
Medical Policy



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***Current Policy Effective Date: 3/1/21**
(See policy history boxes for previous effective dates)

Title: Abdominoplasty

Description/Background

Abdominoplasty or “tummy tuck”, as it is commonly known as, may be considered reconstructive or cosmetic. The procedure tightens a lax anterior abdominal wall, removes excess abdominal skin and is commonly sought after by patients with loose sagging skin that occurs post pregnancy or after major weight loss. Cosmetic surgery is performed to reshape relatively normal structures of the body to improve appearance and self-esteem. Congenital defects, developmental abnormalities, trauma, infection, tumors or disease can all cause malformations of body structures and result in reconstructive surgery. It is generally performed to improve function, but it may also be done to restore an individual, as close as possible, to their previous appearance.

Massive weight loss can result in extensive redundancy of skin and adipose tissue folds in affected anatomic locations, resulting in functional difficulties. The abdominal and pelvic regions are most frequently involved, predisposing these areas to intertrigo, an inflammatory condition of skin folds caused by heat, moisture and friction which can give rise to various types of infections and/or impaired mobility.

Abdominoplasty is considered reconstructive when it is 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:

- Trauma or surgery to the anterior wall of the abdomen, resulting in loss of muscle or fascial integrity or pain from scar contracture
- Abdominal hernia following a previous surgery
- Permanent over-stretching of the anterior abdominal wall following one or more pregnancies resulting in uncontrollable intertrigo and/or difficult ambulation

- 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 resulting in uncontrollable intertrigo and/or difficult ambulation.

The characteristic abdominal deformity includes a draping panniculus frequently associated with previous surgical scars and/or a ventral hernia. An abdominoplasty of the low, transverse type with wide undermining is appropriate for most patients. However, vertical or mixed-type abdominoplasties and simple panniculectomies may be indicated depending on residual adiposity and scar location. After gastric bypass surgery, self-image and health-related complaints may be improved, however, psychological gains may be inhibited by persistent body-contour concerns.

Reconstructive abdominoplasty can be a major operation. Reconstructive abdominoplasty often includes plication of the rectus muscles and sometimes the external oblique fascia. When indicated, specific hernia repairs (ventral hernia) may be performed at the same time. It should be noted that abdominoplasty is different from panniculectomy in that abdominoplasty involves tightening the muscles of the abdomen as well as removing excess skin and fat, whereas a panniculectomy is performed only to remove excess skin and fat.

An abdominoplasty is usually performed under general anesthesia in an outpatient surgery center with an overnight stay, or as inpatient surgery if the patient has certain risk factors or comorbidities. During the procedure, a lower transverse abdominal incision of varying length is made just above the pubis, extending out to each anterior superior iliac spine. An abdominal skin flap is elevated up to the costal margins, preserving attachment of the umbilicus to the linea alba. The diastasis recti or hernia is then repaired with nonabsorbable suture, reconstituting abdominal wall integrity. The panniculus is then excised and the remaining skin is sutured to the pubic area incision. The umbilicus is brought out through the skin at an appropriate level.

Regulatory Status

N/A

Medical Policy Statement

The safety and effectiveness of abdominoplasty surgery have been established. It may be considered a useful therapeutic option if supporting documentation substantiates functional impairment and appropriate patient selection criteria are met.

Inclusionary and Exclusionary Guidelines (Clinically based guidelines that may support individual consideration and pre-authorization decisions)

Inclusions:

This procedure is considered reconstructive and not cosmetic if either Criteria A or Criteria B are met:

Criteria A:

Must meet all of the following requirements:

1. The patient has had a documented massive weight loss of at least 100 pounds or whose panniculus hangs below the level of the pubis as a result of bariatric surgery or dieting; **AND**
2. The panniculus is so large that it causes uncontrolled intertrigo (which is unresponsive to conservative therapy including topical drying agents, corticosteroids and appropriate antibiotics), skin ulceration, skin necrosis or chronic intractable low back pain; **AND**
3. Sufficient time has elapsed (a minimum of six months) so as to ensure maximum weight loss and weight stability.

OR

Criteria B:

The surgery is performed on an abnormal structure of the body, caused by a congenital defect, developmental abnormality, trauma, infection or tumor and is accompanied by a functional impairment.

Exclusions:

Surgical repair of diastasis recti, a separation between the left and right side of the rectus abdominis muscle, is not a condition for which abdominoplasty would be indicated.

CPT/HCPCS Level II Codes *(Note: The inclusion of a code in this list is not a guarantee of coverage. Please refer to the medical policy statement to determine the status of a given procedure.)*

Established codes

15830 15847

Other codes (investigational, not medically necessary, etc.)

N/A

Note: Code(s) may not be covered by all contracts or certificates. Please consult customer or provider inquiry resources at BCBSM or BCN to verify coverage.

Rationale

According to the American Society of Plastic Surgeons (ASPS) Practice Parameter for Abdominoplasty and Panniculectomy, these procedures are most commonly performed for aesthetic reasons. However, there are reconstructive indications such as abdominal wall defects, complications secondary to a previous pelvic or lower abdominal surgery, umbilical hernias, intertriginous skin conditions and scarring sequelae. Additionally, the ASPS reports that deformities associated with massive weight loss can lead to negative feelings about one’s appearance, an inability to exercise, impaired ambulation, difficulty with hygiene and skin necrosis.

Bariatric surgery leads to significant weight loss with reduced morbidity and mortality. However, excess skin as a consequence of weight loss represents a major problem, impacting

upon patient's functionality with potential negative effects on weight loss. Smith et al published a retrospective study which indicated that patients who undergo body contouring after bariatric surgery are able to lose significantly more weight and maintain weight loss at five years of follow up compared to those undergoing bariatric surgery alone.

Herman et al performed a literature search to examine the clinical outcomes of post-bariatric patients who underwent abdominal contouring surgery. Their findings suggested that these procedures, including contouring of the abdomen and circumferential midsection, are necessary adjuncts to massive weight loss in order to restore the patient to a more functional state with a higher quality of life. A vast majority of associated complications were related to wound healing and seromas, most often not requiring any further interventions. Further, it was noted that the benefits of post-bariatric contouring far outweighed the complications of the surgeries.

Government Regulations

National

There is no national coverage determination on this topic.

Local

Local Coverage Determination (LCD) for Cosmetic and Reconstructive Surgery (L34698); Original effective date: 10/01/15; Revision date: 10/31/19

Coverage Indications, Limitations, and/or Medical Necessity

Excision, excessive skin and subcutaneous tissue (including lipectomy); abdomen (abdominoplasty) will only be considered reasonable and medically necessary when these procedures are performed due to another surgery being done at the same time and would affect the healing of the surgical incision.

This procedure may also be considered to be medically necessary for the patient that has had a significant weight-loss following the treatment of morbid obesity and there are medical complications such as candidiasis, intertrigo or tissue necrosis that is unresponsive to oral or topical medication.

These claims will be reviewed by the medical staff and considered on a case by case basis. Medical Records will be requested by the Contractor to determine medical necessity.

Documentation requirements

Abdominoplasty documentation should include the evaluation and management note in which the decision to perform surgery was made, surgical note and any notes indicating medical complications necessitating the surgery.

(The above Medicare information is current as of the review date for this policy. However, the coverage issues and policies maintained by the Centers for Medicare & Medicare Services [CMS, formerly HCFA] are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. For the most current information, the reader should contact an official Medicare source.)

Related Policies

- Bariatric Surgery
 - Cosmetic and Reconstructive Surgery
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References

1. American Society of Plastic Surgeons, "Practice Parameter for Abdominoplasty and Panniculectomy Unrelated to Obesity or Massive Weight Loss," 2007, retrieved 09/29/20 from: <http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/evidence-practice/AbdominoplastyAndPanniculectomy.pdf>.
2. American Society of Plastic Surgeons, "Practice Parameter for Surgical Treatment of Skin Redundancy for Obese and Massive Weight Loss Patients," 2007, retrieved 09/29/20 from: <http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/evidence-practice/Surgical-Treatment-of-Skin-Redundancy-Following-Massive-Weight-Loss.pdf>.
3. Arthurs, Zachary M., MD, et al., "Post-Bariatric Panniculectomy: Pre-Panniculectomy Body Mass Index Impacts the Complication Profile," *The American Journal of Surgery*, Vol. 193, 2007, pp. 567-570.
4. Borud, Loren J., MD, and Anne G. Warren, BA. "Body Contouring in the Postbariatric Surgery Patient," *Journal of the American College of Surgeons*, January 27, 2006, pp. 82-93.
5. Craig, Jocelyn B., MD, et al., "Reconstructive Pelvic Surgery and Plastic Surgery: Safety and Efficacy of Combined Surgery," *American Journal of Obstetrics and Gynecology*, Vol. 199, 2008, pp. 701.e1-701.e5.
6. Deitel, Mervyn, MD, "The Development of the Surgical Treatment of Morbid Obesity", *Journal of the American College of Nutrition*, 2002; 21(5):365-371.
7. Feldman, Mark, MD, et al., "Sleisenger and Fordtran's Gastrointestinal and Liver Disease, 9th Edition: Pathophysiology/Diagnosis/Management," Copyright 2010, pp. 338.
8. *HAYES Medical Technology Directory*, "Panniculectomy for Abdominal Contouring Following Massive Weight Loss," Lansdale, PA: HAYES, Inc., Publication date 9/19/12, last review date 8/26/14; archived 10/19/15.
9. *HAYES Medical Technology Directory*, "Panniculectomy for Treatment of Symptomatic Panniculi," Lansdale, PA: HAYES, Inc., May 19, 2016.
10. Herman, Charles K., et al., "Advances in Weight Loss Surgery and Body Contouring After Weight Loss," *Open Access Surgery*, Vol. 3, June 24, 2010, pp. 35-41.
11. Smith OJ, Hachach-Haram N, et al., "Body Contouring Surgery and the Maintenance of Weight-Loss Following Roux-Ex-Y Gastric Bypass: A Retrospective Study", *Aesthet Surg J*, 2018; 38(2):176-182.
12. Wisconsin Physicians Service, "Cosmetic and Reconstructive Surgery," L34698, *WPS Local Medical Review Policy*, original effective date 10/1/15, revision effective date 10/31/19. retrieved 09/29/20 from: <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34698&ver=18&CoverageSelection=Local&ArticleType=All&PolicyType=Final&s=Michigan&CptHcpcsCode=15830&bc=gAAAACAAAAAAA%3d%3d&>.

The articles reviewed in this research include those obtained in an Internet based literature search for relevant medical references through 9/29/20, the date the research was completed.

Joint BCBSM/BCN Medical Policy History

| Policy Effective Date | BCBSM Signature Date | BCN Signature Date | Comments |
|-----------------------|----------------------|--------------------|--|
| 3/21/02 | 3/21/02 | 3/21/02 | Joint policy established |
| 7/23/03 | 7/23/03 | 7/7/03 | Routine maintenance |
| 3/30/05 | 3/30/05 | 3/30/05 | Routine maintenance |
| 7/1/07 | 7/10/07 | 6/25/07 | Routine maintenance |
| 7/1/08 | 5/17/08 | 5/18/08 | Routine maintenance |
| 7/1/09 | 4/21/09 | 5/11/09 | Routine maintenance |
| 7/1/11 | 4/19/11 | 5/3/11 | Routine maintenance; updated references and rationale sections |
| 9/01/12 | 6/12/12 | 6/19/12 | Routine maintenance; Medicare information updated |
| 1/1/14 | 10/17/13 | 10/25/13 | Routine maintenance |
| 3/1/15 | 12/12/14 | 12/29/14 | Routine maintenance |
| 3/1/16 | 12/10/15 | 12/10/15 | Routine maintenance |
| 3/1/17 | 12/13/16 | 12/13/16 | Routine maintenance |
| 3/1/18 | 12/12/17 | 12/12/17 | Routine maintenance |
| 3/1/19 | 12/11/18 | | Routine maintenance |
| 3/1/20 | 12/17/19 | | Routine maintenance |
| 3/1/21 | 12/15/20 | | Routine maintenance |

Next Review Date: 4th Qtr, 2021

Pre-Consolidation Medical Policy History

| Original Policy Date | Comments |
|----------------------|------------------|
| BCN: 11/23/99 | Revised: 2/05/02 |
| BCBSM: N/A | Revised: N/A |

**BLUE CARE NETWORK BENEFIT COVERAGE
POLICY: ABDOMINOPLASTY**

I. Coverage Determination:

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|--|--|
| Commercial HMO (includes Self-Funded groups unless otherwise specified) | Covered, policy guidelines apply |
| BCNA (Medicare Advantage) | Refer to the Medicare information under the Government Regulations section of this policy. |
| BCN65 (Medicare Complementary) | Coinsurance covered if primary Medicare covers the service. |

II. Administrative Guidelines:

- The member's contract must be active at the time the service is rendered.
- Coverage is based on each member's certificate and is not guaranteed. Please consult the individual member's certificate for details. Additional information regarding coverage or benefits may also be obtained through customer or provider inquiry services at BCN.
- The service must be authorized by the member's PCP except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Services must be performed by a BCN-contracted provider, if available, except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Payment is based on BCN payment rules, individual certificate and certificate riders.
- Appropriate copayments will apply. Refer to certificate and applicable riders for detailed information.
- CPT - HCPCS codes are used for descriptive purposes only and are not a guarantee of coverage.