

Medical Policy

Policy:	96001	Initial Effective Date:	02/05/1996
SUBJECT:	Panniculectomy, Abdominoplasty and Suction-Assisted Lipectomy	Annual Review Date:	10/03/2019
		Last Revised Date:	10/03/2019

Prior approval is required for some or all procedure codes listed in this Corporate Medical Policy.

Definition: Panniculectomy involves the surgical excision of a panniculus, a redundant, large and/or long overhanging apron of skin and subcutaneous fat located in the lower abdominal and pubic area.

Abdominoplasty is a surgical procedure to tighten lax anterior abdominal wall muscles and remove excess abdominal skin and fat.

Suction-assisted lipectomy (liposuction) is a body recontouring surgical procedure to remove excess fat deposits through a liposuction cannula. This procedure has been used on various locations of the body, including the abdomen, buttocks and thighs.

Medical Necessity:

- I. Panniculectomy:** The Company considers panniculectomy (**CPT Code 15830 and applicable ICD-10-PCS Codes**) **medically necessary** and eligible for reimbursement providing that *all* of the following medical criteria are met:
 - Panniculus extends below the inferior margin of the pubic ramus as documented by pre-operative frontal and lateral photographs; and
 - Chronic or recurrent rash, cellulitis, infection or recurrent skin ulceration(s) refractory to ≥ 6 months medical therapy; and
 - Medical record documentation that the panniculus adiposus interferes with activities of daily living.
- II. Panniculectomy following weight loss:** The Company considers panniculectomy following bariatric surgery or significant non-surgical weight loss (≥ 100 pounds) (**CPT Code 15830 and applicable ICD-10-PCS Codes**) **medically necessary** and eligible for reimbursement providing that *all* of the following medical criteria are met:
 - Criteria for panniculectomy have been met; and
 - Stable weight ≥ 6 months; and
 - Status post bariatric surgery ≥ 18 months, if applicable.
- III. Abdominoplasty:** The Company considers abdominoplasty performed alone or in conjunction with panniculectomy (**CPT Codes 15847 and 17999**) **cosmetic** and **not** eligible for reimbursement.

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IV. Suction assisted lipectomy: The Company considers suction assisted lipectomy (**CPT Code 15877**) **cosmetic** and **not** eligible for reimbursement.

Limitations: The Company limits the use of the panniculectomy as follows:

- Presence of a ventral hernia does not meet medical necessity criteria for panniculectomy; and
- Repair of diastasis recti is considered a component of abdominoplasty and considered **cosmetic** and **not** eligible for reimbursement

Documentation Requirements:

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member, and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results, and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply, and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

NOTE: After reviewing the relevant documentation, the Company reserves the right to apply this policy to the procedure performed regardless of how the procedure was coded by the Provider.

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Sources of Information:

- American Society of Plastic Surgeons,. (2016). Retrieved 23 February 2016, from <http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/evidence-practice/Surgical-Treatment-of-Skin-Redundancy-Following-Massive-Weight-Loss.pdf>
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- Hurvitz, K. A., Olaya, W. A., Nguyen, A., & Wells, J. H. (2014). Evidence-based medicine: abdominoplasty. *Plastic and reconstructive surgery*, 133(5), 1214-1221.
- Koolen, P. G., Ibrahim, A. M., Kim, K., Sinno, H. H., Lee, B. T., Schneider, B. E., ... & Lin, S. J. (2014). Patient selection optimization following combined abdominal procedures: analysis of 4925 patients undergoing panniculectomy/abdominoplasty with or without concurrent hernia repair.*Plastic and reconstructive surgery*, 134(4), 539e-550e.
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- Staalesen, T., Olsen, M. F., & Elander, A. (2013). Experience of excess skin and desire for body contouring surgery in post-bariatric patients. *Obesity surgery*, 23(10), 1632-1644.
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- Danilla, S., Longton, C., Valenzuela, K., Cavada, G., Norambuena, H., Tabilo, C., ... & Andrades, P. (2013). Suction-assisted lipectomy fails to improve cardiovascular metabolic markers of disease: A meta-analysis.*Journal of Plastic, Reconstructive & Aesthetic Surgery*, 66(11), 1557-1563.
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Applicable Code(s):	
CPT:	15830, 15847, 15877, 17999
HCPCS:	N/A
ICD10 Procedure Codes:	0J080ZZ, 0J083ZZ

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