

Abdominoplasty & Panniculectomy

Origination: 09/27/07	Revised: 03/21/08	Annual Review: 12/15/11
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Purpose:

The Medical Technology Assessment Committee will review published scientific literature and information from appropriate government regulatory bodies (when available) related to Abdominoplasty & Panniculectomy in order to determine inclusion in the benefit plan.

Recommendation:

A recommendation was made by the MTAC following discussion by committee members based on current literature:

Eligibility Criteria

Panniculectomy could be considered medically indicated if all of the following criteria are met and reviewed by a Medical Director:

- There is medical record documentation that the panniculus causes chronic intertrigo/dermatitis or ulcerations that consistently recur over three (3) months while being treated with appropriate medical therapy, or remains refractory to appropriate medical therapy over a period of three (3) months;
- If criteria are met, covered procedure codes include 15830, 49560, 49561, 49565, 49566, 49568.

Exclusions

- Panniculectomy is considered cosmetic when performed for reasons to “minimize the risk” of hernia formation or recurrence:
 - ❖ There is no adequate evidence that pannus contributes to hernia formation. The primary cause of hernia formation is an abdominal wall defect or weakness, not a pulling effect from a large or redundant pannus.
- Repair of a Diastasis Recti is not considered to be medically necessary. According to medical literature, it is not a true hernia and is of no clinical significance.
- Abdominoplasty and Suction Lipectomy are considered cosmetic.
- Non-covered procedure codes include 15847 and 15877.

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References:

1. Guiding principles for liposuction. The American Society for Dermatologic Surgery, February 1997. *Dermatol Surg.* 1997;23(12):1127-1129.
2. Update from the Ultrasonic Liposuction Task Force of the American Society for Dermatologic Surgery. *Dermatol Surg.* 1997;23(3):211-214.
3. Larson GM. Laparoscopic repair of ventral hernia. In: SAGES Primary Care Physician's Resource Center. Santa Monica, CA: Society of American Gastrointestinal Endoscopic Surgeons (SAGES); 2001.
4. Review from Hayes Health Technology. Tumescant Liposuction. February 2001.
5. Aly AS, Cram AE, Chao M, et al. Belt lipectomy for circumferential truncal excess: The University of Iowa experience. *Plast Reconstr Surg.* 2003;111(1):398-413.
6. State of Minnesota, Health Technology Advisory Committee. Tumescant liposuction. St. Paul, MN: HTAC; 2002.
7. Cooter R, Robinson D, Babidge W, et al. Systematic review of ultrasound-assisted lipoplasty: Update and reappraisal. North Adelaide, Australia: Royal Australasian College of Surgeons, Australian Safety and Efficacy Register of New Interventional Procedures (ASERNIP) - Surgical; 2002.
Sanchez LJ, Bencini L, Moretti R. Recurrences after laparoscopic ventral hernia repair: Results and critical review. *Hernia.* 2004;8(2):138-143.

Disclaimer Information:

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Treating providers are solely responsible for the medical advice and treatment of Members. This guideline may be updated and therefore is subject to change.