



**Subject:** Panniculectomy, Abdominoplasty and Other Skin Excisions

**Effective Date:** 10/18

**Review Date:** 9/22

## DESCRIPTION

According to the American Society for Plastic Surgeons, improvements in the surgical correction of morbid obesity via bariatric surgery and non-surgical diet regimens have allowed increasing numbers of morbidly obese patients to undergo successful and sustained massive weight loss. This often leaves patients with unwanted skin and fat folds that are virtually impossible to correct by diet, weight loss or exercise. This policy establishes criteria for surgical procedures intended to reshape or remove excess skin and fat.

## DEFINITIONS

*Abdominoplasty*, typically performed for cosmetic purposes, involves the removal of excess skin and fat from the pubis to the umbilicus or above, and may include fascial plication of the rectus muscle diastasis and a neumbilicoplasty

*Breast Reduction* is usually performed for relief symptoms such as back, neck, and shoulder pain, and skin irritation, rather than to enhance the appearance of the breasts.

*Circumferential Lipectomy (Belt Lipectomy, Lower Body Lift)* is a circumferential procedure that combines the elements of an abdominoplasty or panniculectomy with removal of excess skin/fat from the lateral thighs and buttock. The procedure involves removing tissue from around the circumference of the lower trunk that eliminates lower back rolls, and provides some elevation of the outer thighs, buttocks, and mons pubis. A circumferential lipectomy describes an abdominoplasty or panniculectomy combined with flank and back lifts, as both procedures being performed together sequentially and including suction assisted lipectomy, where necessary. These procedures are considered cosmetic.

*Cosmetic surgery* is performed to reshape normal structures of the body in order to improve the patient's appearance and self-esteem.

*Gynecomastia* is a procedure to remove excess fat, glandular tissue and/or skin from overdeveloped or enlarged male breasts.

*Hernia* is a protrusion, bulge, or projection of an organ or part of an organ through the body wall that normally contains it.

*Medial Thigh Lift* is a procedure that treats the excessive skin and fat of the medial thigh.

*Panniculectomy* involves the removal of hanging excess skin/fat in a transverse or vertical wedge but does not include muscle plication, neumbilicoplasty or flap elevation.

*Reconstructive surgery* is performed on abnormal structures of the body, caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or disease. It is generally performed to improve function, but may also be done to approximate a normal appearance.

*Rectus abdominis diastasis (RAD)* describes a condition in which an abnormally wide distance separates the two rectus muscles.

*Torsoplasty* is a term which encompasses a number of operative procedures, usually done together to improve the contour of the torso, usually female (though not exclusively). These would include abdominoplasty with liposuction of the hips/flanks and breast augmentation and/or breast lift/reduction. In men, this could include reduction of gynecomastia by suction assisted lipectomy/ultrasound assisted lipectomy or excision.

## **CRITERIA**

The OSU Health Plan considers a panniculectomy medically necessary when all of the following criteria are met:

- Panniculus hangs below level of pubis, documented by photographs; and
- The pannus causes a chronic and persistent skin condition (e.g., intertriginous dermatitis, panniculitis, cellulitis or skin ulcerations) that is refractory to at least three months of medical treatment. All of the following documentation should be included:
  - Photographs with pannus lifted to document presence of skin condition; and
  - Medical records should document that the member has failed good hygiene practices, topical antifungals, topical and/or systemic corticosteroids, and/or local or systemic antibiotics. Failure of prescription-strength therapies is expected in most cases; and
- There is presence of a functional deficit (interference with activities of daily living) due to a severe physical deformity or disfigurement resulting from the pannus and the surgery is expected to restore or improve the functional deficit; and
- Weight has been stable for at least the last six months; and
- If applicable, member must be at least one year status post weight loss surgery.

Refer to MCG for criteria for hernia repairs.

## **EXCLUSIONS**

The OSU Health Plan considers panniculectomy experimental and investigational for the following indications:

- Minimizing the risk of hernia formation or recurrence
- Back pain

The following procedures are considered cosmetic and are not covered by OSU Health Plan:

- Abdominoplasty
- Repair of diastasis recti
- Suction lipectomy
- Lipoabdominoplasty
- Any procedure performed post childbirth in order to return to pre-pregnancy shape
- Excision of excessive skin of thigh (thigh lift, thighplasty), leg, hip, buttock, arm (arm lift, brachioplasty), forearm or hand, submental fat pad, or areas other than the abdomen

Refer to the OSU Faculty and Staff Health Plans Specific Plan Details Document for plan limitations regarding cosmetic services.

Panniculectomy is not covered when performed in conjunction with abdominal or gynecological procedures (e.g., abdominal hernia repair, hysterectomy, obesity surgery) unless criteria for panniculectomy are met separately.

## PROCEDURES

CPT codes covered if selection criteria are met:	
Code	Code Description
15830	Excision, excessive skin and subcutaneous tissue (including lipectomy); abdomen, infraumbilical panniculectomy

CPT codes not covered (not all-inclusive):	
Code	Code Description
15832 – 15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy, thigh, leg, hip, buttock, arm, forearm or hand, submental fat pad, or other area
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (e.g. abdominoplasty) (includes umbilical transposition and fascial plication)
15876	Suction assisted lipectomy, head and neck
15878 – 15879	Suction assisted lipectomy; upper and lower extremity

## REFERENCES

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