 KMTSJ, Inc.	DEPARTMENT:	Health Management
	SUBJECT:	Panniculectomy/Abdominoplasty/Diastasis Recti Abdominis Repair/Liposuction
	PRODUCT LINE:	All
	POLICY NUMBER:	046
	ORIGINAL POLICY EFFECTIVE DATE:	06/20/2006
	LAST REVISED DATE:	04/18/2018
	LAST REVIEWED DATE:	04/03/2024

SCOPE: To ensure Group Health Cooperative of Eau Claire (the Cooperative) consistently and correctly administers panniculectomy, abdominoplasty, diastasis recti abdominis repair, and liposuction surgical benefits to all members according to their policy specifics.

POLICY: It is the policy of the Cooperative to require prior authorization for panniculectomy, abdominoplasty, diastasis recti abdominis repair, and liposuction surgical services provided by contracted provider if medical necessity criteria are met.

PROCEDURE: Prior authorization required: Yes, All Product Lines

Associated Codes:

15830 Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infra umbilical panniculectomy

15847 Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg: abdominoplasty) (includes umbilical transportation and fascial plication)


17999 Unlisted procedure, skin, mucous membrane and subcutaneous tissue (when specified as other abdominoplasty, excision excessive skin and subcutaneous tissue, including lipectomy, of abdomen)

22999 Unlisted procedure, abdomen, musculoskeletal system (when specified as repair of diastasis recti)

15877 Suction assisted lipectomy; trunk (when specified as abdominal liposuction)

Definitions:

- **Panniculectomy** is the surgical excision of fatty tissue and excess skin (panniculus) from the lower to middle portions of the abdomen (generally below the navel). It does not tighten muscles.
- **Abdominoplasty or Tummy Tuck** is surgery performed to remove excess abdominal skin and fat both the upper and lower abdomen with or without tightening lax anterior abdominal wall muscles and with or without repositioning or reconstruction of the navel.
- **Diastasis recti abdominis** is the separation of the rectus muscles of the abdominal wall, which sometimes results in herniation of the abdominal viscera and may occur during pregnancy. It is often performed as an add on surgery with an abdominoplasty.

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- **Liposuction (lipoplasty, suction-assisted lipectomy)** is a surgical procedure designed to remove fat from under the skin via a suction device.

Coverage Positions:

The Cooperative considers panniculectomy **Medically Necessary** when the following criteria are met:

1. The medical records document that the panniculus has caused a deep-seated infection or abscess which is unresponsive to conservative measures such as topical and/or oral treatments.
2. Provider notes must be submitted which clearly indicate the nature of the skin condition, treatments attempted, and the response to treatment over a period of at least 6 months, **AND**
3. Member must be compliant with hygienic practices, **AND**
4. A panniculus that hangs below the level of the symphysis pubis as documented by front and lateral photographs, **AND**
5. For panniculectomy requests after weight loss surgery/weight loss, the member must meet all criteria above. In addition, there must be documentation that the member has achieved adequate weight loss and has maintained that weight loss for at least 6 months.

The following procedures are considered cosmetic and therefore not medically necessary:

diastasis recti abdominis surgery

abdominoplasty

liposuction


Denial language if above criteria is not met:

- **Panniculectomy for back pain:**

There is not enough medical evidence available to support the use of panniculectomy or abdominoplasty to treat back pain. This request is considered not medically necessary and is not approved.

- **Panniculectomy for superficial/uncomplicated skin irritation/infection:**

A deep-seated infection or abscess is a complicated skin infection that usually does not respond to conservative measures and is likely to require hospital treatment with intravenous(IV) antibiotics and/or surgical intervention. Uncomplicated skin infections (ie: yeast, bacterial, etc.) are more superficial (shallow) infections and may be treated with oral antibiotics, creams, ointments, powders, etc., although they may come and go.

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In the absence of a deep-seated infection/ abscess that is unresponsive to conservative measures such as topical or oral treatments, your request for a panniculectomy is considered not medically necessary and is denied.

APPROVED: *Michele Bauer MD.* DATE: 04/03/2024

REVISION HISTORY:

Rev. Date	Revised By/Title	Summary of Revision
03/11/2013	Carol E. Ebel, RN HM Mgr	This is a continuation of the archived P & P.
02/15/2014	Lynne Komanec, RN HM Manager	Reviewed with no changes
01/23/2015	Betsy Kelly, RN	Reviewed and reformatted.
01/08/2016	Betsy Kelly, RN	Updated including denial language. Added coding, abdominoplasty, liposuction, diastasis recti abdominis repair and updated denial language.
04/18/2018	Michele Bauer, MD	Updated criteria
04/28/2020	Michele Bauer, MD	Reviewed. No changes.
04/28/2021	Michele Bauer, MD, CMO	Reviewed. No changes.
04/13/2022	Michele Bauer, MD, CMO	Reviewed. No changes.
04/13/2023	Michele Bauer, MD, CMO	Reviewed. No changes.
04/03/2024	Michele Bauer, MD, CMO	Reviewed. No changes.