Abdominoplasty/Panniculectomy

Medical Guideline Disclaimer
Property of EmblemHealth. All rights reserved. The treating physician or primary care provider must submit to EmblemHealth the clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, EmblemHealth will not be able to properly review the request for prior authorization. The clinical review criteria expressed below reflects how EmblemHealth determines whether certain services or supplies are medically necessary. EmblemHealth established the clinical review criteria based upon a review of currently available clinical information (including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). EmblemHealth expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered and/or paid for by EmblemHealth, as some programs exclude coverage for services or supplies that EmblemHealth considers medically necessary. If there is a discrepancy between this guideline and a member's benefits program, the benefits program will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. All coding and web site links are accurate at time of publication. EmblemHealth Services Company LLC, (“EmblemHealth”) has adopted the herein policy in providing management, administrative and other services to HIP Health Plan of New York, HIP Insurance Company of New York, Group Health Incorporated and GHI HMO Select, related to health benefit plans offered by these entities. All of the aforementioned entities are affiliated companies under common control of EmblemHealth Inc.

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. 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**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<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 (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)</td>
</tr>
<tr>
<td>17999</td>
<td>Unlisted procedure, skin, mucous membrane and subcutaneous tissue</td>
</tr>
</tbody>
</table>
### Applicable ICD-10 Diagnosis Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>I89.1</td>
<td>Lymphangitis</td>
</tr>
<tr>
<td>L30.4</td>
<td>Erythema intertrigo</td>
</tr>
<tr>
<td>L98.491</td>
<td>Non-pressure chronic ulcer of skin of other sites limited to breakdown of skin</td>
</tr>
<tr>
<td>L98.492</td>
<td>Non-pressure chronic ulcer of skin of other sites with fat layer exposed</td>
</tr>
<tr>
<td>L98.495</td>
<td>Non-pressure chronic ulcer of other sites with muscle involvement without evidence of necrosis (Eff. 10/01/2017)</td>
</tr>
<tr>
<td>L98.498</td>
<td>Non-pressure chronic ulcer of other sites with other specified severity (Eff. 10/01/2017)</td>
</tr>
<tr>
<td>L98.7</td>
<td>Excessive and redundant skin and subcutaneous tissue</td>
</tr>
<tr>
<td>L98.8</td>
<td>Other specified disorders of the skin and subcutaneous tissue</td>
</tr>
<tr>
<td>M35.6</td>
<td>Relapsing panniculitis [Weber-Christian]</td>
</tr>
<tr>
<td>M79.3</td>
<td>Panniculitis, unspecified</td>
</tr>
</tbody>
</table>

### 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