**Abdominoplasty and Panniculectomy**

**CPT Codes** – 15830, 15831, 15847

**What is it?**

**Abdominoplasty**, often referred to as a “tummy tuck,” is a surgical procedure that tightens lax anterior abdominal wall muscles and removes excess abdominal skin and fat. This procedure reduces the protruding abdomen and provides an overall improvement in the person’s shape and figure.

**Panniculectomy**/abdominal lipectomy is a procedure closely related to abdominoplasty with surgical resection of the overhanging “apron” of redundant skin and fat in the lower abdominal area. A panniculus or fold is often seen in men or women who have had significant weight loss or in morbidly obese patients.

Abdominoplasty and Panniculectomy are specifically excluded under most benefit plans. These procedures are most often cosmetic and performed solely to improve physical appearance. Please refer to the applicable benefit plan language to determine availability and terms of coverage.

**Criteria**

**Abdominoplasty and Panniculectomy** are considered medically necessary when all of the following criteria are met:

1. Pannus hangs at or below the level of the symphysis pubis, as demonstrated on preoperative photographs;
   
   and,

2. Pannus causes a chronic and persistent skin condition (e.g., intertriginous dermatitis, panniculitis, and cellulitis or skin ulcerations) that is refractory to at least six months of medical treatment. In addition to good hygiene practices, treatment should include topical antifungals, topical and/or systemic corticosteroids, and/or local or systemic antibiotics;

   and,

3. Pannus interferes with activities of daily living.

**Note:** In addition to the above, if the procedure is being performed following significant weight loss, the following must be met:

   a) documented evidence the patient has maintained a stable weight for at least six months;

   and,

   b) if after bariatric surgery, at least 18 months has elapsed from the date of surgery and documentation that weight has been stable for at least the most recent six months.
Abdominoplasty and Panniculectomy are not medically necessary if the above criteria have not been met and when performed for any of the following indications (this list may not be all-inclusive):

- treatment of neck or back pain; or,

- improving appearance (i.e., cosmetic); or,

- repairing abdominal wall laxity or abdominal muscle separation; or,

- treating psychological symptomatology or psychosocial complaints; or,

- when performed in conjunction with abdominal or gynecological procedures - (examples - abdominal hernia repair, hysterectomy, obesity surgery) unless criteria for panniculectomy and abdominoplasty criteria are met separately.

Notice

Policies are designed to provide medical guidelines that are applicable for the majority of individuals with a particular disease, illness, or condition. In addition, policies are designed to supplement the medical necessity terms as defined in the member’s Policy or Benefit Plan. Therefore, policies alone can not override specific Policy or Benefit plan language regarding coverage, limitations and exclusions. In the event of conflict, the Policy or Benefit Plan shall govern. Any policies included herein do not constitute medical advice or the practice of medicine. Rather, they are intended only to establish general guidelines. Application of a policy to determine medical necessity in an individual instance is not intended, implied or construed to take priority over the professional judgment of a treating provider. In all situations, the treating provider must use professional judgment to provide the care believed to be in the best interest of the patient, and the provider and patient remain responsible for all treatment decisions.

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