ABDOMINOPLASTY
SUR716.002

COVERAGE:

**Abdominoplasty** and/or removal of the overhanging lower abdominal panniculus are considered cosmetic procedures. Abdominoplasty is sometimes described as a wide internal oblique transverse abdominal plication (a wide rectus plication). No coverage is available for these procedures or for repair of a **diastasis recti** in the absence of a true midline hernia (ventral or umbilical).

On rare occasions, abdominoplasty may be considered for coverage with determination of medical necessity for indications such as the following:

- in an older individual who has such a significantly large panniculus as to interfere with the ability to walk normally or in a patient with documented pressure sores, rash, or intertriginous maceration that has not responded to all manners of conservative treatment, or

- in an individual who has had multiple operations with spreading of the scar associated with diastasis recti and a true incisional hernia defect.

**NOTE**: The presence of back pain alone without one of the preceding indications will not constitute medical necessity for abdominoplasty.

DESCRIPTION:

**Abdominoplasty** is a plastic repair of the anterolateral abdominal wall, which is largely muscular and aponeurotic (a white flattened or ribbon-like tendonous expansion serving mainly to connect a muscle with the parts that it moves), with overlying subcutaneous tissue and skin.

Abdominal wall pathophysiology concerns weakness or laxity of the abdominal wall musculature. This prevents maximum force generation with contraction and weakens the support of the lumbar dorsal fascia with resultant back pain. An excess of ten pounds of adipose tissue in the abdominal wall adds 100 pounds of strain on the discs of the lower back by exaggeration of the normal S curve of the spine. Pregnancy may result in diastasis recti (separation of the rectus muscles of the abdominal wall), which decreases the efficiency of the abdominal wall musculature. Both genders may experience ventral hernia and weakness of the torso musculature, secondary to abdominal surgical incisions.

The typical patient may have a **history** of any one or more of the following:

- Pregnancy
- Obesity with weight loss; Excessive weight loss may result in panniculus (abdominal "apron" of superficial fat)
• Panniculitis with or without dermatitis: Any history of infection of the abdominal wall should be noted
• Trauma; patient may have had trauma to the abdominal wall in the past
• Surgery; It is important to note whether the patient has had previous abdominal operations (ie. appendectomy)
• Hernia; The patient may be likely to have had a history of umbilical/ventral hernia
• Backache/pain

Treatment options include the following:

• mini-abdominoplasty, with or without liposuction,
• abdominoplasty/panniculectomy,
• repair of diastasis recti, or
• repair of umbilical or ventral hernia in addition to any of the above.

RATIONALE:

None

DISCLAIMER:

State and federal law, as well as contract language, including definitions and specific inclusions/exclusions, takes precedence over Medical Policy and must be considered first in determining coverage. The member’s contract benefits in effect on the date that services are rendered must be used. Any benefits are subject to the payment of premiums for the date on which services are rendered. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.

HMO Blue Texas physicians who are contracted/affiliated with a capitated IPA/medical group must contact the IPA/medical group for information regarding HMO claims/reimbursement information and other general polices and procedures.

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