. Incisions, however, are larger.

Regulatory Status

Abdominoplasty, Panniculectomy, and Lipectomy are procedures and, as such, are not subject to regulation by the FDA.

However, the FDA does regulate manufacturing practices and use of devices and drugs for such procedures. These include but are not limited to surgical mesh that is often used in abdominal wall procedures.

Policy Statement

GEHA will provide coverage for panniculectomy when it is determined to be medically necessary because the medical criteria and guidelines as documented below have been demonstrated.

Benefit Application

Non-covered benefits include cosmetic surgery, defined as any surgical procedure (or any portion of a procedure) performed primarily to improve physical appearance through change in bodily form, except repair of accidental injury if repair is initiated promptly or as soon as the member's condition permits.

This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits.

When Panniculectomy is Covered

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

- Panniculus hangs below level of pubis Grade 2 or higher (see policy guidelines), documented by photographs.

The pannus causes a chronic and persistent skin condition (e.g., intertriginous dermatitis, panniculitis, cellulitis or skin ulcerations) that is refractory to at least three months of medical treatment and associated with at least one episode of cellulitis requiring systemic antibiotics. In addition to good hygiene practices, documented treatment should typically include topical antifungals, topical and/or systemic corticosteroids, and/or local or systemic antibiotics.

- Photographs with pannus lifted are provided that clearly document presence of intertrigo following standard therapy. Evidence of significant weight loss, typically defined as at least 100lbs. If the weight loss is secondary to performance of bariatric surgery, additional criteria must also be met including:
 - significant weight loss down to a BMI of ≤ 30 kg/m² **and**
 - 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)

When Abdominoplasty/Panniculectomy/Lipectomy is not covered

- Concurrent use of panniculectomy for either gynecological or abdominal procedures to facilitate the primary procedure, such as ventral hernia repair healing.
- Panniculectomy 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.
- Panniculectomy for the treatment of back pain, with and/or without the presence of diastis recti is considered investigational.
- 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.
- Abdominoplasty is considered cosmetic because it is not typically associated with functional improvements. This procedure can improve cosmesis by reducing the protrusion of the abdomen.
- Liposuction, including suction-assisted or ultrasound-assisted lipectomy, is considered cosmetic for all body areas because it is not typically associated with significant functional improvements.

- Panniculectomy or lipoabdominoplasty for the management of metabolic syndrome or as an adjunct to weight loss for bariatric intervention is considered investigational.
- GEHA considers adipose derived stem cell-assisted lipotransfer experimental and investigational because there is insufficient evidence to demonstrate effectiveness.

Policy Guidelines

The severity of abdominal deformities is graded as follows (American Society of Plastic Surgeons [ASPS], 2007):

- 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

Physician Documentation

For adequate review of any requests for the above noted procedures, a surgical request must be submitted, utilizing the GEHA Authorization form, and including all of the following:

- Medical records that demonstrate the current surgical indication and document relevant clinical findings.
- Detail of the requested procedure including specified surgical codes and/or products anticipated.
- Legible photographic evidence demonstrating clinical findings as noted above.
- If the member has a history of prior bariatric surgery, then relevant history including the procedure(s) performed, timing of prior procedure(s), documentation of surgical follow-up and weight trends, etc.
- A completed GEHA Panniculectomy/Abdominoplasty form. This form is available within the provider documents section at GEHA.com.

The documentation of medical treatment should typically be from a physician other than the surgeon. Documentation from a dermatologist or infectious disease specialist is highly preferable. Documentation should be in the form of physician office notes over a three month period rather than a summary treatment letter.

Relevant codes addressed by this policy content include, but are not limited to:

15830 Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy;

15832 Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh;

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- 15833 Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg;
- 15834 Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip;
- 15835 Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock;
- 15836 Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm;
- 15837 Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand;
- 15838 Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad;
- 15839 Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area;
- 15847 Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure);
- 15876 Suction assisted lipectomy; head and neck;
- 15877 Suction assisted lipectomy; trunk;
- 15878 Suction assisted lipectomy; upper extremity;
- 15879 Suction assisted lipectomy; lower extremity;
- 49560 Repair initial incisional or ventral hernia; reducible;
- 49561 Repair initial incisional or ventral hernia; incarcerated or strangulated;
- 49565 Repair recurrent incisional or ventral hernia; reducible;
- 49566 Repair recurrent incisional or ventral hernia; incarcerated or strangulated;
- 49568 Implantation of mesh or other prosthesis for open incisional or ventral hernia repair or mesh for closure of debridement for necrotizing soft tissue infection (List separately in addition to code for the incisional or ventral hernia repair);
- 49652 Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); reducible;
- 49653 Laparoscopy, surgical, repair, ventral, umbilical, spigelian or epigastric hernia (includes mesh insertion, when performed); incarcerated or strangulated;
- 49654 Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); reducible;
- 49655 Laparoscopy, surgical, repair, incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated;
- 49656 Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); reducible;

49657 Laparoscopy, surgical, repair, recurrent incisional hernia (includes mesh insertion, when performed); incarcerated or strangulated.

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Policy implementation and updates

12/2017 Policy name changed from Abdominoplasty/Panniculectomy/Ventral Hernia Repair. Additional clarity regarding lipectomy for other body areas added. Clarification of necessity criteria for coverage of panniculectomy.

12/2018 Clarification, Review, and reformatting of content.

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