

## Panniculectomy and Abdominoplasty

MPM 16.5

<b>Disclaimer</b>	<b>Refer to the member's specific benefit plan and <i>Schedule of Benefits</i> to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.</b>
<b>Description</b>	<p>An abdominoplasty (also known as a "tummy tuck") is a cosmetic surgical procedure to remove excess abdominal skin and fat, and tighten a lax anterior abdominal wall. A panniculectomy is a reconstructive surgery to remove a panniculus, also called a pannus. The pannus is an overhanging apron of skin and subcutaneous fat in the lower abdominal area. A massive pannus can cause chronic and persistent skin conditions, as well as interfere with activities of daily living.</p> <p>Abdominoplasty is not a covered benefit. The surgeon may perform this procedure as a separate procedure or combined with panniculectomy. There will be an additional fee not covered by insurance for this cosmetic component of the abdominal wall operation. Panniculectomy only includes removal of lower abdominal tissue. Abdominoplasty may include liposuction, defatting of upper abdomen, tightening of abdominal muscles and re-creation of umbilicus.</p>
<b>Coverage Determination</b>	<p><b>Prior Authorization/Benefit Certification is required. Logon to Pres Online to submit a request:</b> <a href="https://ds.phs.org/preslogin/index.jsp">https://ds.phs.org/preslogin/index.jsp</a></p> <p><b>Panniculectomy (CPT 15830)</b></p> <p>Only <b>one</b> panniculectomy is covered, per member, in a lifetime. Therefore, it is extremely important that weight-loss goals have been met and that weight has stabilized.</p> <p>The following criteria must be met:</p> <ol style="list-style-type: none"><li>1. The lower extent of the pannus is below the symphysis pubis, as demonstrated by photographs; <b>and</b></li><li>2. There is clinical documentation of recurrent and unrelenting skin condition (such as intertriginous dermatitis, panniculitis, cellulitis, or skin ulcerations) that is unresponsive to at least three months of medical treatment.</li></ol> <p style="text-align: center;"><b>OR</b></p>

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3. Following bariatric surgery or adherence to a nonsurgical program of weight maintenance (i.e., diet, exercise and possible medication):
  - a. The lower extent of the pannus is below the symphysis pubis, as demonstrated by photographs; **and**
  - b. There is clinical documentation of a BMI loss  $\geq 10$  and the member's BMI must be  $\leq 35$ ; **and**
  - c. A stable weight loss, plus or minus 10 pounds, has been maintained for six months; **and**
  - d. For members who have had bariatric surgery – member must be at least 18 months post surgery.

**Exclusions**

1. Abdominoplasty (CPT 15847).
2. Body lifts and any of the components – chin, arms, thighs, knees, etc., regardless of functional limitation.
3. Cosmetic surgery performed primarily to improve appearance and self-esteem is not a covered benefit.

**Coding**

**The coding listed in this Medical Policy is for reference only. Covered and non-covered codes are included in this list.**

CPT Codes	Description
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical Panniculectomy
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen (e.g., 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
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 of other sites

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**Reviewed by:**

1. Luis C. Cuadros MD, Plastic and Reconstructive Surgery, Albuquerque, NM, May 2006, September 2007, July 2009
2. John Finley MD, Presbyterian Medical Group, Albuquerque, NM, May 2006

**References:**

1. American Society of Plastic and Reconstructive Surgeons. Position Paper: *Treatment of Skin Redundancy Following Massive Weight Loss: Recommended Criteria for Third-Party Payer Coverage*, approved July 2006, Coding updated January 2007. Accessed on the Internet 07-14-10: [http://www.plasticsurgery.org/Documents/Medical\\_Professionals/Surgical-Treatment-of-Skin-Redundancy-Following.pdf](http://www.plasticsurgery.org/Documents/Medical_Professionals/Surgical-Treatment-of-Skin-Redundancy-Following.pdf)
2. Hayes Technology Brief. Copyright 2010 © Winifred S. Hayes, Inc. Panniculectomy for Abdominal Contouring Following Massive Weight Loss. June 22, 2010.
3. Milliman Care Guidelines®. Copyright © 2010 Milliman Care Guidelines LLC. 14<sup>th</sup> Edition. Panniculectomy, ACG: A-0498 (AC). Last update: 02-09-10.

**Approval Signatures:** Clinical Quality Committee: Mark Whitaker MD

Medical Director: Albert Rizzoli MD

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**Publication History**

- 06-28-06: Original effective date for PHP Internal Criteria
- 09-09-07: Annual review and revision
- 04-23-08: Transition to Medical Policy, review and revision
- 08-26-09: Annual review and revision
- 08-25-10: Annual review and revision
- 08-24-11: Annual review and revision

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This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. This Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available on our website at:

<http://www.phs.org/phs/healthplans/providers/healthservices/Medical/index.htm>

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Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and *Schedule of Benefits* to determine coverage.