



PARAMOUNT

ADVANTAGE | ELITE | HMO
INDIVIDUAL MARKETPLACE |
PROMEDICA MEDICARE
PLAN | PPO

Abdominoplasty, Panniculectomy and Liposuction

Policy Number: PG0299
Last Review: 01/10/2017

GUIDELINES

This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

SCOPE

Professional
 Facility

DESCRIPTION

Morbid obesity is a condition of persistent and uncontrollable weight gain that constitutes a present or potential threat to life. Bariatric surgery is an effective and relatively safe treatment for morbid obesity. Many individuals who are post bariatric surgery seek consultation with a plastic surgeon for skin laxity after weight loss.

Abdominoplasty, also referred to in lay terms as a "tummy tuck," is a surgical procedure that tightens lax anterior abdominal wall muscles and removes excess abdominal skin and fat. This recontouring of the abdominal wall area is often performed solely to improve the appearance of a protuberant abdomen by creating a flatter, firmer abdomen. The procedure is generally performed solely for cosmetic purposes in order to improve the appearance of the abdominal area.

Panniculectomy is a surgical procedure used to remove a panniculus, which is an "apron" of fat and skin that hangs from the front of the abdomen. In certain circumstances, this "apron" can be associated with skin irritation and infection due to interference with proper hygiene and constant skin-on-skin contact in the folds underneath the panniculus. The presence of a panniculus may also interfere with daily activities. The severity of abdominal deformities is graded as follows:

- Grade 1: panniculus covers hairline and mons pubis but not the genitals
- Grade 2: panniculus covers genitals and upper thigh crease
- Grade 3: panniculus covers upper thigh
- Grade 4: panniculus covers mid-thigh
- Grade 5: panniculus covers knees and below

Abdominal suction-assisted lipectomy, traditionally known as liposuction, is a method of removing unwanted fatty deposits from specific areas of the face and body. The surgeon makes a small incision and inserts a cannula attached to a vacuum device that suctions out the fat. Areas suitable for liposuction include the chin, neck, cheeks, upper arms, area above the breasts, the abdomen, flanks, the buttocks, hips, thighs, knees, calves and ankles. Liposuction can improve body contour and provide a sleeker appearance. Surgeons may also use liposuction to remove lipomas (benign fatty tumors) in some cases.

POLICY

Panniculectomy (15830) and abdominoplasty (15847) requires prior authorization for all product lines.

Liposuction/abdominal suction-assisted lipectomy (15877) is non-covered for HMO, PPO, Individual Marketplace, & Elite/ProMedica Medicare Plan.

Liposuction/abdominal suction-assisted lipectomy (15877) requires prior authorization for Advantage.

COVERAGE CRITERIA

HMO, PPO, Individual Marketplace, Elite/ProMedicare Medicare Plan. Advantage

Abdominoplasty, panniculectomy and liposuction are specifically excluded under many benefit plans. In addition, coverage for these services may be subject to the provisions of a cosmetic and/or reconstructive surgery benefit. These procedures are considered cosmetic when performed solely to improve physical appearance. Cosmetic surgery is specifically excluded under many benefit plans.

If coverage for panniculectomy and abdominoplasty is available, the following conditions of coverage apply.

Panniculectomy (15830) and abdominoplasty (15847) is covered with prior authorization when the member meets *all* the following clinical features:

- a) Panniculus hangs below the level of the pubus, documented by photographs; and
- b) The medical records document that the panniculus cause chronic intertrigo (dermatitis occurring on the opposed surface of the skin, skin irritation, infection or chafing) that recurs over 3 months while receiving appropriate medical therapy (e.g., oral or topical prescription medication), or remains refractory to appropriate medical therapy over a period of 3 months; and
- c) Photographs with pannus lifted to document presence of intertrigo

Procedure 15847 is an add-on code used in conjunction with 15830.

Abdominoplasty when done to remove excess skin or fat with or without tightening of the underlying muscles is considered cosmetic and not medically necessary.

HMO, PPO, Individual Marketplace, Elite/ProMedicare Medicare Plan

Paramount considers liposuction or abdominal suction-assisted lipectomy (15877) cosmetic and therefore non-covered.

Advantage

While there is insufficient evidence in the published medical literature to demonstrate the safety, efficacy and long-term outcomes of liposuction/abdominal suction-assisted lipectomy (15877), The Ohio Department of Medicaid requires this procedure be reviewed for medical necessity. Therefore it may be covered with a prior authorization for Advantage members.

CODING/BILLING INFORMATION

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

CPT CODES	
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)
15877	Suction assisted lipectomy; trunk

REVISION HISTORY EXPLANATION

ORIGINAL EFFECTIVE DATE: 08/22/2014

08/22/14: Policy created per TAWG to reflect most current clinical evidence.

06/18/15: Abdominoplasty (15847) covered per ODM Appendix DD and per TAWG determination covered for all

product lines. Policy reviewed and updated to reflect most current clinical evidence per TAWG.

07/22/16: Policy reviewed and updated to reflect most current clinical evidence per TAWG.

01/10/17: Effective 01/01/17 code 15877 is now covered with prior authorization for Advantage only per ODM guidelines. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

12/19/2020: Medical policy placed on the new Paramount Medical Policy Format

REFERENCES/RESOURCES

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services

Ohio Department of Medicaid

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services

Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets

Industry Standard Review

Hayes, Inc.