



# Panniculectomy and Body Contouring Procedures (for North Carolina Only)

Policy Number: CSNC.MP.014.05 Effective Date: August 1, 2023

☐ Instructions for Use

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#### **Related Policies**

- Breast Reconstruction (for North Carolina Only)
- Cosmetic and Reconstructive Procedures (for North Carolina Only)
- Omnibus Codes (for North Carolina Only)

## **Application**

This Medical Policy only applies to the state of North Carolina.

#### **Coverage Rationale**

For clinical coverage criteria, refer to the <u>North Carolina Medicaid (Division of Health Benefits) Clinical Coverage Policy for Reconstructive Surgery</u>, 1-O-1, Reconstructive and Cosmetic Surgery.

## **Applicable Codes**

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
The following codes may be cosmetic; review is required to determine if considered cosmetic or reconstructive.	
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (e.g., abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)
15877	Suction assisted lipectomy; trunk
15878	Suction assisted lipectomy; upper extremity
15879	Suction assisted lipectomy; lower extremity

CPT Code	Description	
The following codes are considered cosmetic; the codes do not improve a functional, physical or physiological		
impairment.		
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	
15876	Suction assisted lipectomy; head and neck	

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#### References

North Carolina Medicaid, Division of Health Benefits, Clinical Coverage Policies, Reconstructive and Cosmetic Surgery, No: 1-O-1. <a href="https://medicaid.ncdhhs.gov/media/12502/download?attachment">https://medicaid.ncdhhs.gov/media/12502/download?attachment</a>. Accessed April 11, 2023.

# **Policy History/Revision Information**

Date	Summary of Changes
08/01/2023	Routine review; no change to coverage guidelines
, ,	<ul> <li>Archived previous policy version CSNC.MP.014.04</li> </ul>

#### **Instructions for Use**

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.