

# MEDICAL POLICY

MEDICAL POLICY DETAILS	
Medical Policy Title	Abdominoplasty and Panniculectomy
Policy Number	7.01.53
Category	Contract Clarification
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Product Disclaimer	<ul style="list-style-type: none"> <li>• If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.</li> <li>• If a commercial product (including an Essential Plan or Child Health Plus product), medical policy criteria apply to the benefit.</li> <li>• If a Medicaid product covers a specific service, and there are no New York State Medicaid guidelines (eMedNY) criteria, medical policy criteria apply to the benefit.</li> <li>• If a Medicare product (including Medicare HMO-Dual Special Needs Program (DSNP) product) covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.</li> <li>• If a Medicare HMO-Dual Special Needs Program (DSNP) product DOES NOT cover a specific service, please refer to the Medicaid Product coverage line.</li> </ul>

## POLICY STATEMENT

- I. An *abdominoplasty* (“tummy tuck”) or belt lipectomy is considered a cosmetic procedure and, therefore, is **not medically necessary**.
- II. A *panniculectomy* is considered **medically appropriate** when there is documentation of a significant functional impairment, such as persistent cellulitis, abscess, or skin ulceration that has been refractory to medical therapy, not recurrent (i.e., does not clear up then recur), for at least six months, including a minimum of two, 10-day courses of appropriate systemic antibiotic therapy.
- III. Panniculectomy performed concurrently with a ventral hernia repair is considered **medically appropriate** if there is redundant skin/fat that is infected, is in the immediate vicinity of the hernia, and, in the opinion of the surgeon, is likely to result in bacterial seeding of implanted mesh used during the hernia repair.
- IV. Panniculectomy and/or abdominoplasty solely for the correction of poorly fitting clothes, problems with hygiene, or difficulty exercising are considered **not medically necessary**, as no functional deficit exists.
- V. Panniculectomy is considered **not medically necessary** for the treatment of superficial inflammation or infection controlled with topical medications.
- VI. Panniculectomy and/or abdominoplasty solely for the correction of *low back pain* is considered **not medically necessary**, as the cause of low back pain in most individuals is multi-factorial, and the primary cause may not be the abdominal panniculus.

*Refer to Corporate Medical Policy# 7.01.11 Cosmetic and Reconstructive Procedures*

*Refer to Corporate Medical Policy #7.01.105 Gender Reassignment/Affirming Surgery for Medicaid and HARP Members*

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**POLICY GUIDELINES**

- I. Preoperative photographs are an absolute requirement for determination of medical appropriateness.
- II. The criteria for panniculectomy apply regardless of the cause of the excess fatty tissue and/or redundant skin. These criteria apply to removal of fatty tissue and/or redundant (excessive) skin caused by obesity and also apply to weight loss due to any reason, including bariatric surgery.

**DESCRIPTION**

**Abdominoplasty**, also referred to as a “tummy tuck,” is a surgical procedure that tightens a lax anterior abdominal wall caused by diastasis recti (the separation of the two rectus muscles along the median line of the abdominal wall) and removes excess fat and abdominal skin. This procedure reduces the appearance of a protruding abdomen, giving a flatter, firmer, tighter abdomen and thin waist, and provides an overall improvement in the person’s shape and figure. Men and women who continue to have fat deposits and loose abdominal skin that won’t respond to diet and/or exercise, or women with slack muscles and skin due to multiple pregnancies or large babies, are the usual candidates for this procedure. Liposuction may be performed in conjunction with a “tummy tuck,” to further sculpt the abdomen or remove fat from other areas such as the hip.

Belt lipectomy, a procedure that combines abdominoplasty with circumferential excision of skin and fat, is often more ideal for patients with circumferential truncal excess. Belt lipectomy improves abdominal contour, abdominal wall laxity, mons pubis ptosis, back rolls, waist contour, and buttocks contour. Initially, the procedure was performed on post-weight-reduction patients only, but its indications have been extended to three other groups: patients who were 30 to 50 pounds overweight, patients of normal weight who desired a significant overall truncal improvement, and obese patients with persistent intraabdominal excess.

**Panniculectomy** is the surgical resection of the overhanging “apron” of redundant skin and fat in the lower abdominal area. A panniculus is often seen in men or women who have had significant weight loss or in morbidly obese patients. The panniculus can cause difficulty in the fit of clothing, interference with personal hygiene, and impaired ambulation, and it can be associated with lower back pain or pain in the panniculus, itself. The redundant skin folds are predisposed to areas of intertrigo, which can give rise to infections of the skin (e.g., fungal dermatitis, folliculitis, subcutaneous abscesses) or panniculitis.

A panniculectomy may be performed in conjunction with other scheduled intra-abdominal surgery, such as a hysterectomy, in obese patients, to improve surgical access and wound healing. Umbilical, ventral or other abdominal hernias may also be present and require surgical repair. The presence of diastasis recti does not imply the presence of a ventral hernia.

**CODES**

- *Eligibility for reimbursement is based upon the benefits set forth in the member’s subscriber contract.*
- ***CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.***
- *Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.*
- *Code Key: Experimental/Investigational = (E/I), Not medically necessary/ appropriate = (NMN).*

**CPT Codes**

<b>Code</b>	<b>Description</b>
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (e.g. abdominoplasty) (includes umbilical transposition and fascial plication)

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Code	Description
15877	Suction assisted lipectomy; trunk

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Code	Description
No code(s)	

**ICD10 Codes**

Code	Description
K42.9	Umbilical hernia without obstruction or gangrene
K43.2	Incisional hernia without obstruction or gangrene
K43.9	Ventral hernia without obstruction or gangrene
K46.9	Unspecified abdominal hernia without obstruction or gangrene
L02.211-L02.219	Cutaneous abscess of trunk (code range)
L03.311-L03.319	Cellulitis of trunk (code range)
L03.321-L03.326	Acute lymphangitis of trunk (code range)
L03.329	Acute lymphangitis of trunk, unspecified
L26	Exfoliative dermatitis
L30.4	Erythema intertrigo
L53.8	Other specified erythematous conditions
L54	Erythema in diseases classified elsewhere
L57.4	Cutis laxa senilis
L66.4	Folliculitis ulerythematosa reticulate
L90.4	Acrodermatitis chronica atrophicans
L90.8	Other atrophic disorders of skin
L91.8	Other hypertrophic disorders of the skin
L95.1	Erythema elevatum diutinum
L98.491-L98.499	Non-pressure chronic ulcer of skin of other sites (code range)
M54.5	Low back pain
M79.3	Panniculitis, unspecified

**REFERENCES**

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Dreifuss SE, et al. Insurance coverage for massive weight loss panniculectomy: a national survey and implications for policy. Surg Obes Relat Dis 2016 Feb;12(2):412-6.

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\*Key Article

**KEY WORDS**

Abdominoplasty, Belt Lipectomy, Lipectomy, Panniculectomy, Tummy Tuck

**CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS**

Based upon our review, abdominoplasty and/or panniculectomy are not addressed in a National or Local CMS coverage determination or policy.