

Abdominoplasty/Panniculectomy

Last Review Date: August 12, 2022

Number: MG.MM.SU.09hC

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Related Medical Guideline

[Cosmetic Surgery and Reconstructive Procedures](#)

Requests will be considered using Milliman Clinical Care Guidelines (MCGs). Guidelines are developed using publications that have been assessed in terms of quality, utility, and relevance. Preference is given to publications that:

- Are designed with rigorous scientific methodology.
- Are published in higher-quality journals (e.g., journals that are read and cited most often within their field).
- Address an aspect of specific importance to the guideline in question (admission criteria, length of stay).
- Represent an update or contain new data or information not reflected in the current guideline.

MCG Clinical Criteria

- A-0497 — Abdominoplasty
- A-0498 — Panniculectomy
- WS-GRG — Wound and Skin Management GRG

Note: 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.

Revision History

Aug. 13, 2021	Updated policy with MCG specific guidelines and retained note pertaining to: <ul style="list-style-type: none">▪ Differentiation between cosmetic and reconstructive procedures when multiple procedures are performed▪ Photo documentation
Jul. 12, 2019	Reinstated policy
Aug. 17, 2018	Retired for MCG
Mar. 11, 2016	Added 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
L98.493	Non-pressure chronic ulcer of skin of other sites with necrosis of muscle
L98.495	Non-pressure chronic ulcer of skin of other sites with muscle involvement without evidence of necrosis
L98.498	Non-pressure chronic ulcer of skin of other sites with other specified severity
L98.7	Excessive and redundant skin and subcutaneous tissue
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 August 18, 2022.

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Seung-Jun O, Thaller SR. Refinements in abdominoplasty. *Clin Plast Surg.* 2002;29:95-109,vi.

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