Clinical Policy Title: Panniculectomy and abdominoplasty

Clinical Policy Number: 16.03.02

Effective Date: September 1, 2013
Initial Review Date: May 15, 2013
Most Recent Review Date: June 15, 2016
Next Review Date: June 2017

Related policies:
None.

ABOUT THIS POLICY: AmeriHealth Caritas Northeast has developed clinical policies to assist with making coverage determinations. AmeriHealth Caritas Northeast's clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of "medically necessary," and the specific facts of the particular situation are considered by AmeriHealth Caritas Northeast when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. AmeriHealth Caritas Northeast's clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. AmeriHealth Caritas Northeast's clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, AmeriHealth Caritas Northeast will update its clinical policies as necessary. AmeriHealth Caritas Northeast's clinical policies are not guarantees of payment.

Coverage policy

AmeriHealth Caritas Northeast considers panniculectomy to be clinically proven and, therefore, medically necessary when the following criteria are met:

- Functional impairment is not alleviated by conservative methods and the removal of excessive fat and skin will improve the functional status of the member. Panniculectomy or abdominal lpectomy is considered medically necessary when the surgery is performed to alleviate such complicating factors as:
  - Inability to walk normally because of the large panniculus.
  - Chronic pain and/or ulceration created by the abdominal skin fold and not relieved with conservative measures.
  - Intertriginous dermatitis not responsive to conservative therapy.
  - The panniculus extends to the level of the pubis and there is chronic intertrigo, skin irritation or infection occurring recurrently over at least three months while the member is on appropriate medical therapy.

- Demonstration of the functional impairment of the pannicus requires:
Demonstration of at least a Grade 2 panniculus, as documented by AP and lateral photographs of the panniculus or clinical office notes describing the panniculus.

Demonstration of functional impairment by either:
   a. Breakdown of the integrity of the skin with ulcerations in the intertriginous areas impacted by the panniculus, with failure of at least three months of documented therapy.
   b. Clinical documentation of impairment of motions, ambulation or activities of daily living as a direct result of the panniculus.
   c. Documentation that as a result of the panniculectomy, the patient’s functional impairment will improve.

Limitations:

AmeriHealth Caritas Northeast considers abdominoplasty to be cosmetic and not a covered benefit.

All other panniculectomy or abdominoplasty is not medically necessary, unless the clinical criteria above are met. Panniculectomy or abdominoplasty, with or without diastasis recti repair, for the treatment of back pain is considered not medically necessary. Repair of diastasis recti is considered not medically necessary for all indications.

This policy applies to all lines of business with no limitations. These services are considered a covered benefit only when the criteria in the coverage section are met and when not limited by state or federal policy.

NOTE: The following codes are not included in the Medicaid medical fee schedule in Pennsylvania

15877 - Suction assisted lipectomy; trunk

Alternative covered services:

Within the limits of covered services and state and federal policies, there are benefits for specific conditions:
   • Dermal irritations as treated in the professional health care provider’s office.
      o Topical ointments, et al.
      o Antibiotic therapy.
   • Ambulatory impairments:
      o Physical therapy (PT).
      o Exercise program.

Background

AmeriHealth Caritas Northeast’s benefit plans for both its Medicare and Medicaid lines of business exclude coverage for cosmetic surgical procedures. Reconstructive surgical procedures are covered when the medical necessity criteria in the above coverage section are met and when they are not limited by state or federal policy.

The American Society of Plastic Surgeons has recognized the distinction between surgeries performed primarily to enhance to appearance of the body (cosmetic surgery) and the surgical management of abnormal structures within the body that are the result of congenital defects, developmental
abnormalities, trauma, infection, tumors or disease (reconstructive surgery). Reconstructive surgery is performed primarily to improve functional status but may also have a salutary impact on appearance.

In a panniculectomy, the surgeon is excising the panniculus, the apron of skin and fat that may hang down from the abdomen. Often after massive weight loss, a significant panniculus develops. Panniculi may be graded as:

- Grade 1 — Barely covers the hairline and mons pubis but not the genitalia.
- Grade 2 — Extends to cover the genitalia.
- Grade 3 — Extends to cover the upper thigh
- Grade 4 — Extends to cover the mid-thigh.
- Grade 5 — Extends to cover the knees or beyond.

A large panniculus may cause functional difficulties for the individual through maceration and inflammation of the skin, as well as the weight causing difficulty in walking.

Abdominoplasty is a cosmetic procedure in which excess fat and skin are removed from the area of the pubis to the umbilicus. There is no improved functional status implied by the use of abdominoplasty. This is unlike the use of panniculectomy and/or lipectomy, which both have indications for treatment of the medical complications caused by the weight of the panniculus creating traction, pain and difficulty walking or resulting in chronic dermatologic complications.

**Searches**

AmeriHealth Caritas Northeast searched PubMed and the following databases:

- UK National Health Services Centre for Reviews and Dissemination.
- Agency for Healthcare Research and Quality guideline clearinghouse and evidence-based practice centers.
- The Centers for Medicare & Medicaid Services (CMS).

We conducted searches on May 11, 2015, using the terms "panniculectomy," "abdominoplasty" and "cosmetic surgery".

We included:

- **Systematic reviews**, which pool results from multiple studies to achieve larger sample sizes and greater precision of effect estimation than in smaller primary studies. Systematic reviews use predetermined transparent methods to minimize bias, effectively treating the review as a scientific endeavor, and are thus rated highest in evidence-grading hierarchies.
- **Guidelines based on systematic reviews**.
- **Economic analyses**, such as cost-effectiveness, and benefit or utility studies (but not simple cost studies), reporting both costs and outcomes — sometimes referred to as efficiency studies — which also rank near the top of evidence hierarchies.

**Findings**

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 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 body mass index (BMI), diabetes or concurrent surgeries are potential risk factors for panniculectomy-related complications. Limited evidence suggests 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 and diverse study populations, as well as 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 panniculus. 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.

Policy updates:

None.

Summary of clinical evidence:

<table>
<thead>
<tr>
<th>Citation</th>
<th>Content, Methods, Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acarturk TO, et. al. (2004)</td>
<td><strong>Key points:</strong></td>
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<tr>
<td>Panniculectomy as an adjuvant to bariatric surgery.</td>
<td>• A large hanging panniculus can cause problems such as intertrigo, chronic infection and immobility. Many patients undergoing weight reduction surgery can benefit from panniculectomy either done concomitantly with bariatric surgery or later after significant weight reduction.</td>
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<td>• Over the last five years researchers performed 123 panniculectomies on patients (34 males, 89 females; mean age 44.5 +/- 10.3 years) undergoing bariatric surgery. The panniculectomy was either done at the same time as the bariatric surgery in 21 patients or after a period of 17 +/- 11 months in 102 patients.</td>
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<td>• The prebariatric surgery weight ranged from 107 to 341 kg (mean: 168.6 +/- 47.2 kg) with a mean BMI of 59 +/- 14 kg/m. After the bariatric surgery, patients had an average weight loss of 57.6 +/- 27 kg. The prepanniculectomy weight was 121.9 +/- 39.3 kg (BMI = 43.1 +/- 12.4 kg/m) for the patients who had the panniculectomy after the bariatric surgery.</td>
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<td>• Ninety-two percent of the patients had multiple comorbidities. The weight of the panniculectomy specimen ranged from 4 to 54 kg. Any abdominal wall hernias (35.4% incisional and 8.9% umbilical) were fixed during the panniculectomy.</td>
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<td>• Overall, patients who had panniculectomy simultaneously with the bariatric surgery had more complications than patients who had panniculectomy after their bariatric surgery. The wound infections were 48% versus 16% and respiratory distress was 24% versus 0%, respectively. The skin necrosis was 10% versus 6%, dehiscence was 33% versus 13%, and hematoma formation was 10% versus 2%, respectively.</td>
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| | • Overall, the patients had good outcomes, with three postoperative deaths in the group with panniculectomy at the same time of bariatric surgery. An interval of
weight loss prior to the procedure makes this procedure safer and more effective.

<table>
<thead>
<tr>
<th>Citation</th>
<th>Content, Methods, Recommendations</th>
</tr>
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<tbody>
<tr>
<td>Shermak et al (2008)</td>
<td>Seroma development following body contouring surgery for massive weight loss: patient risk factors and treatment strategies</td>
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<td></td>
<td>Retrospective analysis of the outcomes of patients who had body contouring procedures after massive weight loss found 37% of those patients incurred at least one complication.</td>
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<td>The procedures performed on these patients included abdominal procedures as well as procedures on the arms, back, and chest.</td>
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<td></td>
<td>The authors found wound healing complications in 14.4% and seromas in 12.9%.</td>
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<td>Less common complications included thromboembolic complications in 2.9%, infections in 2.9%, deep suture abscesses in 1.4% and postoperative bleeding in 1.4%; drain removal under anesthesia, hematoma and lymphocyte(in the arm), pain requiring consultation, and a bleeding ulcer requiring transfusion occurred in 1%.</td>
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**Glossary**

**Abdominoplasty** — A surgical procedure to tighten lax muscles of the abdomen while removing excess fat and abdominal skin. Abdominoplasty is considered a cosmetic procedure.

**Cosmetic surgery** — Cosmetic surgery is a procedure performed to reshape normal structures of the body to improve the patient’s appearance and self-esteem. These procedures can be performed for medically necessary or cosmetic reasons. GSURG-032 Billing and Coding Guidelines for Cosmetic Services.

**Intertrigo** — Inflammation and/or infection of skin folds that are touching each other. Perspiration and heat contribute to the development of intertrigo in skin folds.

**Intertriginous** — The areas of skin folds that touch each other. This may refer to the skin of the axilla or to areas of folds of skins from obesity.

**Medically Necessary** — A service or benefit is Medically Necessary if it is compensable under the Medical Assistance A Program and if it meets any one of the following standards:

- The service or benefit will, or is reasonably expected to, prevent the onset of an illness, condition or disability.
- The service or benefit will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.
- The service or benefit will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age.

**Panniculus (also termed Panniculus adiposus)** — Subcutaneous fat and overlying skin. When extensive it may cause functional impairment such as difficulty walking or chronic skin disease, but when there is no functional impairment, removal is considered cosmetic.

**Reconstructive surgery** — Surgery performed on abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease. Generally performed to improve function but may also be done to approximate a normal appearance.
Related policies:

AmeriHealth Caritas Northeast Utilization Management program description.

References

Professional society guidelines:

American Society of Plastic Surgeons, ASPS Recommended Insurance Coverage Criteria for Third-Party Payers: Abdominoplasty and panniculectomy unrelated to obesity or massive weight loss. 444 East Algonquin Road • Arlington Heights, IL 60005-4664.

Peer-reviewed references:


Hayes, Panniculectomy for abdominal contouring following massive weight loss, Health Technology Brief, annual review: October 25, 2013, publication date September 19, 2012.


Clinical trials:

CMS National Coverage Determinations (NCDs):

No NCDs identified as of the writing of this policy.

Local overage Determinations (LCDs):

No NCDs identified as of the writing of this policy.

LCD’s for cosmetic surgery found:


“Excision, excessive skin and subcutaneous tissue (including lipectomy); abdomen (abdominoplasty) (15830) will only be considered reasonable and medically necessary when these procedures are performed due to another surgery being done at the same time and would affect the healing of the surgical incision.

This procedure may also be considered to be medically necessary for the patient that has had a significant weight-loss following the treatment of morbid obesity and there are medical complications such as candidiasis, intertrigo or tissue necrosis that is unresponsive to oral or topical medication.

These claims will be reviewed by the medical staff and considered on a case-by-case basis. Medical Records will be requested by the Contractor to determine medical necessity. See Documentation Requirements section of this LCD. Abdominoplasty documentation should include the evaluation and management note in which the decision to perform surgery was made, surgical note and any notes indicating medical complications necessitating the surgery.”

Commonly submitted codes

Below are the most commonly submitted codes for the service(s)/item(s) subject to this policy. This is not an exhaustive list of codes. Providers are expected to consult the appropriate coding manuals and bill accordingly.
<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
<th>Comment</th>
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<tbody>
<tr>
<td>15830</td>
<td>Excision, excessive skin and subcutaneous tissue (including lipectomy); abdomen (abdominoplasty)</td>
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<tr>
<td>15847</td>
<td>Abdominoplasty (cosmetic) excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen, (e.g., abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)</td>
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<tr>
<td>15877</td>
<td>Suction assisted lipectomy, trunk</td>
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<thead>
<tr>
<th>ICD-10-CM Code</th>
<th>Description</th>
<th>Comment</th>
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<tbody>
<tr>
<td>E65</td>
<td>Localized adiposity</td>
<td></td>
</tr>
<tr>
<td>L26</td>
<td>Exfoliative Dermatitis</td>
<td></td>
</tr>
<tr>
<td>L30.4</td>
<td>Erythema intertrigo</td>
<td></td>
</tr>
<tr>
<td>L53.8</td>
<td>Other specified erythematous conditions</td>
<td></td>
</tr>
<tr>
<td>L54</td>
<td>Erythema in diseases classified elsewhere</td>
<td></td>
</tr>
<tr>
<td>M79.3</td>
<td>Panniculitis, unspecified</td>
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<thead>
<tr>
<th>HCPCS Level II</th>
<th>Description</th>
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<tr>
<td>N/A</td>
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