Protocol

Panniculectomy and Abdominoplasty

Medical Benefit		**Effective Date**: 01/01/16	**Next Review Date**: 03/19
Preauthorization	Yes	**Review Dates**: 11/15, 11/16, 03/17, 03/18	

Preauthorization is required.

The following protocol contains medical necessity criteria that apply for this service. The criteria are also applicable to services provided in the local Medicare Advantage operating area for those members, unless separate Medicare Advantage criteria are indicated. If the criteria are not met, reimbursement will be denied and the patient cannot be billed. Please note that payment for covered services is subject to eligibility and the limitations noted in the patient's contract at the time the services are rendered.

Description

An abdominal panniculus is an "apron" of fat and skin on the middle or lower part of the abdomen usually occurring as a result of significant weight loss. The surgical procedure which removes the redundant fat and skin is called a panniculectomy. An abdominoplasty (referred to as a tummy tuck), typically performed for cosmetic reasons, is a procedure which also removes excess abdominal fatty tissue and skin but in addition involves tightening the abdominal muscles. Although each procedure may be employed for body contouring to improve an individual's appearance, only a panniculectomy may be considered reconstructive in cases where a panniculus presents a functional impairment.

Policy

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

- the panniculus hangs below the level of the pubis causing significant functional impairment which is documented as cellulitis, skin ulcerations, rashes or infections which are refractory to medical management (see Policy Guidelines) for a minimum of six months AND
- If the panniculus is related to significant weight loss, there must be a minimum weight loss of 100 pounds and the current weight must have been stable for the previous six months AND
- If the panniculus has resulted from significant weight loss related to bariatric surgery, the panniculectomy will not be performed less than 18 months following the bariatric procedure (see Policy Guidelines) AND
- Photographs demonstrating the size of the panniculus from a frontal and lateral perspective will be submitted.

Panniculectomy is considered **not medically necessary** when the above criteria are not met, including but not limited to when performed in combination with other procedures that are considered medically necessary, and when performed to treat back pain.

Abdominoplasty is considered **not medically necessary**.

Repair of diastasis recti is considered **not medically necessary** when performed alone or in combination with other procedures that are considered medically necessary.

Policy Guidelines

A panniculectomy to achieve body contouring for aesthetic concerns would be considered a cosmetic application of the procedure and would not be considered medically necessary.

Diastasis recti refers to a separation of the two halves of the rectus abdominal muscles in the midline at the linea alba. It is recognized that surgical correction is largely cosmetic, as the usual risks of a true herniation are not typically present.

A lipectomy removes unwanted excess fat deposits from the specific body areas and therefore is inherently a part of a panniculectomy. A lipectomy is often done as a stand-alone procedure or as part of an abdominoplasty specifically for the purpose of improving body contours and proportion in the absence of a functional impairment and in that setting is considered not medically necessary.

A functional impairment would be considered refractory to conservative treatment if the condition was intractable and resistant to treatment. In contrast, a condition which responds appropriately to treatment but which occurs again is said to be recurring. Conservative treatments would include adequate personal hygiene, and topical or systemic therapy with antibiotics, antifungals and/or corticosteroids.

For patients with a history of bariatric surgery, complications associated with a panniculectomy occurred less frequently when a period of time to allow for weight loss occurred between the bariatric surgery and the panniculectomy, and when maximal weight loss was achieved prior to the removal of the panniculus.

Background

The incidence of morbid obesity (body mass index [BMI] of greater than 35 kg/m^2), represents a serious health problem in the United States. Substantial weight loss, achieved though bariatric surgery or through a regime of lifestyle changes, results in fatty tissue and redundant skin in the abdominal region called a panniculus.

A panniculus can be described on a scale from grade one, where the panniculus covers the hairline and mons pubis but not the genitals to a grade five, where it extends to the knees and below. In most instances a panniculectomy is performed to improve the appearance of the abdominal area. In some circumstances, however, the redundant skin folds associated with a panniculus create a functional impairment by causing cellulitis, skin ulcers, intertrigo, rashes and infections which are not always amenable to conservative treatment.

Diastasis recti, a separation of the two halves of the rectus abdominal muscles in the midline, is not associated with the risk of strangulation. Surgical repair of this condition, frequently performed during abdominoplasty, is largely cosmetic as the existence of diastasis recti is often considered unsightly by the patient.

Related Protocol

Cosmetic vs. Reconstructive Surgery or Services

Services that are the subject of a clinical trial do not meet our Technology Assessment Protocol criteria and are considered investigational. *For explanation of experimental and investigational, please refer to the Technology Assessment Protocol.*

It is expected that only appropriate and medically necessary services will be rendered. We reserve the right to conduct prepayment and postpayment reviews to assess the medical appropriateness of the above-referenced

procedures. **Some of this protocol may not pertain to the patients you provide care to, as it may relate to products that are not available in your geographic area.**

References

We are not responsible for the continuing viability of web site addresses that may be listed in any references below.

1. Acarturk TO, Wachtman G, Heil B, et al. Panniculectomy as an adjuvant to bariatric surgery. Ann Plast Surg.2004; 53(4):360-366.
2. Arthurs ZM, Cuadrado D, Sohn V, et al. Post-bariatric panniculectomy: pre-panniculectomy body mass index impacts the complication profile. Am J Surg 2007; 193(5):567-570.
3. American Society of Plastic and Reconstructive Surgeons (ASPS). Practice Parameter for Surgical Treatment of Skin Redundancy for Obese and Massive Weight Loss Patients. 2007
4. Nahas FX, Augusto SM, Ghelfond C. Should diastasis recti be corrected? Aesthetic Plast Surg. 1997; 21(4):285-289.
5. Akram J; Matzen SH. Rectus abdominis diastasis. Journal of Plastic Surgery and Hand Surgery. 48(3):163-9, 2014 Jun.
6. Payer M; Youngberg B; Pfister S. Panniculectomy--an option for people who are morbidly obese. AORN Journal. 77(4):782-94; quiz 795, 797-8, 2003 Apr.
7. Hickey F, Finch JG, Khanna A. A systematic review on the outcomes of correction of diastasis of the recti. Hernia. 2011 December, Volume 15, Issue 6, pp 607-614.
8. 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.