SUBJECT: **Abdominoplasty/Panniculectomy**
INDEX TITLE: **Medical Management**
ORIGINAL DATE: **January 2013**

This policy applies to the following lines of business:

COMMERCIAL	[ ] HMO	[ ] PPO	[ ] Fully Insured	[ ] Individual Product	[ ] Marketplace (Exchange)	[X] All
GOVERNMENT PROGRAMS	[ ] MA HMO	[ ] MA PPO	[ ] MA C-SNP	[ ] MA D-SNP	[X] MA All	
	[ ] Medicaid					
OTHER	[X] Self-funded/ASO					

I. POLICY

It is the policy of MedStar Health, Inc. to cover abdominoplastyand/or panniculectomy when medically necessary and covered under the member's specific benefit plan.

MedStar Health, Inc. recognizes abdominoplasty or panniculectomy as appropriate and consistent with good medical practice when performed as reconstructive surgery. Coverage will be considered after review on an individual basis for the specific indications detailed in this policy.

All denials are based on medical necessity and appropriateness as determined by a MedStar Health Medical Director (Medical Director).

II. DEFINITIONS

Abdominoplasty (AKA "tummy tuck") is a surgical procedure that tightens a lax anterior abdominal wall and removes excess abdominal skin.

Cosmetic surgery is performed to reshape normal structures of the body to improve the patient's appearance and self-esteem.

Panniculectomy is the surgical removal of excess skin, subcutaneous tissue, and adipose tissue from the abdomen.

Reconstructive surgery is generally performed to improve function or alleviate clinical symptoms, but may also be done to approximate normal appearance.

III. PURPOSE

The purpose of this policy is to define indications for coverage of abdominoplasty or panniculectomy.

IV. SCOPE

This policy applies to various MedStar Health, Inc. departments as indicated by the Benefit and Reimbursement Committee. These include but are not limited to Medical Management, Benefit Configuration and Claims Departments.

V. PROCEDURE

A. Medical Description

Abdominoplasty involves the removal of excess skin and fat from the pubis to the umbilicus or above, and may include fascial plication of the rectus muscle diastasis and a neoumbilicoplasty. Panniculectomy involves the removal of hanging excess skin/fat in a transverse or vertical wedge but does not include muscle plication, neoumbilicoplasty, or flap elevation.

When 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. 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 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.

B. Specific Indications

Abdominoplasty and/or panniculectomy are considered medically necessary when **all** of the indications are met:

1. The panniculus hangs to or below the level of the pubis (as documented in photographs) and interferes with activities of daily living (ADL's):

2. The medical records document that the panniculus causes chronic intertrigo (dermatitis occurring on opposed surfaces of the skin, skin irritation, infection or chafing) 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;

3. In addition, if the member is **post-bariatric surgery**, each of the following must be met:
    - The member is 18 months or more post-bariatric surgery; And
    - Documentation supports that the member's weight has been stable for at least three months

C. Limitations/Exclusions

1. When two surgical procedures (one reconstructive and one cosmetic) are performed during the same operative session, MedStar Health, Inc. will only pay for the reconstructive portion of the surgery
2. Exclusions:
    - When an abdominoplasty or panniculectomy is performed solely for cosmetic purposes is not medically necessary and therefore is not covered under the member's benefit plan
    - When a panniculectomy is performed for minimizing the risk of hernia formation or recurrence, it is considered experimental or investigational, since there is no adequate evidence that pannus contributes to hernia formation. The primary cause of hernia formation is a defect in the anterior abdominal wall or its weakness, and not a pulling effect from a large or redundant pannus.

D. Information Required for Review

In order to assess medical necessity for abdominoplasty or panniculectomy, adequate information must be furnished by the treating physician. This includes:

1. Age of the member
2. Photographs (anterior and lateral views) of the member that clearly illustrate the need for the procedure
3. Documentation of the following:
    - Three months of evaluations and failed treatment
    - Symptoms are directly attributable to excessive panniculus and adversely affect activities of daily living (ADLs) and quality of life

- All other causes have been ruled out

4. If post-operative bariatric surgery
    - The date of surgery
    - Documentation to show that weight gain/ loss has been stable over the last three months

E. Review Process

1. The Medical Management staff assigned to review obtains the clinical information, to determine if there is adequate clinical information. If the case does not meet the established criteria, it is referred to a MedStar Health, Inc. Medical Director.
2. If referred, the Medical Director determines if the requested service is medically necessary and appropriate.
3. The Medical Management staff completes the review process and communicates the review decision according to the Timeliness of UM Decisions policy for the member's benefit plan.

F. Variations

N/A

G. Records Retention

Records Retention for documents, regardless of medium, is provided within the MedStar Health, Inc. Policy and Procedure CORP.028.MH Records Retention.

H. Codes

The following codes for treatments and procedures applicable to this policy are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Applicable CPT codes

15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (e.g. abdominoplasty) (includes umbilical
17999	Unlisted procedure, skin, mucous membranes and subcutaneous tissue

I. References

Medical Literature/Clinical Information:

1. American Society of Plastic Surgeons (ASPS): Recommended Insurance Coverage Criteria for Third-Party Payers Abdominoplasty and Panniculectomy Unrelated to Obesity or Massive Weight Loss. Approved by ASPS Executive Committee: July 2006. Coding Updated: January 2007. http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/insurance/Abdominoplasty-and-Panniculectomy.pdf
2. American Society of Plastic Surgeons (ASPS): Practice Parameter for Abdominoplasty and Panniculectomy Unrelated to Obesity or Massive Weight Loss. Approved by ASPS Executive Committee: July 2006. Coding Updated: July 2007 http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/evidence-practice/AbdominoplastyAndPanniculectomy.pdf
3. American Society of Plastic Surgeons(ASPS): ASPS Recommended Insurance Coverage Criteria for Third-Party Payers: Surgical treatment of Skin Redundancy for Obese and Massive Weight Loss Patients. Approved by ASPS Executive Committee: July 2006. Coding Updated: July 2007. http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/insurance/Surgical-Treatment-of-Skin-Redundancy-Following.pdf
4. Ramirez OZ. Abdominoplasty and abdominal wall rehabilitation: a comprehensive approach. Plast Reconstr Surg. 435 http://ovidsp.tx.ovid.com/sp-3.10.0b/ovidweb.cgi?WebLinkFrameset=1&S=NEMJFPMFJODDIFMNNCNKDGMCLMKDAA00&returnUrl=ovidweb.cgi%3fMain%2bSearch%2bPage%3d1%26S%3dNEMJFPMFJODDIFMNNCNKDGMCLMKDAA00&directlink=http%3a%2f%2fgraphics.tx.ovid.com%2fovftpdfs%2fFPDDNCMCDGMNJO00%2ffs046%2fovft%2flive%2fgv025%2f00006534%2f00006534-200001000-00071.pdf&filename=Abdominoplasty+and+Abdominal+Wall+Rehabilitation%3a+A+Comprehensive+Approach.&navigation_links=NavLinks.S.sh.22.1&link_from=S.sh.22%7c1&pdf_key=FPDDNCMCDGMNJO00&pdf_index=/fs046/ovft/live/gv025/00006534/00006534-200001000-00071&D=ovft&link_set=S.sh.22|1|sl_10|resultSet|S.sh.22.23|0
5. Shestak KC. Marriage abdominoplasty expands the mini-abdominoplasty oncept. Plast Reconstr Surg. 1999 Mar; 103(3): 1020-1031; discussion 1032-1035. http://ovidsp.tx.ovid.com/sp-3.13.1a/ovidweb.cgi?WebLinkFrameset=1&S=EMOKFPJECHDDPGFHNCLKEBDCDMONAA00&returnUrl=ovidweb.cgi%3fMain%2bSearch%2bPage%3d1%26S%3dEMOKFPJECHDDPGFHNCLKEBDCDMONAA00&directlink=http%3a%2f%2fgraphics.tx.ovid.com%2fovftpdfs%2fFPDDNCDCEBFHCH00%2ffs046%2fovft%2flive%2fgv025%2f00006534%2f00006534-199903000-00042.pdf&filename=Marriage+Abdominoplasty+Expands+the+Mini-

Abdominoplasty+Concept.&navigation_links=NavLinks.S.sh.22.1&link_from=S.sh.22%7c1&pdf_key=FPDDNCDCEBFHCH00&pdf_index=/fs046/ovft/live/gv025/00006534/00006534-199903000-00042&D=ovft&link_set=S.sh.22|1|sl_10|resultSet|S.sh.22.23|0

Disclaimer:

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