

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

Guideline Number: CSNC.CDG.014.02  
Effective Date: December 1, 2021

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## Application

This Coverage Determination Guideline only applies to the state of North Carolina.

## Coverage Rationale

Panniculectomy and body contouring procedures are considered reconstructive procedures under certain circumstances. For clinical coverage criteria, refer to [North Carolina Medicaid \(Division of Health Benefits\) Clinical Coverage Policy for 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
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

CPT Code	Description
The following codes are considered cosmetic; the codes do not improve a functional, physical or physiological impairment.	
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
15878	Suction assisted lipectomy; upper extremity
15879	Suction assisted lipectomy; lower extremity

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## References

North Carolina Medicaid, Division of Health Benefits, Clinical Coverage Policies, Reconstructive and Cosmetic Surgery, No: 1-O-1. [https://files.nc.gov/ncdma/documents/files/1-O-1\\_2.pdf](https://files.nc.gov/ncdma/documents/files/1-O-1_2.pdf). Accessed October 19, 2021.

## Guideline History/Revision Information

Date	Summary of Changes
12/01/2021	<b>Supporting Information</b> <ul style="list-style-type: none"> <li>Updated <i>References</i> section to reflect the most current information</li> <li>Archived previous policy version CSNC.CDG.014.01</li> </ul>

## Instructions for Use

This Coverage Determination Guideline 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 guideline, 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 Coverage Determination Guideline 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 Coverage Determination Guidelines 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.