



MEDICAL COVERAGE POLICY

SERVICE: Panniculectomy - Removal of Redundant Tissue

Policy Number: 083

Effective Date: 09/01/2023

Last Review: 07/27/2023

Next Review Date: 07/27/2024

Important note:

Unless otherwise indicated, this policy will apply to all lines of business. Even though this policy may indicate that a particular service or supply may be considered medically necessary and thus covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage (EOC) or Summary Plan Description (SPD) to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Medicare-linked plan members, this policy will apply unless there are Medicare policies that provide differing coverage rules, in which case Medicare coverage rules supersede guidelines in this policy. Medicare-linked plan policies will only apply to benefits paid for under Medicare rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the CMS website. Similarly, for Medicaid-linked plans, the Texas Medicaid Provider Procedures Manual (TMPPM) supersedes coverage guidelines in this policy where applicable.

SERVICE: Panniculectomy - Removal of Redundant Tissue

PRIOR AUTHORIZATION: Required.

POLICY: Please review the plan's EOC (Evidence of Coverage) or Summary Plan Description (SPD) for coverage details.

For Medicare plans, please refer to appropriate Medicare NCD (National Coverage Determination) or LCD (Local Coverage Determination). If there is no applicable NCD or LCD, use the criteria set forth below.

For Medicaid plans, please confirm coverage as outlined in the Texas Medicaid TMPPM.

BSWHP covers medically necessary panniculectomy and/or removal of redundant skin.

The medical necessity of a panniculectomy will be determined using Interqual[®], a recognized review tool from Change Healthcare. The following statement is a supplement to the Interqual[®] review as indicated:

Panniculectomy is **NOT** covered when performed as an adjunct to other medically necessary procedures (e.g., hysterectomy, ventral/incisional hernia repair) unless the criteria for panniculectomy are independently met.

OVERVIEW: Panniculectomy is the surgical removal of hanging excess skin/fat (panniculus, pannus, apron) from the abdomen. The most common indication is the patient who develops redundant tissue following significant weight loss. There is a risk of complications when this tissue reaches a certain size—such as intertriginous dermatitis, cellulitis, skin ulceration, impaired mobility and interference with ADLs.

According to the American Society of Plastic Surgeons (ASPS), the severity of abdominal deformities is graded as follows:

- 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



MEDICAL COVERAGE POLICY

SERVICE: Panniculectomy - Removal of Redundant Tissue

Policy Number: 083

Effective Date: 09/01/2023

Last Review: 07/27/2023

Next Review Date: 07/27/2024

Grade 4: Panniculus covers mid-thigh

Grade 5: Panniculus reaches the knees and below

MANDATES: There are no mandated benefits or regulatory requirements for coverage.

SUPPORTING DATA: Definitions:

Abdominoplasty: Surgical procedure which includes the excision of skin and subcutaneous fat in the abdomen, and a range of secondary nonfunctional procedures (e.g., transposition of the umbilicus, repair of lax abdominal muscles and suction assisted liposuction). The procedure is also referred to as a “tummy tuck” because it produces a flatter, firmer, tighter stomach and thin waist and provides an overall improvement in the person’s shape and figure. Panniculectomy and abdominoplasty are often performed together to achieve the best cosmetic result, but abdominoplasty is an add-on procedure that is **not** covered.

Intertrigo: An inflammation of the body folds, most often due to chafing together of warm, moist skin, and usually located in the inner thighs, armpits, and underside of the breasts or belly. Most common in those who are overweight or diabetic, intertrigo is red and raw looking, and may itch, ooze or be sore; infection with bacteria or yeast may develop in the broken skin.

Lipectomy: A surgical technique that is used to cut and remove unwanted fat deposits from specific areas of the body. It is not a substitute for weight reduction, but is a method of removing localized fat that does not respond to dieting and exercise. A lipectomy may be done for cosmetic reasons or to treat functional impairment.

Panniculectomy: Surgical excision of redundant (excess) hanging abdominal skin and fat (panniculus), not including muscle plication or neoumbilicoplasty as in an abdominoplasty.

Panniculitis: Intertriginous rashes, ulcerations, and/or infections that develop in the abdominopelvic fold.

Physical Functional Impairment: A condition in which the normal or proper action of a body part is damaged, and affects the ability to participate in activities of daily living.

Physical functional impairments include, but are not limited to, problems with ambulation, communication, respiration, swallowing, vision, or skin integrity.

A physical functional impairment may impact an individual’s emotional well-being or mental health, but such impact is not considered in determining whether or not a physical functional impairment exists.

CODES:

Important note:

CODES: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.

CPT Codes:	15830 - Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy 15847 - Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication)
------------	---



MEDICAL COVERAGE POLICY

SERVICE: Panniculectomy - Removal of Redundant Tissue

Policy Number: 083

Effective Date: 09/01/2023

Last Review: 07/27/2023

Next Review Date: 07/27/2024

	15877 - Suction assisted lipectomy; trunk
CPT Not Covered:	
ICD10 codes:	E65 - Localized adiposity/fat pad
ICD10 Not covered:	E66.01 - E66.9 Overweight/obesity M62.00 Muscle separation, unspecified site Z41.1 - Encounter for cosmetic surgery Z41.8 - Encounter for other procedures for purposes other than remedying health state

CMS: LDC L35090 rev 04/14/2017. (See LCD for details)

POLICY HISTORY:

Status	Date	Action
New	6/1/2010	New policy
Reviewed	12/7/2011	Reviewed.
Reviewed	11/15/2012	Reviewed.
Reviewed	10/24/2013	ICD10 codes added
Reviewed	08/21/2014	No changes.
Reviewed	09/24/2015	No changes
Reviewed	09/29/2016	LCD added
Reviewed	09/26/2017	No changes made
Reviewed	07/10/2018	Changed primary review to Interqual®
Reviewed	09/17/2019	No changes.
Updated	06/25/2020	Updated to allow coverage for all LOBs
Reviewed	06/24/2021	No changes
Reviewed	06/23/2022	No changes
Reviewed	07/27/2023	Updated overview and codes

REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. BSWHP will continue to review clinical evidence related to this policy and may modify it at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to BSWHP so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.

1. American Society of Plastic Surgeons Recommended Insurance Coverage Criteria for Third Party Payers- Surgical Treatment of Skin Redundancy for Obese and Massive Weight Loss Patients
2. Ramirez OM. Abdominoplasty and abdominal wall rehabilitation: A comprehensive approach. *Plast Reconstr Surg.* 2000;105(1):425-435.
3. Elbaz JS, Flageul G, Olivier-Masveyraud F. 'Classical' abdominoplasty. *Ann Chir Plast Esthet.* 1999;44(4):443-461.
4. Vastine VL, Morgan RF, Williams GS, et al. Wound complications of abdominoplasty in obese patients. *Ann Plast Surg.* 1999;42(1):34-39.
5. Cardenas-Camarena L, Gonzalez LE. Large-volume liposuction and extensive abdominoplasty: A feasible alternative for improving body shape. *Plast Reconstr Surg.* 1998;102(5):1698-1707.

MEDICAL COVERAGE POLICY

SERVICE: Panniculectomy - Removal of Redundant Tissue

Policy Number: 083

Effective Date: 09/01/2023

Last Review: 07/27/2023

Next Review Date: 07/27/2024

6. Aly AS, Cram AE, Chao M, et al. Belt lipectomy for circumferential truncal excess: The University of Iowa experience. *Plast Reconstr Surg.* 2003;111(1):398-413.
7. Golladay ES. Abdominal hernias. *eMedicine General Surgery Topic 2703.* Omaha, NE: eMedicine.com; updated July 9, 2002. Available at: <http://www.emedicine.com/med/topic2703.htm> Accessed April 22, 2004.
8. State of Minnesota, Health Technology Advisory Committee. Tumescant liposuction. Technology Assessment. St. Paul, MN: HTAC; 2002.
9. Cooter R, Robinson D, Babidge W, et al. Systematic review of ultrasound-assisted lipoplasty: Update and reappraisal. ASERNIP-S Report No. 17. North Adelaide, SA: Royal Australasian College of Surgeons, Australian Safety and Efficacy Register of New Interventional Procedures -Surgical (ASERNIP- S); 2002.
10. Patterson J. Outcomes of abdominoplasty. STEER: Succint and Timely Evaluated Evidence Reviews. Bazian Ltd., eds. London, UK: Wessex Institute for Health Research and Development, University of Southampton; 2003; 3(2):1-9.
11. Bragg TW, Jose RM, Srivastava S. Patient satisfaction following abdominoplasty: An NHS experience. *J Plast Reconstr Aesthet Surg.* 2007;60(1):75-78.
12. Graf R, de Araujo LR, Rippel R, et al. Lipoabdominoplasty: Liposuction with reduced undermining and traditional abdominal skin flap resection. *Aesthetic Plast Surg.* 2006;30(1):1-8.
13. Vila-Rovira R. Lipoabdominoplasty. *Clin Plast Surg.* 2008;35(1):95-104; discussion 105.
14. Heller JB, Teng E, Knoll BI, Persing J. Outcome analysis of combined lipoabdominoplasty versus conventional abdominoplasty. *Plast Reconstr Surg.* 2008;121(5):1821-1829.
15. Halbesma GJ, van der Lei B. The reverse abdominoplasty: A report of seven cases and a review of English-language literature. *Ann Plast Surg.* 2008;61(2):133-137.
16. A. Graf, K. Yang, K. Klement, N. Kim, H. Matloub. Abdominal suspension during massive panniculectomy: A novel technique and review of the literature. *JPRAS Open.* June 2016. <https://doi.org/10.1016/j.jpra.2016.04.001>. Accessed 18, September 2016.
17. Vincenzo Colabianchi, Giancarlo de Bernardinis, Matteo Giovannini, and Marika Langella, Panniculectomy Combined with Bariatric Surgery by Laparotomy: An Analysis of 325 Cases, *Surgery Research and Practice*, vol. 2015, Article ID 193670, 10 pages, 2015. doi:10.1155/2015/193670. Accessed 18 September 2017
18. ASPS Executive Committee: June 2017. American Society of Plastic Surgeons Practice Parameter for Surgical Treatment of Skin Redundancy for Obese and Massive Weight Loss Patients

Note: Health Maintenance Organization (HMO) products are offered through Scott and White Health Plan dba Baylor Scott & White Health Plan, and Scott & White Care Plans dba Baylor Scott & White Care Plan. Insured PPO and EPO products are offered through Baylor Scott & White Insurance Company. Scott and White Health Plan dba Baylor Scott & White Health Plan serves as a third-party administrator for self-funded employer-sponsored plans. Baylor Scott & White Care Plan and Baylor Scott & White Insurance Company are wholly owned subsidiaries of Scott and White Health Plan. These companies are referred to collectively in this document as Baylor Scott & White Health Plans.

RightCare STAR Medicaid plans are offered through Scott and White Health Plan in the Central Managed Care Service Area (MRSA) and STAR and CHIP plans are offered through SHA LLC dba FirstCare Health Plans (FirstCare) in the Lubbock and West MRSA's. Individual HMO plans are offered through FirstCare in West Texas.