BlueCross BlueShield of North Carolina

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# Corporate Medical Policy

# Abdominoplasty, Panniculectomy and Lipectomy

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| **File Name:** | abdominoplasty_panniculectomy_and_lipectomy |
| **Origination:** | 8/2012 |
| **Last CAP Review:** | 8/2020 |
| **Next CAP Review:** | 8/2021 |
| **Last Review:** | 8/2020 |

## Description of Procedure or Service

Abdominoplasty is typically performed for cosmetic purposes, involves the removal of excess skin and fat from the pubis to the umbilicus or above, and may include tightening of the rectus muscle and creation or transposition of the umbilicus.

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. In certain circumstances, the panniculus can be associated with skin irritation and infection due to interference with proper hygiene and constant skin-on-skin contact in the folds underneath the panniculus. The presence of a panniculus may also interfere with daily activities.

Lipectomy is defined as an excision of a mass of subcutaneous adipose tissue and can be performed on various parts of the body. Lipectomy may also be referred to as belt lipectomy, brachioplasty, buttock or thigh lift and body lift.

This policy does not apply to breast reconstruction procedures, see related policy **Breast Surgeries.**

******Note: This Medical Policy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.***

## Policy

**Abdominoplasty is considered cosmetic and not medically necessary for all applications. BCBSNC does not provide coverage for not medically necessary services or procedures.**

**Lipectomy/liposuction is considered investigational as a reconstructive procedure, and cosmetic and therefore not medically necessary for all other applications. BCBSNC does not provide coverage for investigational or not medically necessary services or procedures.**

**BCBSNC will provide coverage for Panniculectomy when it is determined to be medically necessary because the medical criteria and guidelines shown below are met.**

## Benefits Application

This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

## When Abdominoplasty, Panniculectomy and Lipectomy is covered

A panniculectomy may be considered medically necessary when **all** of the following criteria are met:

- The pannus hangs at or below the level of the pubic symphysis; **AND**
- The pannus causes cellulitis, skin ulcerations or persistent dermatitis that has failed to respond to at least 3 months of non-surgical treatment (such as antibiotics, antifungals, good hygiene or dressing changes); **OR**
- There is a documented functional impairment and the panniculectomy is expected to improve the impairment. Functional impairment is defined as complete or partial loss of function of a body part.
- In addition to the criteria listed above, a panniculectomy may be considered medically necessary after weight loss under the following circumstances:
    - If individual has not had bariatric surgery, the member must have maintained a stable weight for a minimum of 6 months; **OR**
    - If individual has had bariatric surgery and experienced significant weight loss, a panniculectomy should not be performed until at least 18 months after surgery and only after weight has been stable for the most recent 6 months.

## When Abdominoplasty, Panniculectomy and Lipectomy is not covered

Abdominoplasty is considered cosmetic and therefore not medically necessary.

Lipectomy/Liposuction is considered investigational as a reconstructive procedure for the purpose of improving/restoring bodily function, and cosmetic and therefore not medically necessary for all other indications.

Panniculectomy is considered 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.

## Policy Guidelines

Please note: BCBSNC does not cover cosmetic or not medically necessary services and will not reimburse for any services, procedures, drugs or supplies associated with those cosmetic or not medically necessary services.

The majority of requests for coverage for panniculectomy are for patients who have sustained significant weight loss, or who remain morbidly obese. Because surgical outcomes are superior when performed in patients who have achieved a stable weight, BCBSNC requires that stable weight be obtained prior to authorization of coverage for panniculectomy surgery, except in rare, unusual cases.

If documentation is requested, it should include the following:

1. Medical records indicating that the procedure will be or was performed to correct deformity resulting from accidental injury, trauma, or previous therapeutic process. In the absence of this documentation, the surgery or procedure must be considered cosmetic.
2. Photographs
3. Copies of consultations
4. Operative reports
5. Any other pertinent information

## Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

*Applicable service codes: 15830, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839, 15847, 15876, 15877, 15878, 15879*

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

## Scientific Background and Reference Sources

American Society of Plastic Surgeons (ASPS). Practice Parameter for Surgical Treatment of Skin Redundancy Following Massive Weight Loss. January, 2007. http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/evidence-practice/Surgical-Treatment-of-Skin-Redundancy-Following-Massive-Weight-Loss.pdf

American Society of Plastic Surgeons (ASPS). Practice Parameter for Abdominoplasty and Panniculectomy Unrelated to Obesity or Massive Weight Loss. January, 2007. from http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/evidence-practice/AbdominoplastyAndPanniculectomy.pdf

Medical Director review 8/2012

Specialty Matched Consultant Advisory Panel review 9-2012

American Society of Plastic Surgeons (ASPS). ASPS Recommended Insurance Coverage Criteria for Third-Party Payers. Surgical Treatment of Skin Redundancy Following Massive Weight Loss. 2006 Jul. Last updated 2007. Retrieved from http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/insurance/Surgical-Treatment-of-Skin-Redundancy-Following.pdf

Specialty Matched Consultant Advisory Panel review 9-2013

Medical Director review 9/2013

Specialty Matched Consultant Advisory Panel review 9-2014

Medical Director review 9/2014

Specialty Matched Consultant Advisory Panel 8/2020

## Policy Implementation/Update Information

10/16/12 New policy developed. Abdominoplasty and Lipectomy are considered cosmetic and not medically necessary for all applications. BCBSNC does not provide coverage for not medically necessary services or procedures. BCBSNC will provide coverage for Panniculectomy when it is determined to be medically necessary because the medical criteria and guidelines are met. Medical Director review 8/2012. Specialty Matched Consultant Advisory Panel review 9/2012. (mco)

10/15/13 Specialty Matched Consultant Advisory Panel review 9/2013. Medical Director review 9/2013. References updated. Revised statement 3C under "When Covered" to remove the 6 month time requirement for development of fibrosis and thickening of the pannus with discoloration and/or lymphedema or peau d'orange effect. (mco)

10/14/14 Specialty Matched Consultant Advisory Panel review 9/2014. Medical Director review 9/2014. (mco) (td)

10/30/15 Specialty Matched Consultant Advisory Panel review 9/30/2015. Medical Director review 9/2015. (td)

11/22/16 Specialty Matched Consultant Advisory Panel review 9/28/2016. No change to policy statement. (an)

7/28/17 Added codes 15876, 15877, 15878, 15879 to Billing/Coding section. (an)

9/15/17 Specialty Matched Consultant Advisory Panel review 8/30/2017. No change to policy statement. (an)

9/7/18 Specialty Matched Consultant Advisory Panel review 8/22/2018. No change to policy statement. (an)

9/10/19 Specialty Matched Consultant Advisory Panel review 8/20/2019. No change to policy statement. (eel)

3/31/20 Replaced "reconstructive" with "medically necessary" in When covered statement. Removed coverage requirement related to significant weight loss. Clarified coverage requirement related to documented functional impairment. Broadened when covered statement from bacterial cellulitis to cellulitis, dermatitis or skin ulcerations. (eel)

7/14/20 When Covered section updated from dermatitis to persistent dermatitis. Reworded weight loss statement for clarity in When Covered section with no change to policy statement intent. (eel)

9/8/20 Specialty Matched Consultant Advisory Panel review 8/19/2020. No change to policy statement. (eel)

2/23/21 Related policy "Breast Surgeries" statement added to description for clarification. **Policy** and **When not covered** section regarding Lipectomy/liposuction updated for clarification. No change to policy statement. (bb)

and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.