



Abdominoplasty & Panniculectomy

Origination: 09/27/07	Revised: 08/03/17	Annual Review: 11/02/17
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Purpose:

To provide Abdominoplasty and Panniculectomy guidelines for the Medical Department staff 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.



Abdominoplasty & Panniculectomy

References:

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5. Aly AS, Cram AE, Chao M, et al. Belt lipectomy for circumferential truncal excess: The University of Iowa experience. *Plast Reconstr Surg.* 2003;111(1):398-413.
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Disclaimer Information:

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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.