

Panniculectomy and Body Contouring Procedures (for North Carolina Only)

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[Instructions for Use](#)

Table of Contents	Page
Application	1
Coverage Rationale	1
Applicable Codes	1
U.S. Food and Drug Administration	2
References	2
Policy History/Revision Information	2
Instructions for Use	2

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 [North Carolina Medicaid \(Division of Health Benefits\) Clinical Coverage Policy, Reconstructive Surgery: 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
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

CPT Code	Description
The following codes are considered cosmetic; the codes do not improve a functional, physical, or physiological impairment.	
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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Codes labeled with an asterisk (*) are not on the State of North Carolina Medicaid Fee Schedule and therefore may not be covered by the State of North Carolina Medicaid Program.

U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Panniculectomy and body contouring procedures are procedures and, therefore, not regulated by the FDA. However, devices and instruments used during the surgery may require FDA approval. Refer to the following website for additional information: <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMN/pmnmn.cfm>. (Accessed May 7, 2024)

References

North Carolina Medicaid, Division of Health Benefits, Clinical Coverage Policies, Reconstructive and Cosmetic Surgery, No: 1-O-1. <https://medicaid.ncdhhs.gov/1-o-1-reconstructive-and-cosmetic-surgery-0/download?attachment>. Accessed April 29, 2024.

Policy History/Revision Information

Date	Summary of Changes
09/01/2024	<p>Applicable Codes</p> <ul style="list-style-type: none"> Added notation to indicate CPT codes 15877, 15878, 15879, and 15876 are not on the State of North Carolina Medicaid Fee Schedule and therefore may not be covered by the State of North Carolina Medicaid Program <p>Supporting Information</p> <ul style="list-style-type: none"> Added <i>FDA</i> section Updated <i>References</i> section to reflect the most current information Archived previous policy version CSNC.MP.014.05

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.