



Clinical Review Criteria Related to Abdominal Panniculectomy

I. Criteria for Approval

- A. Panniculus hangs to or below the level of the pubis and/or Grade 2 or higher on the ASPS scale; AND
- B. No documented significant weight loss or weight gain (+/- 5%) during the past 6 months AND
- C. Must meet one of the following criteria in order to approve:
 - 1. Recurrent or non-healing documented ulcers requiring systemic antibiotics. (Recurrent to be defined as at least 2 incidences in a 12 month period), **OR**
 - 2. Chronic dermatitis occurring on opposed surfaces of the skin which remains resistant to appropriate medical treatment, that consistently recurs over 3 months while receiving appropriate medical therapy, which should include prescription, topical and/or systemic antibiotics or corticosteroids ordered by a physician over this 3 month period, **OR**
 - 3. Documented functional physical impairment with ADLs, e.g., difficulty walking.

II. Required Documentation

- A. Clinical notes indicating the diagnosis and treatments used
- B. Chart or clinical notes documenting weight at least 6 months ago and current weight
- C. Photographs
- D. The severity of abdominal deformities is graded as follows:
(American Society of Plastic Surgeons (ASPS))
 - Grade 1: pannus covers hairline and mons pubis but not the genitals
 - Grade 2: pannus covers genitals and upper thigh crease
 - Grade 3: pannus covers upper thigh
 - Grade 4: pannus covers mid-thigh
 - Grade 5: pannus covers knees and below

III. What is Not Covered

- A. Panniculectomy procedure for which the primary purpose is to improve, alter, enhance appearance, self- image, or is performed for psychological or emotional reasons.
- B. Minuteman Health Insurance (MHI) considers abdominoplasty, suction lipectomy and lipoabdominoplasty cosmetic.
- C. Repair of diastasis recti is not considered medically necessary for any indication.

ICD 10 Codes for Functional Panniculectomy

Localized Adiposity	E65-E67.0
Intertrigo	L26
Lumbago	M54.5
Umbilical Hernia	K42.9
Ventral /Incisional Hernia	K43.9

CPT Codes

15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
49560	Repair initial incisional or ventral hernia; reducible
49561	Repair initial incisional or ventral hernia; reducible, incarcerated or strangulated
49565	Repair recurrent incisional or ventral hernia; reducible

References:

NCQA Standard, UM 2, Clinical Criteria for Utilization Management Decisions, Element A

American Society of Plastic and Reconstructive Surgeons (ASPS). Practice parameter for surgical treatment of skin redundancy for obese and massive weight loss patients. 2007b. Available at: <http://www.plasticsurgery.org/news/2015/hysterectomy-can-be-safely-combined-with-cosmetic-surgery-for-hanging-abdomen.html> <http://www.plasticsurgery.org/news/2015/hysterectomy-can-be-safely-combined-with-cosmetic-surgery-for-hanging-abdomen.html>
(Last Accessed 8/10/16)

American Society of Plastic Surgeons. ASPS Recommended Insurance Coverage Criteria for Third Party Payers: Abdominoplasty and Panniculectomy Unrelated to Obesity or Massive Weight Loss. <http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/insurance/Abdominoplasty-and-Panniculectomy.pdf>
(Last Accessed 8/10/16)

Coleman WP, Glogau RG, Klein JA, et al. American Academy of Dermatology Guidelines/Outcomes Committee. Guidelines of care for liposuction. J Am Acad Dermatol. 2001; 45(3):438-447
(Last Accessed 8/10/16)

Summary of Changes:

02/09/2017

- ICD 9 codes converted to ICD 10
- Updated sources and last-accessed date