



Abdominoplasty/Panniculectomy

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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**.

Related Medical Guideline

[Cosmetic Surgery Procedures](#)

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.

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

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.

- Stability of weight for a period of 6 months post weight loss and/or bariatric surgery.

AND ≥ 1 OF THE FOLLOWING

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

Note: Panniculectomy is considered medically necessary as an adjunct to a medically necessary surgery when needed for exposure in extraordinary circumstances (e.g., as part of pelvic surgery in which a large pannus can obstruct visualization or when excision of a heavy pannus is needed to prevent postoperative abdominal wound dehiscence).

Limitations/Exclusions

The following procedures, when performed to assist with back pain, are not considered medically necessary:

- Abdominoplasty
- Diastasis recti repair
- Panniculectomy

Revision History

Added sentence stating that documentation should delineate reason for interference of activities of daily living.

Applicable Procedure Codes

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)
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue

Applicable ICD-10 Diagnosis Codes

I89.1	Lymphangitis
L30.4	Erythema intertrigo
L98.491	Non-pressure chronic ulcer of skin of other sites limited to breakdown of skin
L98.492	Non-pressure chronic ulcer of skin of other sites with fat layer exposed
L98.7	Excessive and redundant skin and subcutaneous tissue (eff. 10/01/2016)
L98.8	Other specified disorders of the skin and subcutaneous tissue
M35.6	Relapsing panniculitis [Weber-Christian]
M79.3	Panniculitis, unspecified

References

American Society of Plastic and Reconstructive Surgeons. Recommended Insurance Coverage Criteria for Third Party Payers: Surgical Treatment of Skin Redundancy Following Massive Weight Loss. 2007.

http://www.plasticsurgery.org/Medical_Professionals/Health_Policy_and_Advocacy/Health_Policy_Resources/Recommended_Insurance_Coverage_Criteria.html. Accessed May 1, 2017.

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Schechner SA, Jacobs JS, O'Louhglin KC. Plastic or reconstructive body contouring of the post-vertical banded gastroplasty patient: a retrospective review. *Obes Surg*. 1991;1:415-417.

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