

Subject: Panniculectomy and Abdominoplasty**Medical Policy #:** 16.5**Original Effective Date:** 06-28-2006**Status:** Reviewed**Last Annual Review Date:** 03-25-2025

Disclaimer

Refer to the member's specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans, or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Description

An abdominoplasty (also known as a "tummy tuck") is a cosmetic surgical procedure to remove excess abdominal skin and fat and tighten a lax anterior abdominal wall. A panniculectomy is a reconstructive surgery to remove a panniculus, also called a pannus. The pannus is an overhanging apron of skin and subcutaneous fat in the lower abdominal area. A massive pannus can cause chronic and persistent skin conditions, as well as interfere with activities of daily living.

Panniculectomy- Abdominal Lipectomy/panniculectomy is surgical removal of excessive fat and skin from the abdomen. When surgery is performed to alleviate such complicating factors as inability to walk normally, chronic pain, ulceration created by the abdominal skin fold, or intertrigo dermatitis, such surgery is considered reconstructive.

Coverage Determination

Prior Authorization is required. Logon to Pres Online to submit a request:

<https://ds.phs.org/preslogin/index.jsp>

Coverage Determination:

For Commercial, Medicaid and Medicare, Presbyterian follows current CMS Local Coverage Determination (LCD) Cosmetic and Reconstructive Surgery ([L35090](#)) and the related article ([A56587](#)).

Coding

The coding listed in this Medical Policy is for reference only and is not meant to be exclusive of other possible CPT, HCPCS or ICD-10 codes. Covered and non-covered codes are within this list.

CPT	Description
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), (listed separately in addition to code for primary procedure)
For reporting of ICD-10, please see LCA (A56587)	

CPT Codes	Liposuction used for body contouring, weight reduction or the harvest of fat tissue for transfer to another body region for alteration of appearance or self-image or physical appearance is NON-COVERED .
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15877	Liposuction, trunk.
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Reviewed by / Approval Signatures

Population Health & Clinical Quality Committee: Clinton White, MD

Medical Director: Jim Romero, MD

Date Approved: 03/25/2025

References

1. **CMS –LCD L35090** Cosmetic and Reconstructive Surgery, Revision date:07/11/2021 R9. **[Cited 02/12/2025]**
2. **CMS, LCA(A56587)**, Billing and Coding: Cosmetic and Reconstructive Surgery, Revision date: 07-11-2021, R#5. **[Cited 02/12/2025]**
3. CMS IOM Publication [100-02, Medicare Benefit Policy Manual, Chapter 16](#): Section 10, General Exclusions from Coverage; Section 120 Cosmetic Surgery and Section 180 Services Related to and Required as a Result of Services Which Are Not Covered Under Medicare, (Rev. 198, Issued: 11-06-14) **[Cited 02/12/2025]**
4. CMS [MLN Booklet, Items and Services Not Covered Under Medicare](#), , Section F Cosmetic Surgery, MLN906765 June 2022. **[Cited 02/12/2025]**
5. **CMS, WPS, Billing and Coding:** Cosmetic and Reconstructive Surgery LCA (A58774) Revision Date: 01/01/2025 R5. **[Cited 02/12/2025]**

Publication History

- 01-29-14 Presbyterian now uses MCG Criteria A-0498
- 03-25-15 Annual Review. Accessed MCG. Last update 01-29-15. No change.
- 05-25-16 Annual Review. Accessed MCG A-0498 criteria. Last update 1/28/16. No change.
- 09-26-18 Annual review and revision
- 01-22-20 Annual review. Continue using LCD-L35090 and LCA A56857. No change to MPM criteria, added (2-4) exclusion listings and noted non-coverage for CPT codes 15847 & 15877.
- 03-24-21 Annual review. Continue to follow LCD (L35090) and related article LCA (A56587) for all LOB. Abdominoplasty (code: 15847) will now be covered. Novitas says they cover upon significant weight loss, 2 years after bariatric surgery and if infection and inflammation persist for a period of at least 6 months. Remove language in the exclusion section regarding Abdominoplasty (15847) is not a covered benefit. Updated CPT 15847 to covered section. Continue PA for 15830 and 15847. Review of ICD-10 for 15877 is not complete.
- 03-23-22 Annual review. Reviewed by PHP Medical Policy Committee on 03-04-2022. Continue to follow CMS Local Coverage Determination (LCD) Cosmetic and Reconstructive Surgery (L35090) and the related article (A56587). Note: There are changes to LCD and LCA. Changes include covered indications, documentation, limitations; and the reporting of covered ICD-10. Liposuction code (15877) will continue as non-covered when it does not relate to suction assisted panniculectomy. Continue PA for 15830, 15847 and 15877.
- 03-22-23 Annual review. Reviewed by PHP Medical Policy Committee on 02-01-2023. Continue to follow CMS LCD Cosmetic and Reconstructive Surgery (L35090) and the related article (A56587). Liposuction code (15877) will continue as non-covered when it does not relate to suction assisted panniculectomy. Continue PA for 15830, 15847 and 15877.
- 03-20-24 Annual review. Reviewed by PHP Medical Policy Committee on 02/23/2024. There is no change in coverage. Continue to follow LCD (L35090). Liposuction code (15877) will continue as non-covered when it does not relate to suction assisted panniculectomy. Continue PA for 15830, 15847 and 15877.
- 03-25-25 Annual review. Reviewed by PHP Medical Policy Committee on 2/14/2025. There is no change in coverage. Continue to follow LCD (L35090). Liposuction code (15877) will continue as non-covered when it does not relate to suction assisted panniculectomy. Continue PA for 15830, 15847 and 15877.

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: [Click here for Medical Policies](#)

Web links:

At any time during your visit to this policy and find the source material web links has been updated, retired or superseded, PHP is not responsible for the continued viability of websites listed in this policy.

When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.