



## *Abdominoplasty & Panniculectomy*

<b>Origination:</b> 09/27/07	<b>Revised:</b> 12/18/23	<b>Annual Review:</b> 12/19/23
<b>Line of Business:</b> Commercial Only <input type="checkbox"/> QHP/Exchange Only <input type="checkbox"/> Medicare Only <input type="checkbox"/> Commercial & QHP/Exchange <input checked="" type="checkbox"/> Commercial, QHP/Exchange, & Medicare <input type="checkbox"/>		

### **Purpose:**

To provide Abdominoplasty and Panniculectomy guidelines for Population Health and Provider Alliances associates to reference when making determinations.

### ***Coverage Guidelines***

Panniculectomy could be considered medically indicated if all of the following criteria are met and reviewed by a Medical Director:

- Panniculus hangs below the level of the pubis as evidenced by photo documentation.
- There is medical record documentation that the panniculus causes chronic intertrigo/dermatitis or ulcerations that consistently recur over three (3) months while being treated with appropriate medical therapy, or remains refractory to appropriate medical therapy over a period of three (3) months;
- If criteria are met, covered procedure codes include 15830, 49560, 49561, 49565, 49566, 49568.

### ***Exclusion Criteria***

- Panniculectomy is considered cosmetic when performed for reasons to “minimize the risk” of hernia formation or recurrence:
  - ❖ There is no adequate evidence that pannus contributes to hernia formation. The primary cause of hernia formation is an abdominal wall defect or weakness, not a pulling effect from a large or redundant pannus.
- Repair of a Diastasis Recti is not considered to be medically necessary. According to medical literature, it is not a true hernia and is of no clinical significance.
- Abdominoplasty and Suction Lipectomy are considered cosmetic.
- Non-covered procedure codes include 15847 and 15877.



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### **References:**

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### **Disclaimer Information:**

Coverage Issues Guidelines and Medical Technology Assessment Recommendations are developed to determine coverage for AvMed's benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. AvMed makes coverage decisions using these guidelines, along with the Member's benefit document. The use of this guideline is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated.

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Treating providers are solely responsible for the medical advice and treatment of Members. This guideline may be updated and therefore is subject to change.