Prior approval is required for some or all procedure codes listed in this Corporate Medical Policy.

Definition: Panniculectomy involves the surgical excision of a panniculus, a redundant, large and/or long overhanging apron of skin and subcutaneous fat located in the lower abdominal and pubic area.

Abdominoplasty is a surgical procedure to tighten lax anterior abdominal wall muscles and remove excess abdominal skin and fat.

Suction-assisted lipectomy (liposuction) is a body recontouring surgical procedure to remove excess fat deposits through a liposuction cannula. This procedure has been used on various locations of the body, including the abdomen, buttocks and thighs.

Medical Necessity:

I. Panniculectomy: The Company considers panniculectomy (CPT Code 15830 and applicable ICD-10-PCS Codes) medically necessary and eligible for reimbursement providing that all of the following medical criteria are met:

- Panniculus extends below the inferior margin of the pubic ramus as documented by pre-operative frontal and lateral photographs; and
- Chronic or recurrent rash, cellulitis, infection or recurrent skin ulceration(s) refractory to ≥6 months medical therapy; and
- Medical record documentation that the panniculus adiposus interferes with activities of daily living.

II. Panniculectomy following weight loss: The Company considers panniculectomy following bariatric surgery or significant non-surgical weight loss (≥100 pounds) (CPT Code 15830 and applicable ICD-10-PCS Codes) medically necessary and eligible for reimbursement providing that all of the following medical criteria are met:

- Criteria for panniculectomy have been met; and
- Stable weight ≥6 months; and
- Status post bariatric surgery ≥18 months, if applicable.
III. Abdominoplasty: The Company considers abdominoplasty performed alone or in conjunction with panniculectomy (CPT Codes 15847 and 17999) cosmetic and not eligible for reimbursement.

IV. Suction assisted lipectomy: The Company considers suction assisted lipectomy (CPT Code 15877) cosmetic and not eligible for reimbursement.

Limitations: The Company limits the use of the panniculectomy as follows:
- Presence of a ventral hernia does not meet medical necessity criteria for panniculectomy; and
- Repair of diastasis recti is considered a component of abdominoplasty and considered cosmetic and not eligible for reimbursement

Documentation Requirements:

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member and/or a pattern of practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

Prior approval is required for CPT Codes 15830 and applicable ICD-10-PCS Code(s).

CPT Codes 15847, 15877 and 17999† are considered cosmetic and not eligible for reimbursement.

†When unlisted procedure - skin, mucous membrane and subcutaneous tissue (17999) is determined to be abdominoplasty.
Source of Information:

- Centers for Medicare & Medicaid Services: (2016). panniculectomy, abdominoplasty and suction assisted lipectomy. No national or local coverage determination found in the coverage database.

<table>
<thead>
<tr>
<th>Applicable Code(s):</th>
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<tr>
<td><strong>CPT:</strong> 15830, 15847, 15877, 17999</td>
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<tr>
<td><strong>HCPCS:</strong> N/A</td>
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<tr>
<td><strong>ICD10 Procedure Codes:</strong> 0J080ZZ, 0J083ZZ</td>
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