



BlueCross BlueShield
of Alabama

**Effective February 26, 2018 and after for
Panniculectomy and Abdominoplasty refer to LCD L33428**

Name of Blue Advantage Policy:

Management of Excessive Skin and Subcutaneous Tissue

Policy #: 058
Category: Surgery

Latest Review Date: June 2021
Policy Grade: D

BACKGROUND:

Blue Advantage medical policy does not conflict with Local Coverage Determinations (LCDs), Local Medical Review Policies (LMRPs) or National Coverage Determinations (NCDs) or with coverage provisions in Medicare manuals, instructions or operational policy letters. In order to be covered by Blue Advantage the service shall be reasonable and necessary under Title XVIII of the Social Security Act, Section 1862(a)(1)(A). The service is considered reasonable and necessary if it is determined that the service is:

1. *Safe and effective;*
2. *Not experimental or investigational*;*
3. *Appropriate, including duration and frequency that is considered appropriate for the service, in terms of whether it is:*
 - *Furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient's condition or to improve the function of a malformed body member;*
 - *Furnished in a setting appropriate to the patient's medical needs and condition;*
 - *Ordered and furnished by qualified personnel;*
 - *One that meets, but does not exceed, the patient's medical need; and*
 - *At least as beneficial as an existing and available medically appropriate alternative.*

In accordance with Title XVIII of the Social Security Act, Section 1862 (a)(10) cosmetic surgery or expenses incurred in connection with such surgery is not covered except as required for the prompt repair of accidental injury or for improvement of the functioning of a malformed body member.

Routine costs of qualifying clinical trial services with dates of service on or after September 19, 2000 which meet the requirements of the Clinical Trials NCD are considered reasonable and necessary by Medicare. Providers should bill **Original Medicare for covered services that are related to **clinical trials** that meet Medicare requirements (Refer to Medicare National Coverage Determinations Manual, Chapter 1, Section 310 and Medicare Claims Processing Manual Chapter 32, Sections 69.0-69.11).*

POLICY:

Effective for dates of service on or after February 26, 2018:

Blue Advantage will treat excision of excessive skin and subcutaneous tissue of the following areas as a non-covered benefit:

- Thigh, leg, hip, buttock, arm, forearm or hand, submental fat pad,
- Females- labia minora reduction, labia major reshaping, clitoral reduction, hymenoplasty, pubic liposuction, vaginal rejuvenation or tightening
- Males- phalloplasty, scrotoplasty

Blue Advantage will treat lipectomy, a surgical technique used to cut and remove subcutaneous fatty tissue, as a non-covered benefit as this is considered cosmetic.

Effective for dates of service prior to February 26, 2018:

Blue Advantage will treat excision of excessive skin and subcutaneous tissue of the following areas as a noncovered benefit:

- Thigh, leg, hip, buttock, arm, forearm or hand, submental fat pad,
- Females- labia minora reduction, labia major reshaping, clitoral reduction, hymenoplasty, pubic liposuction, vaginal rejuvenation or tightening
- Males- phalloplasty, scrotoplasty

Blue Advantage will treat panniculectomy of the abdomen as a covered benefit when all of the following conditions are met:

- The panniculus fold(s) hangs below the level of the pubis with photo documentation;
AND
- **Clinical records and photos document** the presence of symptomatology such as chronic intertrigo, excoriation, infection, etc., for which 3 months of conservative treatment has been tried; **AND**
- There is difficulty with the activities of daily living, such as ambulation, and personal hygiene

Blue Advantage will treat panniculectomy as a noncovered benefit when the following conditions exist:

- As an adjunct to other medically necessary procedures, including but not limited to hysterectomy; unless the medical criteria is met
- For the treatment of back pain
- For the purpose of improving appearance (cosmetic)
- For improving abdominal wall laxity (tummy tuck, cosmetic) or diastasis recti
- For the treatment of psychological or psychosocial complaints
- Suction-assisted lipectomy when performed as the only procedure

Blue Advantage will treat **abdominoplasty, a surgical procedure that tightens a lax abdominal wall muscle and removes excess fat and abdominal skin, as a noncovered benefit** as this is considered cosmetic and not functional. (See Key Points)

Blue Advantage will treat **lipectomy, a surgical technique used to cut and remove subcutaneous fatty tissue, as a noncovered benefit** as this is considered cosmetic.

Blue Advantage does not approve or deny procedures, services, testing, or equipment for our members. Our decisions concern coverage only. The decision of whether or not to have a certain test, treatment or procedure is one made between the physician and his/her patient. Blue Advantage administers benefits based on the members' contract and medical policies. Physicians should always exercise their best medical judgment in providing the care they feel is most appropriate for their patients. Needed care should not be delayed or refused because of a coverage determination.

DESCRIPTION OF PROCEDURE OR SERVICE:

Lipectomy is a surgical technique that is used to cut and remove unwanted fat deposits from specific areas of the body. These include: chin, neck, upper arms, above the breasts, abdomen, buttocks, hips, thighs, knees, calves and ankles. It may also be performed in conjunction to further sculpt the abdomen or remove fat from other areas. These are generally considered to be cosmetic procedures.

KEY POINTS:

A literature review was conducted through June 2021.

Summary of Evidence

Abdomen

Abdominoplasty is considered reconstructive when performed to correct or relieve structural defects of the abdominal wall and/or chronic low back pain due to functional incompetence of the anterior abdominal wall. These conditions may be caused by: Permanent over stretching of the anterior abdominal wall following one or more pregnancies; Permanent over stretching (with or without diastasis recti of the anterior abdominal wall with a large or long abdominal panniculus) following weight loss in the treatment of morbid obesity and resulting in the uncontrollable intertrigo and/or difficult ambulation and interference with personal hygiene; Trauma or surgery to the anterior wall of the abdomen resulting in loss of fascial integrity or pain from scar contracture; Abdominal hernia following previous abdominal surgery. When an abdominoplasty 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 current medical evidence addressing the efficacy of panniculectomy consists mostly of individual case reports and review articles. The evidence base includes a limited number of small- controlled trials. . However, there is adequate clinical opinion to support the use of this procedure in some circumstances where an individual's health is compromised.

Evidence is insufficient to support panniculectomy as a medically beneficial procedure when the above medically necessary criteria are not met. This includes the concurrent use of panniculectomy with other abdominal surgical procedures, such as incisional or ventral hernia repair, or hysterectomy, unless the criteria for panniculectomy alone are met. Although it has been suggested that the presence of a large overhanging panniculus may interfere with the surgery or compromise post-operative recovery, there is insufficient evidence to support the proposed benefits of improved surgical site access or improved health outcomes.

Fischer and colleagues conducted a large retrospective database analysis to assess the additional risk of ventral hernia repair and panniculectomy compared with hernia repair alone (n=55,537). The study authors found that individuals who underwent the combined procedure were significantly at risk for wound complications (P<0.001); venous thromboembolism (P=0.044); reoperation (P<0.001); and overall medical morbidity (P<0.001).

There is little evidence to demonstrate significant health benefit imparted by abdominoplasty either for diastasis recti or for other indications. While there is ample literature to illustrate the cosmetic benefits of this procedure, improvements in physical functioning, cessation of back pain, and other positive health outcomes have not been demonstrated. The main body of evidence is limited to individual case reports evaluating the cosmetic outcomes of the surgery. At this time, there is insufficient evidence to support abdominoplasty for other than cosmetic purposes when done to remove excess abdominal skin or fat, with or without tightening lax anterior abdominal wall muscles (ASPS Practice Parameter, 2007b).

Surgical procedures to correct diastasis recti are not effective for alleviating back pain or other non-cosmetic conditions. There is insufficient evidence to support the use of surgical procedures to correct diastasis recti for other than cosmetic purposes.

The use of liposuction has not been shown in clinical trials to provide additional benefits beyond standard surgical techniques and has been associated with significant complications, including death.

Non-abdomen

Brachioplasty is a surgical procedure used to remove excess fat and skin from the back of the upper arm. This procedure is primarily to improve a patient's appearance. Buttock and thigh lifts are surgical procedures used to remove excess fat and skin from the buttocks and thighs. These procedures are intended to enhance the appearance and have no known medical benefits even if done following significant weight loss.

A wide variety of procedures have been proposed to alter the appearance, size, or function of the external and internal female genitalia. Surgical procedures to alter the size or shape of the labia or clitoris restore the hymen, and other such measures do not provide any physical health benefits.

The labia minora is part of the external structure of the vagina. In some patients the labia minora may be enlarged or asymmetrical leading to mild discomfort with wearing certain clothing or during some activities. Reconstructive surgical procedures have been proposed to reduce enlarged labia minora. These procedures have not been well studied in the medical literature and the possible risks have not been adequately assessed in relation to the potential benefits.

Phalloplasty is a surgical procedure to reconstruct or enlarge the penis. Reconstruction may be required in cases of traumatic injury or loss due to disease. Enlargement may be desired in cases of abnormally small penis size.

APPROVED BY GOVERNING BODIES:

Not applicable.

Practice Guidelines and Position Statements

American Society of Plastic Surgeons (ASPS)

The American Society of Plastic Surgeons (ASPS) Practice Parameter for Surgical Treatment of Skin Redundancy for Obese and Massive Weight Loss Patients (2007b) recommends that body contouring surgery, including panniculectomy, be performed only after an individual maintains a stable weight for two to six months. For individuals who are post -bariatric surgery, this is reported to occur 12 to 18 months after surgery when the BMI has reached the 25 kg/m² to 30 kg/m² range (Rubin, 2004). If performed prematurely, a potential exists for a second panniculus to develop once additional weight loss has occurred and the risks of postoperative complications are increased. Weight loss and BMI are important when considering panniculectomy and a significant amount of weight loss may not bring the BMI of an individual to less than 30 kg/m²; however a panniculectomy may still be necessary (Arthurs, 2007).

The American Society for Metabolic and Bariatric Surgery (ASMBS)

The American Society for Metabolic and Bariatric Surgery Consensus statement states weight loss can vary from about 25% to 70% of an individual's excess body weight depending on the type of bariatric surgery that is performed (Buchwald, 2005).

KEY WORDS:

Abdominoplasty, panniculectomy, lipectomy, thighplasty, tummy tuck, brachioplasty, panniculus, hip-plasty, labial reduction, phalloplasty, scrotoplasty, labioplasty, vaginoplasty, lipoplasty, liposuction

BENEFIT APPLICATION:

Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable.

CURRENT CODING:

CPT Codes

15830	Excision, excessive skin and subcutaneous tissue (including lipectomy); abdomen (infraumbilical panniculectomy)
15832	Excision, excessive skin and subcutaneous tissue (including lipectomy); thigh
15833	Excision, excessive skin and subcutaneous tissue (including lipectomy); leg
15834	Excision, excessive skin and subcutaneous tissue (including lipectomy); hip

15835	Excision, excessive skin and subcutaneous tissue (including lipectomy); buttock
15836	Excision, excessive skin and subcutaneous tissue (including lipectomy); arm
15837	Excision, excessive skin and subcutaneous tissue (including lipectomy); forearm or hand
15838	Excision, excessive skin and subcutaneous tissue (including lipectomy); submental fat pad
15839	Excision, excessive skin and subcutaneous tissue (including lipectomy); other area
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)
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue
55175	Scrotoplasty; simple
55180	Scrotoplasty; complicated

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POLICY HISTORY:

Adopted for Blue Advantage, March 2005

Available for comment May 1-June 14

Medical Policy Group, October 2005

Available for comment October 13-November 28, 2005

Medical Policy Group, December 2006
Available for comment January 12-February 25, 2007
Medical Policy Group, February 2009
Medical Policy Group, February 2010
Available for comment April 7-May 21, 2010
Medical Policy Group, September 2010
Available for comment September 11-October 25, 2010
Medical Policy Group, January 2011
Medical Policy Group, July 2011
Available for comment July 21 through September 5, 2011
Medical Policy Group, January 2015
Medical Policy Group, January 2016
Medical Policy Group, February 2018
Medical Policy Group, August 2018 (7): Literature review complete, no new references added;
updated Key Words; no change to policy statement.
Medical Policy Group, November 2019
Medical Policy Group, June 2021

This medical policy is not an authorization, certification, explanation of benefits, or a contract. Eligibility and benefits are determined on a case-by-case basis according to the terms of the member's plan in effect as of the date services are rendered. All medical policies are based on (i) research of current medical literature and (ii) review of common medical practices in the treatment and diagnosis of disease as of the date hereof. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment.

This policy is intended to be used for adjudication of claims (including pre-admission certification, pre-determinations, and pre-procedure review) in Blue Cross and Blue Shield's administration of plan contracts.