

Panniculectomy/Abdominoplasty

Panniculectomy is the surgical excision of an abdominal apron of skin and subcutaneous fat located in the lower abdominal area.

Abdominoplasty is a surgical procedure which tightens lax anterior abdominal wall muscles and removes excess abdominal skin and fat.

I. Criteria for Initial Approval

Abdominoplasty/Panniculectomy will be considered for coverage when **ALL** of the criteria below are met, confirmed with supporting medical documentation.

Panniculectomy

- Patient is at least 18 years of age.
- Patient has had a stable weight for six months prior to surgery.
- The pannus hangs at or below the level of the symphysis pubis.
- Patient experiences at least ONE of the following medical complications:
 - Dermatologic conditions secondary to the panniculus, such as chronic intertrigo, candidiasis, cellulitis, or tissue ulceration or necrosis that consistently recurs and has not responded to, at least three months of, medical treatment.
 - Functional impairments (defined as adverse effects on activities of daily living) directly attributable to a large panniculus, such as:
 - Significant difficulty with walking.
 - Maintenance of reasonable hygiene.
 - Other activities of daily living.
- Behavioral complications, specifically Dysmorphic disorder, will be considered when one of the above medical complications, attributable to a large panniculus, is also present.
- If the weight loss is the result of bariatric surgery, neither abdominoplasty or panniculectomy should be performed until at least 18 months after bariatric surgery and only when weight has been stable for at least six months.

Abdominoplasty

Will not be approved as a stand alone procedure, but will be considered at the time of preauthorization for Panniculectomy as a combined procedure when all of the previous criteria for a Panniculectomy are met.

II. Required Clinical Information

Documentation of ***all*** of the following:

- Recent History and Physical exam, and medical progress notes related to the medical treatment and planned surgical intervention;
 - Documentation that the patient's symptoms are believed to be caused by a large pannus as well as the efforts to medically manage any ONE of the following symptoms:
 - Documentation of failure of treatment of dermatologic issues from the treating primary care physician or specialist (e.g., topical antifungals, topical and/or systemic corticosteroids, and/or local or systemic antibiotics, meticulous skin care).
 - Documentation of failure to improve functional limitations.
 - Documentation of any negative psychological effects and efforts to address them.
- Documentation attesting that the procedure is likely to improve dermatology skin changes, functional impairments, and dysmorphic disorder.
- The pannus hangs at or below the level of the symphysis pubis.
 - Additional support including a preoperative photograph may be requested showing the panniculus hangs below the level of the pubic symphysis.

III. Coverage Limitations and Exclusions

Panniculectomy or abdominoplasty are not covered when performed primarily for any of the following indications, because it is considered not medically necessary (this list may not be all inclusive):

- Treatment of neck or back pain.
- Repairing abdominal wall laxity or diastasis recti.

- Procedures considered investigational for minimizing the risk of hernia formation or recurrence.
- When performed in conjunction with other abdominal or gynecological procedures (e.g., abdominal hernia repair, hysterectomy, obesity surgery) unless criteria for panniculectomy and abdominoplasty are met separately.
- Suction assisted lipectomy.

IV. Length of Authorization for Initial Therapy

Preauthorization will be in effect for 6 months when criteria for initial approval are met.

V. Billing Code/Information

CPT Codes:

- 15830 - Panniculectomy: Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen; infraumbilical panniculectomy. 1 billable unit = 1 procedure.
- 15847 - Abdominoplasty: Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (e.g. abdominoplasty) (includes umbilical transposition and fascial plication) List in addition to primary code. 1 billable unit = 1 procedure.

Prior authorization of benefits is not the practice of medicine nor the substitute for the independent medical judgment of a treating medical provider. The materials provided are a component used to assist in making coverage decisions and administering benefits. Prior authorization does not constitute a contract or guarantee regarding member eligibility or payment. Prior authorization criteria are established based on a collaborative effort using input from the current medical literature and based on evidence available at the time.

Approved by MDH Clinical Criteria Committee: 12/7/2020

Last Reviewed Date: 12/7/2020