Medical Coverage Policy

Abdominoplasty and Panniculectomy

☐ Device/Equipment  ☐ Drug  ☐ Medical  ☒ Surgery  ☐ Test  ☐ Other

Effective Date: 6/5/2006  Policy Last Updated: 4/2/2013

☒ Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

☐ Prospective review is not required.

Description:

Panniculectomy:
A panniculectomy is the surgical removal of hanging fat and skin in the abdominal area and is typically performed after major weight loss. Folds of skin may cause chafing, which may lead to skin infections (e.g., folliculitis, dermatitis, subcutaneous abscesses). The panniculus may interfere with personal hygiene, proper fitting of clothing, impair ambulation, and may also be associated with back pain. Panniculectomy is considered medically necessary when the below medical criteria has been met, all other instances are considered cosmetic as they are not performed for correction of a functional impairment.

Abdominoplasty:
An abdominoplasty (or tummy tuck) is a surgical procedure used to flatten the abdomen by removing extra fat and skin, and tightening the abdominal wall muscles. Abdominoplasty is always considered cosmetic as it is not performed for functional effects.

Medical Criteria:
Panniculectomy is considered medically necessary when ALL the following criteria are met:

I. The panniculus hangs below the level of the pubis (photo documented); and
II. The patient has experienced a significant weight loss of 100 or more pounds, has been at a stable weight for at least six months and, if the patient has had bariatric (weight loss) surgery, the patient is 18 months post-operative; and
III. Patient has history (documented with office visit records) of recurrent rashes or non-healing ulcers that have not responded to conventional treatment (e.g., topical antifungals; topical and/or systemic corticosteroids; and/or local or systemic antibiotics) for a period of three months; and
IV. Demonstrated difficulty with ambulation or interference with activities of daily living (documented).

Policy:

Prior authorization is required for Panniculectomy for BlueCHIP for Medicare and recommended for all other lines of business.

- Panniculectomy that does not meet the criteria above is considered not medically necessary as it is not a repair of a functional impairment.
Not Medically Necessary:
- Panniculectomy is considered not medically necessary as an adjunct to other medically necessary procedures such as, but not limited to, hysterectomy, and/or incisional or ventral hernia repair unless the above medical criteria are met. It must also represent a distinct procedure to be reported.
- Panniculectomy solely for the correction of low-back pain is considered not medically necessary, since the cause of low back pain in most individuals is multi-factorial and the primary cause may not be the abdominal panniculus.

Abdominoplasty:
- BlueCHiP for Medicare: Abdominoplasty is considered a cosmetic procedure and is not performed to correct a functional impairment. Medicare does not cover cosmetic procedures.
- All other plans: Abdominoplasty is a contract exclusion as it is always considered to be a cosmetic procedure.

Coverage:
Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement, Benefit Booklet for surgery benefit/coverage.

Coding:
The following code is **covered** when the criteria listed above is met:
15830

The following code is considered cosmetic and a **contract exclusion**:
+15847

Also known as:
Tummy tuck

Related topics:
None

Published:
Provider Update, June 2013
Provider Update, Apr 2012
Provider Update, May 2011
Provider Update, Jun 2010
Provider Update, Apr 2009
Provider Update, Apr 2008
Policy Update, Apr 2007
Policy Update, Jul, 2006

References:


History
March 2013, Annual Review

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