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| Policy Name Abdominal Lipectomy/Panniculectomy | Policy Number MP-SU-FP-02-23 | Scope <input checked="" type="checkbox"/> MMM MA <input type="checkbox"/> MMM Multihealth |
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| Service Category | |
| <input type="checkbox"/> Anesthesia | <input type="checkbox"/> Medicine Services and Procedures |
| <input checked="" type="checkbox"/> Surgery | <input type="checkbox"/> Evaluation and Management Services |
| <input type="checkbox"/> Radiology Procedures | <input type="checkbox"/> DME/Prosthetics or Supplies |
| <input type="checkbox"/> Pathology and Laboratory Procedures | <input type="checkbox"/> Other _____ |

Service Description

First Coast: L38914

Panniculectomy is not a cosmetic procedure and must meet specific criteria to be medically necessary. This procedure is often performed on patients with large, overhanging abdominal skin known as a pannus which hangs down from the abdomen and sometimes covers the thighs, hips and knees. This excess skin and fat are often a result of weight gain. The pannus can become so large that it begins to interfere with activities of daily life and can cause skin infections and rashes such as intertrigo due to irritation and sweating. Typically, patients with skin conditions receive medical treatment such as topical antifungals, corticosteroids, and antibiotics.

There are different grades for the varying degrees of how far the pannus extends. Grade 1 is the pannus reaching the mons pubis, grade 5 is the pannus extending to or past the knees. Often for patients to qualify to have a panniculectomy they must fail three months of medical treatment for intertrigo, and the pannus must hang below the level of the pubis and be confirmed with photography. When a panniculectomy is performed, the excess fat and skin are removed to relieve the associated symptoms and restore normal function.

Patients who experienced dramatic weight loss can also develop excess lower abdominal skin which overhangs the groin and pubic areas causing issues with walking, discomfort and/or skin irritation as well. Patients, who have lost weight without surgery, must maintain stable weight for at least 6 months prior to having a panniculectomy. For bariatric surgery patients, weight must remain stable for at least 18 months, including the most recent 6 months.

The American Society of Plastic Surgeons¹⁶ outlined practice parameters that are focused on the surgical removal of excess skin and fat that occurs in obese patients or remains following massive weight loss. There are numerous procedures and techniques that have been developed to treat the defects associated with massive weight loss such as abdominoplasty, panniculectomy, circumferential lipectomy, torsoplasty, medial thigh lift, and breast reduction.

These practice parameters for patients who are preparing to undergo surgery for the removal of excess skin and fat include preoperative assessment and screening. This includes screening patients for depression, diabetes mellitus, gastroesophageal reflux disease (GERD), any nutritional deficiencies, abdominal wall hernias, and preoperative lab and diagnostic testing.

The excess skin that remains after significant weight loss is virtually impossible to correct or improve by exercise, diet, or further weight loss. Those patients who are not surgical candidates are left with very few alternative treatment options. Ideally, body contouring surgery is performed after weight loss has stabilized for two to six months. Post bariatric surgery patients usually reach a stable weight 12 to 18 months after surgery.

The operative treatment for the correction of the deformities associated with massive weight loss will vary depending on the patient's body type, fat deposition pattern, and the amount of weight loss. These deformities can cause patients not only a dissatisfaction of appearance, but functional disabilities as well, such as difficulty exercising, impaired ambulation, chronic pain, inability to perform activities of daily living, and difficulty with hygiene. Dermatological issues such as uncontrolled intertrigo, infections and skin necrosis can develop also.

Please note that all services described in this policy require prior authorization.

- Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.
- Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.
- Providers must submit all required and requested documentation for case evaluation and determination.
- The plan may request additional documentation and information not received and or provided initially related to condition and diagnosis for case evaluation and determination.
- Any additional documentation submitted specifying medical necessity criteria and considered important for case evaluation and determination will be reviewed by Clinical Team utilizing guidelines and regulation criteria.

Medical Necessity Guidelines

First Coast: L38914

Abdominal lipectomy/panniculectomy is considered medically reasonable and necessary when the pannus or panniculus hangs below the level of the symphysis pubis causing one or more of the following conditions:

1. Chronic intertrigo that consistently remains refractory to appropriate medical therapy (e.g., topical antifungals, corticosteroids, antibiotics) over a period of three months.
2. Difficulty walking or functional impairment in activities of daily living.
3. If the procedure is being performed following significant weight loss, in addition to meeting the criteria noted above, there should be evidence that the patient has maintained a stable weight for at least six months. For patients whose weight loss is the result of bariatric surgery, abdominal lipectomy/panniculectomy should not be performed until at least 18 months after bariatric surgery and only when weight has been stable for at least the most recent six months.

Article

First Coast: A58573

Documentation must reflect:

1. Description of the pannus and underlying skin.
2. Documentation that the panniculus causes chronic intertrigo (dermatitis occurring on the opposed surfaces of the skin, skin irritation, infection, or chafing).
3. Description of functional impairments (e.g., difficulty walking, exercising, or impairment in activities of daily living).
4. Description of conservative treatment the beneficiary has received and the results of treatment.
5. Preoperative photographs of the pannus and underlying skin are recommended. (are recommended NOT required).

Limits or Restrictions

Limitations

The following procedures will be considered cosmetic (which is not a covered Medicare benefit) or not medically reasonable and necessary when performed for the reasons listed below:

Abdominal Lipectomy/Panniculectomy

- Repairing abdominal wall laxity, or diastasis recti to improve appearance.
- Redundancies resulting from weight loss or weight loss surgery when that tissue is without evidence of chronic infection or inflammation that is refractory to conservative treatment as outlined in the indications listed above.
- Improving appearance.
- Liposuction used for body contouring, weight reduction or the harvest of fat tissue for transfer to another body region for alteration of appearance or self-image or physical appearance.
- All other indications unless covered in the section above.

Reference Information

LCD:

First Coast: L38914

Cosmetic and Reconstructive Surgery

Medicare Coverage Database (MCD)

Link: <https://www.cms.gov/medicare-coverage-database/search.aspx>

Article:

First Coast: A58573

Billing and Coding: Cosmetic and Reconstructive Surgery

Medicare Coverage Database (MCD)

Link: <https://www.cms.gov/medicare-coverage-database/search.aspx>

Policy History

| Date | Version | Comments |
|------------|---------|--------------------------------------|
| 12/07/2023 | Draft | New Medical Policy |
| 12/15/2023 | Final | Approved by Medical Policy Committee |