Sentara® Health Plans

Commercial

Panniculectomy

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Effective Date	11/1991
Next Review Date	2/13/2024
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Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details.

Purpose:

This policy addresses the medical necessity of the surgery, Panniculectomy.

Description & Definitions:

Abdominoplasty is a cosmetic surgical procedure to remove excess skin from the abdomen and tighten the rectus muscle.

Panniculectomy is reconstructive surgical procedure to remove excess skin and tissue from the lower abdomen that hangs over the pubis and causes skin irritation and/or infection. This procedure does not tighten the abdominal muscles.

Criteria:

Panniculectomy is considered medically necessary for **All** of the following:

- Panniculus hangs below the level of the pubis
- Panniculus causes **1 or more** of the following:
    - **Skin impairment, refractory** to conservative, medical therapy (local and/or oral) for at least three months with **1 or more** of the following:
        - Chronic intertrigo, rashes, cellulitis, infections, or non-healing ulcers
    - Functional impairment such as difficulty with walking and activities of daily living and the surgery will correct/improve the functional impairment
- Photos have been submitted that document **all of the** following:
    - The panniculus hangs below the level of the pubis
    - Evidence of chronic intertrigo, rashes, cellulitis, infections, or non-healing ulcers when the panniculus is lifted
- Prior to surgery, Individual's weight has been addressed, as indicated by **1 or more** of the following:
    - ~~o~~ Individual's weight has been stable, without significant weight loss.
    - Prior to surgery, Individual has had significant weight loss, and **1 or more** of the following:
        - Individual's weight has been stable for at least 3 to 6 months
        - Individual's bariatric surgery was at least 18 months ago, and weight has stabilized for at least 3 to 6 months

Procedures considered cosmetic are considered **not medically necessary** for any use other than those indicated in clinical criteria, to include but not limited to:

- Abdominal lipectomy (when done independently and not part of an approved panniculectomy procedure)
- Abdominoplasty
- Liposuction
- Repair of diastasis recti

Coding:

Medically necessary with criteria:

Coding	Description
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)

Considered Not Medically Necessary:

Coding	Description
15877	Suction assisted lipectomy; trunk

U.S. Food and Drug Administration (FDA) - approved only products only.

Document History:

Revised Dates:

- 2024: February
- 2022: February
- 2020: August
- 2019: November
- 2016: May
- 2015: July, August
- 2014: January
- 2012: September
- 2008: August
- 2007: August, September

Reviewed Dates:

- 2023: February
- 2021: December
- 2019: February
- 2018: March
- 2017: January
- 2014: August
- 2013: September
- 2011: September
- 2010: September
- 2009: August
- 2006: July
- 2004: November

Effective Date:

- November 1991

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2024). Retrieved Jan 2024, from MCG 27th Edition: https://careweb.careguidelines.com/ed27/index.html

(2024). Retrieved Jan 2024, from DMAS Provider Manual: https://vamedicaid.dmas.virginia.gov/pdf_chapter/practitioner#gsc.tab=0

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Panniculectomy. (2023, Jul 18). Retrieved Jan 2024, from National Library of Medicine - StatPearls: https://www.ncbi.nlm.nih.gov/books/NBK499822/#:~:text=A%20panniculectomy%20is%20an%20operative,a%20large%20overhanging%20abdominal%20panniculus.

Panniculectomy. (2024). Retrieved Jan 2024, from American Society of Plastic Surgeons: https://www.plasticsurgery.org/reconstructive-procedures/panniculectomy/candidates#:~:text=You%20have%20realistic%20expectations,the%20hanging%20fold%20of%20skin

Special Notes: *

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

Keywords:

Panniculectomy, abdominoplasty, liposuction, surgical 14, weight loss, panniculus, diastasis recti, bariatric surgery, body mass index