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

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<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>
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<tr>
<td>17999</td>
<td>Unlisted procedure, skin, mucous membrane and subcutaneous tissue</td>
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</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>
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<tr>
<td>L30.4</td>
<td>Erythema intertrigo</td>
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<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>
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<tr>
<td>L98.7</td>
<td>Excessive and redundant skin and subcutaneous tissue (eff. 10/01/2016)</td>
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<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.