

# Medical Coverage Policy



**Blue Cross  
Blue Shield**  
of Rhode Island

## Abdominoplasty and Panniculectomy

Device/Equipment    Drug    Medical    Surgery    Test    Other

<b>Effective Date:</b>	<b>6/5/2006</b>	<b>Policy Last Updated:</b>	<b>4/2/2013</b>
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**Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.**

**Prospective review is not required.**

### Description:

#### Panniculectomy:

A panniculectomy is the surgical removal of hanging fat and skin in the abdominal area and is typically performed after major weight loss. Folds of skin may cause chafing, which may lead to skin infections (e.g., folliculitis, dermatitis, subcutaneous abscesses). The panniculus may interfere with personal hygiene, proper fitting of clothing, impair ambulation, and may also be associated with back pain. Panniculectomy is considered medically necessary when the below medical criteria has been met, all other instances are considered cosmetic as they are not performed for correction of a functional impairment.

#### Abdominoplasty:

An abdominoplasty (or tummy tuck) is a surgical procedure used to flatten the abdomen by removing extra fat and skin, and tightening the abdominal wall muscles. Abdominoplasty is always considered cosmetic as it is not performed for functional effects.

### Medical Criteria:

Panniculectomy is considered medically necessary when **ALL** the following criteria are met:

- I. The panniculus hangs below the level of the pubis (photo documented); and
- II. The patient has experienced a significant weight loss of 100 or more pounds, has been at a stable weight for at least six months and, if the patient has had bariatric (weight loss) surgery, the patient is 18 months post-operative; and
- III. Patient has history (documented with office visit records) of recurrent rashes or non-healing ulcers that have not responded to conventional treatment (e.g., topical antifungals; topical and/or systemic corticosteroids; and/or local or systemic antibiotics) for a period of three months; and
- IV. Demonstrated difficulty with ambulation or interference with activities of daily living (documented).

### Policy:

**Prior authorization is required for Panniculectomy for BlueCHiP for Medicare and recommended for all other lines of business.**

- Panniculectomy that does not meet the criteria above is considered not medically necessary as it is not a repair of a functional impairment.

**Not Medically Necessary:**

- Panniculectomy is considered not medically necessary as an adjunct to other medically necessary procedures such as, but not limited to, hysterectomy, and/or incisional or ventral hernia repair unless the above medical criteria are met. It must also represent a distinct procedure to be reported.
- Panniculectomy solely for the correction of low-back pain is considered not medically necessary, since the cause of low back pain in most individuals is multi-factorial and the primary cause may not be the abdominal panniculus.

**Abdominoplasty:**

- BlueCHIP for Medicare: Abdominoplasty is considered a cosmetic procedure and is not performed to correct a functional impairment. Medicare does not cover cosmetic procedures.
- All other plans: Abdominoplasty is a contract exclusion as it is always considered to be a cosmetic procedure.

**Coverage:**

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement, Benefit Booklet for surgery benefit/coverage.

**Coding:**

The following code is **covered** when the criteria listed above is met:

**15830**

The following code is considered cosmetic and a **contract exclusion**:

**+15847**

**Also known as:**

Tummy tuck

**Related topics:**

None

**Published:**

Provider Update, June 2013

Provider Update, Apr 2012

Provider Update, May 2011

Provider Update, Jun 2010

Provider Update, Apr 2009

Provider Update, Apr 2008

Policy Update, Apr 2007

Policy Update, Jul, 2006

**References:**

American Society of Plastic Surgeons, "Practice Parameter: Abdominoplasty and Panniculectomy," Sep 2005.

Arthurs ZM, Cuadrado D, Sohn V, et al. Post-bariatric panniculectomy: pre-panniculectomy body mass index impacts the complication profile. *American Journal of Surgery*; 2007 May;193(5):567-70.

Gmür RU, Banic A, Erni D. Is it safe to combine abdominoplasty with other dermolipectomy procedures to correct skin excess after weight loss? *Annals of Plastic Surgery*; 2003 Oct;51(4):353-7.

Hensel JM, Lehman JA Jr., Tantri MP, Parker MG, Wagner DS, Topham NS. An outcomes analysis and satisfaction survey of 199 consecutive abdominoplasties. *Annals of Plastic Surgery*; 2001 Apr;46(4):357-63.

Igwe D, Stanczyk M, Lee H, Felahy B, Tambi J, Fobi MA. Panniculectomy adjuvant to obesity surgery. *Obesity Surgery*;2000 Dec;10(6):530-9.

Ramirez OM. Abdominoplasty and abdominal wall rehabilitation: A Comprehensive Approach. *Plastic and Reconstructive Surgery*;2000; 1005(1)

### **History**

March 2013, Annual Review

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