

## Medical Policy



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### Title: Panniculectomy and Abdominoplasty

#### Professional

Original Effective Date: November 2000  
Revision Date(s): October 6, 2004;  
September 7, 2005; February 17, 2006;  
October 31, 2006; December 18, 2006  
Current Effective Date: March 1, 2007

#### Institutional

Original Effective Date: January 1, 2005  
Revision Date(s): September 7, 2005;  
February 17, 2006; October 31, 2006;  
December 18, 2006  
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#### DESCRIPTION

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 is a surgical procedure intended to remove excess skin and /or fat, and to tighten the muscles of the abdomen.

#### POLICY

If a condition such as a pannus results from a contract excluded procedure such as bariatric surgery, the panniculectomy/abdominoplasty will also be considered an excluded condition.

Panniculectomy and abdominoplasty are considered medically necessary for the patient who meets all the following criteria:

1. The panniculus hangs below the level of the pubis (which is documented in photographs); AND
2. The patient has had significant weight loss of 100 pounds or more, as well as the following:
  - The patient has maintained a stable weight for at least six months AND
  - If the patient has had bariatric surgery, he/she is at least 18 months post operative; AND
3. Recurrent or chronic rashes, infections, cellulitis, or non-healing ulcers, that do not respond to conventional treatment for a period of three months; information must be documented in office visit records.

Panniculectomy is considered cosmetic as an adjunct to other medically necessary procedures, including, but not limited to, hysterectomy, and/or incisional or ventral hernia repair unless the criteria for medical necessity for panniculectomy listed above are met. There is no adequate evidence that pannus contributes to hernia formation or recurrence. The primary cause of hernia formation is an abdominal wall defect or weakness, not a pulling effect from a pannus.

Panniculectomy or abdominoplasty for the treatment of back pain is considered not medically necessary.

Repair of diastasis rectus alone is considered cosmetic for all indications. Diastasis rectus is a thinning out of the anterior abdominal wall fascia. It does not represent a true hernia and is of no clinical significance. Documentation of a ventral hernia requires size of the hernia, whether it is reducible, painful or other symptoms, and whether there is a defect rather than just thinning of the abdominal fascia.

Liposuction is considered cosmetic.

Weight stability is required before panniculectomy. If performed prematurely there is the potential for a second panniculus to develop once additional weight loss has occurred.

There is little evidence to demonstrate any significant health benefit imparted by abdominoplasty either for diastasis recti, or for other indications. Improvements in physical functioning, cessation of back pain and other positive health outcomes have not been demonstrated. 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.

## **CODING**

### CPT

- 00802 Anesthesia for procedures on lower anterior abdominal wall; panniculectomy
- 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 transposition and fascial plication) (List separately in addition to code for primary procedure)

### Denied Cosmetic

- 15877 Liposuction

### DIAGNOSIS

**These diagnoses are otherwise subject to medical policy as stated above.**

- 278.00 Obesity, unspecified
- 278.01 Morbid obesity

### Denied Cosmetic

- 728.84 Diastasis of muscle

**REVISIONS**

September 7, 2005	Added "Description" heading and a description.
February 17, 2006	In "Coding" title, added "NOTE: Use of any diagnosis code does not guarantee reimbursement. Medical necessity will be based on documentation in the clinical record."
	In "Coding" section, covered diagnosis, added ICD-9 278.00 and 278.01 and removed 86.83.
October 31, 2006 with an effective date of January 1, 2007	In "Coding" title, deleted "NOTE: Use of any diagnosis code does not guarantee reimbursement. Medical necessity will be based on documentation in the clinical record."
	In "Coding" section, deleted CPT code 15831 and added CPT codes 15830 and 15847 due to the 2007 CPT changes.
December 18, 2006 with an effective date of March 1, 2007	In "Policy" section deleted the statement "If panniculectomy/abdominoplasty is denied, the other procedure, i.e., incisional hernia repair, will also be denied content" from the paragraph "Panniculectomy is considered cosmetic as an adjunct... as recommended by the Medical Director"

**REFERENCES**

1. Blomfield PI, Le T, Allen DG, Planner RS. Panniculectomy: a useful technique for the obese patient undergoing gynecological surgery. *Gynecol Oncol.* 1998; 70(1):80-6.
2. Cassar K, Munro A. Surgical treatment of incisional hernia. *Br J Surg.* 2002; 89(5):534-45.
3. Hopkins MP, Shriner AM, Parker MG, Scott L. Panniculectomy at the time of gynecologic surgery in morbidly obese patients. *Am J Obstet Gynecol.* 2000; 182(6):1502-5.
4. Nahas FX, Augusto SM, Ghelfond C. Should diastasis recti be corrected? *Aesth Plas Surg.* 1997; 21:285-589.
5. Pearl ML, Valea FA, Disilvestro PA, Chalas E. Panniculectomy in morbidly obese gynecologic oncology patients. *Int J Surg Investig.* 2000; 2(1):59-64.
6. Raimirez OM. Abdominoplasty and Abdominal Wall Rehabilitation: A comprehensive approach. *Plast Reconstr Surg.* 2000; 105(1):425-435.
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8. Toronto IR. The relief of low back pain with the WRAP abdominoplasty: A preliminary report. *Plast Recon Surg.* 1990; 85(4):545-555.

**Government Agency; Medical Society; and Other Authoritative Publications:**

1. American Society of Plastic and Reconstructive Surgeons. Abdominoplasty: Recommended criteria for thirdparty payer coverage. June 1994. [http://www.plasticsurgery.org/medical\\_professionals/publications/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=7119](http://www.plasticsurgery.org/medical_professionals/publications/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=7119) Accessed April 13, 2004.

2. American Society of Plastic and Reconstructive Surgeons. Treatment of skin redundancy following massive weight loss.  
[http://www.plasticsurgery.org/medical\\_professionals/publications/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=7130](http://www.plasticsurgery.org/medical_professionals/publications/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=7130) Accessed April 13, 2004.

**Web sites for Additional Information**

1. MyHealth@Anthem.com. Health Topics A-Z. Liposuction.  
<http://home.anthemhealth.com/topic/topic100587087>.
2. National Library of Medicine. Medical Encyclopedia: Abdominoplasty - series.  
[http://www.nlm.nih.gov/medlineplus/ency/presentations/100184\\_1.htm](http://www.nlm.nih.gov/medlineplus/ency/presentations/100184_1.htm).  
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3. National Library of Medicine. Medical Encyclopedia: Diastasis recti.  
<http://www.nlm.nih.gov/medlineplus/ency/article/001602.htm>. Accessed on May 19, 2004.