Abdominoplasty/Panniculectomy

Last Review Date: April 13, 2018
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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.

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:

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

**AND ≥ 1 OF THE FOLLOWING**

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.
- 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**

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<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>15830</td>
<td>Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy</td>
</tr>
<tr>
<td>15847</td>
<td>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)</td>
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<tr>
<td>17999</td>
<td>Unlisted procedure, skin, mucous membrane and subcutaneous tissue</td>
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</table>

**Applicable ICD-10 Diagnosis Codes**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>I89.1</td>
<td>Lymphangitis</td>
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<tr>
<td>L30.4</td>
<td>Erythema intertrigo</td>
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</tbody>
</table>
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 (Eff. 10/01/2018)
L98.498  Non-pressure chronic ulcer of skin of other sites with other specified severity (Eff. 10/01/2018)
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


Specialty-matched clinical peer review.

The Safety of Pelvic Surgery in the Morbidly Obese With and Without Combined Panniculectomy: A Comparison of Results. Hardy, James E. MD; Salgado, Christopher J. MD; Matthews, Martha S. MD; Chamoun, George MD; Fahey, A Leilani MD Annals of Plastic Surgery: January 2008 - Volume 60 - Issue 1 - pp 10-13