**PROCEDEURE/EQUIPMENT**

Abdominoplasty, Panniculectomy¹

(Excision, excessive skin and subcutaneous tissue, including lipectomy)

**NOTE:** This criterion is to be used only for individuals who have Abdominoplasty/Panniculectomy as a covered benefit.

**CPT/HCPCS CODES**

15830, 15847

**CRITERIA**

MUST MEET ALL OF THE FOLLOWING:

1. The individual’s weight has been stable for at least six (6) months.
2. The panniculus hangs to below the level of the pubis as documented by photographs.
3. There is photographic and office note documentation of recurrent chronic rashes, skin infections, cellulitis or non-healing ulcers that have not responded to conservative medical therapy for a period of three (3) months. The photographs should be both frontal and lateral with hands at the sides. At least one view must have the abdominal skin fold(s) raised to document any reported skin changes.
4. The panniculus interferes with activities of daily living and/or there is difficulty with walking.

¹ Abdominoplasty for the treatment of abdominal wall laxity or diastasis recti is considered cosmetic.

**REFERENCES**

<table>
<thead>
<tr>
<th>REVIEW HISTORY</th>
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<tbody>
<tr>
<td>01/11/06, 11/07/07, 10/29/08, 10/14/09, 11/10/10, 11/09/11, 12/05/12, 12/31/13, 12/03/14, 12/09/15</td>
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To view ConnectiCare’s list of policies on various medical treatments and emerging technologies, go to [www.connecticare.com/provider/MedicalPolicyCriteria.aspx](http://www.connecticare.com/provider/MedicalPolicyCriteria.aspx)