



Panniculectomy/Abdominoplasty

I. Policy

University Health Alliance (UHA) will reimburse for panniculectomy and abdominoplasty services when they are determined to be medically necessary and when they meet the medical criteria guidelines (subject to limitations and exclusions) indicated below.

II. Criteria/Guidelines

- A. A panniculectomy is covered (subject to Limitations/Exclusions and Administrative Guidelines) in a patient with stable weight for at least six months, when any one of the following criteria is met:
 - 1. There are recurrent documented rashes that do not respond to conventional treatment for at least a three-month period.
 - 2. There are documented recurrent or nonhealing ulcers that do not respond to conventional treatment for at least a three-month period.
 - 3. There is functional impairment such as significant difficulty with walking, maintenance of reasonable hygiene, or other activities of daily living.
- B. Surgical procedures for the removal of redundant skin in other areas of the body (e.g., upper arm brachioplasty, thighplasty, hip-plasty, or circumferential excision of redundant skin of trunk) must meet the same criteria for panniculectomy in order to be considered for coverage.

NOTE:

This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine, and it should not deter a provider from expressing his/her judgment.

Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member's individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.

UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.

III. Limitations/Exclusions

- A. An abdominoplasty or "tummy tuck" (CPT 15847 used in conjunction with CPT 15830) is considered cosmetic and not a covered benefit.
- B. Post bariatric surgery patients should wait 18 months post op for panniculectomy.

IV. Administrative Guidelines

- A. Prior authorization is required for panniculectomy.
- B. To request prior authorization, please submit via UHA's online portal. If a login has not been established, you may contact UHA at 808-532-4000 to establish one.

- C. Front and lateral view photographs or digital images demonstrating the size of the panniculus and/or other affected body parts and the nature or extent of skin irritation, cellulitis or skin necrosis are required.

CPT Code	Description
00802	Anesthesia for procedures on lower anterior abdominal wall; panniculectomy
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area
19316	Mastopexy

V. Policy History

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