



# CIGNA MEDICAL COVERAGE POLICY

The following Coverage Policy applies to all health benefit plans administered by CIGNA Companies including plans formerly administered by Great-West Healthcare, which is now a part of CIGNA.

**Subject Abdominoplasty and Panniculectomy**

**Effective Date ..... 2/15/2011**  
**Next Review Date ..... 2/15/2012**  
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## Hyperlink to Related Coverage Policies

[Bariatric Surgery](#)  
[Gender Reassignment Surgery](#)  
[Redundant Skin Surgery](#)

### INSTRUCTIONS FOR USE

Coverage Policies are intended to provide guidance in interpreting certain **standard** CIGNA HealthCare benefit plans. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement (GSA), Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document **always supercedes** the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used as treatment guidelines. Proprietary information of CIGNA. Copyright ©2011 CIGNA

## Coverage Policy

Abdominoplasty and panniculectomy are specifically excluded under many benefit plans. In addition, coverage for these services may be subject to the provisions of a cosmetic and/or reconstructive surgery benefit. These procedures are considered cosmetic when performed solely to improve physical appearance. Cosmetic surgery is specifically excluded under many benefit plans. Please refer to the applicable benefit plan document to determine benefit availability and the terms and conditions of coverage.

If coverage for the service is available, the following conditions of coverage.

**CIGNA covers panniculectomy, with or without abdominoplasty, as medically necessary when BOTH of the following conditions are met as demonstrated on preoperative photographs:**

- Pannus hangs at or below the level of the symphysis pubis
- Pannus causes a chronic and persistent skin condition (e.g., intertriginous dermatitis, panniculitis, cellulitis or skin ulcerations) that is refractory to at least six months of medical treatment. In addition to good hygiene practices, treatment should include topical antifungals, topical and/or systemic corticosteroids, and/or local or systemic antibiotics.

**Note: If the procedure is being performed following significant weight loss, in addition to meeting the criteria noted above, there should be evidence that the individual has maintained a stable weight for at least six months. If the weight loss is the result of bariatric surgery, abdominoplasty/**

**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.**

**CIGNA does not cover abdominoplasty or panniculectomy when performed primarily for ANY of the following indications because it is considered not medically necessary (this list may not be all-inclusive):**

- treatment of neck or back pain
- improving appearance (i.e., cosmesis)
- repairing abdominal wall laxity or diastasis recti
- treating psychological symptomatology or psychosocial complaints
- when performed in conjunction with abdominal or gynecological procedures (e.g., abdominal hernia repair, hysterectomy, obesity surgery) unless criteria for panniculectomy and abdominoplasty are met separately

**CIGNA does not cover suction-assisted lipectomy when performed alone and not as part of a medically necessary and covered abdominoplasty/panniculectomy procedure because it is considered cosmetic in nature and not medically necessary.**

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## General Background

Abdominoplasty, also referred to in lay terms as a "tummy tuck," is a surgical procedure that tightens lax anterior abdominal wall muscles and removes excess abdominal skin and fat. This recontouring of the abdominal wall area is often performed solely to improve the appearance of a protuberant abdomen by creating a flatter, firmer abdomen. The standard abdominoplasty involves plication of the anterior rectus sheath for muscle diastasis (i.e., repair of diastasis recti) and removal of excess fat and skin. Traditional abdominoplasty can be performed as an open procedure or endoscopically. Abdominoplasty completed by endoscopic guidance is usually reserved for those patients who seek less extensive contouring of the abdominal wall. Mini-abdominoplasty, with or without liposuction, is a partial abdominoplasty involving the incision of the lower abdomen only. The procedure is generally performed solely for cosmetic purposes in order to improve the appearance of the abdominal area.

Panniculectomy, a procedure closely related to abdominoplasty, is the surgical excision of a redundant, large and/or long overhanging apron of skin and subcutaneous fat located in the lower abdominal area. The condition may accompany significant overstretching of the lax anterior abdominal wall and, hence, often occurs in morbidly obese individuals or following substantial weight loss. The severity of abdominal deformities is graded as follows (American Society of Plastic Surgeons [ASPS], 2007d):

- Grade 1: panniculus covers hairline and mons pubis but not the genitals
- Grade 2: panniculus covers genitals and upper thigh crease
- Grade 3: panniculus covers upper thigh
- Grade 4: panniculus covers mid-thigh
- Grade 5: panniculus covers knees and below

Treatment of this redundant skin and fat is often performed solely for cosmesis, to improve the appearance of the abdominal area. The presence of a massive overhanging apron of fat and skin, however, may result in chronic and persistent local skin conditions in the abdominal folds. These conditions may include intertrigo, intertriginous dermatitis, cellulitis, ulcerations or tissue necrosis, or they may lead to painful inflammation of the subcutaneous adipose tissue (i.e., panniculitis). When panniculitis is severe, it may interfere with activities of daily living, such as personal hygiene and ambulation. In addition to excellent personal hygiene practices, treatment of these skin conditions generally involves topical or systemic corticosteroids, topical antifungals, and topical or systemic antibiotics. Concurrent abdominal and pelvic surgical procedures (e.g., hernia repair, hysterectomy, obesity surgery) may also be performed in the same operative setting as abdominoplasty or panniculectomy.

## Diastasis Recti

Abdominoplasty is frequently performed to treat diastasis recti, a condition that involves the separation of the two sides of the rectus abdominis muscles in the midline at the linea alba. Other than its untoward cosmetic appearance, diastasis recti does not lead to any complications that require intervention. Diastasis recti has no clinical significance, does not require treatment and is not considered a true hernia (Jeyarajah and Harford, 2010). When performed for the sole purpose of repairing diastasis recti, abdominoplasty is considered cosmetic in nature and not medically necessary.

### **Abdominoplasty and Panniculectomy at the Time of Abdominal or Gynecological Surgeries**

Abdominal surgeries such as hernia repair (i.e., incisional/ventral, epigastric or umbilical) or obesity surgery may be performed alone or in combination with abdominoplasty and panniculectomy. In addition, some surgeons perform these procedures at the same time as gynecological or pelvic procedures, such as hysterectomy. Although it has been proposed that performing abdominoplasty or panniculectomy in the same operative session as abdominal or gynecological surgeries may facilitate surgical access or promote postoperative wound healing and minimize the potential for wound complications, such as dehiscence or necrosis, there is insufficient evidence in the published, peer-reviewed scientific literature to support such assertions. Performing an abdominoplasty at the same operative session as abdominal operations (e.g., hernia repair, gastric bypass) or gynecological procedures is not essential for the successful clinical outcome of the abdominal or gynecological surgical procedure. In the absence of chronic and persistent skin conditions or interference with activities of daily living, abdominoplasty and panniculectomy are considered not medically necessary when performed in conjunction with abdominal or pelvic/gynecological surgeries to facilitate surgical access, to promote postoperative wound healing, or to minimize wound complications.

### **Suction-Assisted Lipectomy**

Suction-assisted lipectomy of the abdominal area is a procedure in which excess fat deposits are removed from the trunk using a liposuction cannula with the goal of recontouring the body, thereby improving appearance. This procedure may be performed alone or as one component of the overall abdominoplasty or panniculectomy procedure. Suction-assisted lipectomy, when performed alone and not as part of a medically necessary abdominoplasty or panniculectomy, is considered cosmetic in nature. When the procedure is performed as part of a medically necessary abdominoplasty or panniculectomy, suction-assisted lipectomy of the trunk is considered incidental to the primary procedure.

### **Abdominal Wall Laxity and Back Pain**

No correlation has been established between the presence of abdominal wall laxity or redundant pannus and the development of neck or back pain. There is insufficient evidence in the published, peer-reviewed scientific literature to support the use of abdominoplasty and/or panniculectomy to treat neck or back pain, including pain in the cervical, thoracic, lumbar or lumbosacral regions. Abdominoplasty or panniculectomy is considered not medically necessary when performed for the sole purpose of treating neck or back pain.

### **Professional Societies/Organizations**

**American Society of Plastic Surgeons (ASPS):** According to the ASPS Practice Parameter for Abdominoplasty and Panniculectomy, the procedures are most commonly performed for cosmetic indications. However, there are reconstructive indications such as abdominal wall defects, irregularities or pain caused by previous pelvic or lower abdominal surgery, umbilical hernias, intertriginous skin conditions and scarring (ASPS, 2007c). The ASPS recommended coverage criteria state that an abdominoplasty or panniculectomy should be considered a reconstructive procedure when performed to correct or relieve structural defects of the abdominal wall. When an abdominoplasty or panniculectomy is performed solely to enhance a patient's appearance in the absence of any signs or symptoms of functional abnormalities, the procedure should be considered cosmetic (ASPS, 2007a).

The ASPS Practice Parameter for Surgical Treatment of Skin Redundancy Following Massive Weight Loss states that "body contouring surgery is ideally performed after the patient maintains a stable weight for two to six months. For post bariatric surgery patients, this often occurs 12-18 months after surgery or at the 25 kg/mg<sup>2</sup> to 30 kg/mg<sup>2</sup> weight range" (ASPS, 2007d).

### **Summary**

Abdominoplasty and panniculectomy are often performed together to achieve the best therapeutic result. These procedures are indicated for panniculitis that impairs function and is unresponsive to good personal hygiene and

optimal medical management. Suction-assisted lipectomy and mini-abdominoplasty, when performed purely for cosmesis, are considered not medically necessary.

## Coding/Billing Information

**Note:** This list of codes may not be all-inclusive.

**Covered when medically necessary:**

CPT <sup>®*</sup> Codes	Description
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)

ICD-9-CM Diagnosis Codes	Description
278.1	Localized adiposity
682.2	Other cellulitis and abscess, trunk
692.9	Contact dermatitis and other eczema, unspecified cause
695.89	Other specified erythematous conditions, other
701.8	Other specified hypertrophic and atrophic conditions of skin
701.9	Unspecified hypertrophic and atrophic conditions of skin
707.8	Chronic ulcer of other specified site
707.9	Chronic ulcer of unspecified site
729.30	Panniculitis, unspecified site
729.39	Panniculitis, unspecified; other site

**Not Medically Necessary/Not Covered:**

CPT* Codes	Description
15877 <sup>†</sup>	Suction assisted lipectomy; trunk

<sup>†</sup>**Note:** Not covered when performed alone and not as part of a medically necessary and covered abdominoplasty/panniculectomy procedure.

ICD-9-CM Diagnosis Codes	Description
723.1	Cervicalgia
723.6	Panniculitis specified as affecting neck
724.2	Lumbago
724.5	Backache, unspecified
728.84	Diastasis of muscle

\*Current Procedural Terminology (CPT<sup>®</sup>) © 2010 American Medical Association: Chicago, IL.

## References

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## Policy History

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<b>Pre-Merger Organizations</b>	<b>Last Review Date</b>	<b>Policy Number</b>	<b>Title</b>
CIGNA HealthCare	2/15/2008	0027	Abdominoplasty and Panniculectomy
Great-West Healthcare	10/26/2006	95.287.06	Abdominoplasty and Panniculectomy
	7/19/2007	95.296.05	Diastasis Recti Repair

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