

Abdominoplasty/Panniculectomy

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Medical Guideline Disclaimer

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Definitions

Abdominoplasty: A surgical procedure that tightens the lax anterior abdominal wall and removes excess abdominal skin and other tissue.

Panniculectomy: The surgical excision of the panniculus (abdominal fat apron).

These procedures are deemed **cosmetic** when performed solely to refine or reshape structures or surfaces that are not functionally impaired.¹ When performed to correct or relieve structural abdominal wall defects that result in significant functional impairment, they are deemed **reconstructive**.

Guideline

(See also Cosmetic Surgery guideline.)

In the case that more than one procedure is to be performed, coverage will only be applicable to the reconstructive procedure; the cost of the cosmetic procedure (i.e., abdominoplasty in association with panniculectomy) will be the responsibility of the member (as per group contract, individual contract or policy). Additionally, photographic evidence **must** accompany written documentation substantiating medical necessity.

¹ Functional impairment refers to an extensive redundancy of skin and fat folds (e.g., a panniculus below the pubis). The development is often secondary to massive weight loss. An abdominal panniculus of this extent is causal to functional impairment.

Members are eligible for coverage of abdominoplasty/panniculectomy when **one or more** of the following criteria are documented as met:

1. Presence of necrotic skin or skin ulcerations (photographic documentation required).
2. Presence of recurrent skin infections that have been refractory to systemic antibiotic or antifungal treatment (defined as > 2 occurrences within a 12-month period).
3. Presence of intertriginous skin rashes that have been refractory to a 3-month trial of dermatologist-supervised treatments.
4. Presence of chronic persistent lymphedema of abdominal pannus with draining sinuses or skin ulceration (photographic documentation and progress notes required).
5. Inability to carry out activities of daily living secondary to panniculus size interference, as evidenced by primary care physician office notes.

Applicable Diagnosis Codes

682.2	Other cellulitis and abscess, trunk
682.9	Cellulitis and abscess of unspecified site
692.9	Contact dermatitis and other eczema, unspecified
695.89	Other specified erythematous conditions, other
707.8	Chronic ulcer of other specified site
707.9	Chronic ulcer of unspecified site
709.3	Degenerative skin disorders
729.30	Panniculitis, unspecified site
729.39	Panniculitis of other sites

Applicable Procedure Codes

15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy)
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue

References

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