



**Clinical Review Criteria**  
**Restorative and Cosmetic Procedures**

- Abdominoplasty
- Panniculectomy

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**Criteria**

**For Medicare Members**

Source	Policy
CMS Coverage Manuals	<a href="#">Medicare Benefit Policy Manual Chapter 16 - General Exclusions from Coverage</a>
National Coverage Determinations (NCD)	None
Local Coverage Determinations (LCD)	<a href="#">Plastic Surgery (L37020)</a> <a href="#">Non-Covered Services (L35008)</a>
Local Coverage Article	<a href="#">Cosmetic vs. Reconstructive Surgery (A52729)</a>

**For Non-Medicare Members**

**Cosmetic Surgery** is performed to reshape normal structures of the body in order to improve appearance in the absence of a specific functional improvement. Surgery performed to improve on "natural" appearance or performed purely for the purpose of enhancing one's normal appearance is not considered reasonable and necessary.

**Reconstructive Surgery** is performed to restore bodily function or to correct a deformity resulting from disease, injury, trauma, birth defects, congenital anomalies, infections, burns or previous medical treatment, such as surgery or radiation therapy. The primary goal is to restore function. Reconstructive surgery is reasonable and necessary to improve the functioning of a malformed body part.

I. Abdominoplasty

1. Abdominoplasties are not covered as they are considered cosmetic.
  - i.e. Repair of diastasis recti

Excision of excessive skin (thigh, leg, hip, buttock, or upper arm): is covered when **ALL of the following** criteria are met:

1. Documentation in the medical record of the presence of infections that:
  - a. Have been refractory to systemic treatment for bacterial infection control with oral or parenteral antibiotics.
  - b. Have required at least two serial office visits for the same occurrence.
    - i. If the procedure is being performed following significant weight loss, in addition to meeting the criteria noted above, there should be evidence that the individual has maintained a stable weight for at least six months. If the weight loss is the result of bariatric surgery, procedure should not be performed until at least 18 months after bariatric surgery.
    - ii. Excess skin is impairing normal function

Panniculectomy is covered when **ALL of the following** criteria are met:

1. Must meet criteria for excision of excessive skin (above) – (e.g. infection refractory to systemic treatment for bacterial infection)

2. Panniculus hangs below the level of the pubis (documented by photographs)
3. Interferes with activities of daily living
4. Not covered when performed in conjunction with abdominal or gynecological procedures (e.g., abdominal hernia repair, hysterectomy, obesity surgery) unless criteria for panniculectomy are met separately
5. Not covered to minimize the risk of hernia formation or recurrence

**See individual links below for the following potentially cosmetic procedures:**

- [Blepharoplasty](#)
- [Dermatological Procedures](#)
- [Poly-L-Lactic Acid Injection \(Sculptra\)](#)
- [Reduction Mammoplasty](#)
- [Rhinoplasty](#)
- [Breast Reconstruction](#)
- [Skin Lesions](#)
- [Vein Procedures](#)

**The following are considered cosmetic in nature and non-covered under members contact:**

- Cervicoplasty (“neck lift”)
- Collagen injection
- Hair Transplant
- Canthoplasty (“outer eyelid lift surgery”)

The following information was used in the development of this document and is provided as background only. It is provided for historical purposes and does not necessarily reflect the most current published literature. When significant new articles are published that impact treatment option, KPWA will review as needed. This information is not to be used as coverage criteria. Please only refer to the criteria listed above for coverage determinations.

## Background

Kaiser Permanente coverage contracts exclude cosmetic procedures. However, some procedures may be medically necessary when certain clinical criteria have been met. This document has been created to provide guidance to physicians reviewers when reviewer requests to cover potentially cosmetic services.

## Evidence and Source Documents

Member contract

Date Created	Dates Reviewed	Date Last Revised
07/01/2005	07/01/2005 <sup>MDCRPC</sup> , 05/30/2006 <sup>MDCRPC</sup> , 11/20/2006 <sup>MDCRPC</sup> , 12/22/2006 <sup>MDCRPC</sup> , 10/15/2007 <sup>MDCRPC</sup> , 06/09/2008 <sup>MDCRPC</sup> , 04/13/2009 <sup>MDCRPC</sup> , 02/2/2010 <sup>MDCRPC</sup> , 12/07/2010 <sup>MDCRPC</sup> , 10/04/2011 <sup>MDCRPC</sup> , 08/07/2012 <sup>MDCRPC</sup> , 07/02/2013 <sup>MDCRPC</sup> , 03/04/2014 <sup>MPC</sup> , 01/06/2015 <sup>MPC</sup> , 11/03/2015 <sup>MPC</sup> , 09/06/2016 <sup>MPC</sup> , 07/11/2017 <sup>MPC</sup> , 06/05/2018 <sup>MPC</sup>	05/03/2016

<sup>MDCRPC</sup> Medical Director Clinical Review and Policy Committee

<sup>MPC</sup> Medical Policy Committee

Revision History	Description
11/01/2015	Changed Medicare links
05/03/2016	Added definitions for Cosmetic vs. Reconstructive Surgery. Added a list of non-covered cosmetic services
12/19/2017	Added LCD 37020

## Codes

**Abdominoplasty: 15847**

**Panniculectomy: 15830**

**Excision of Excess Skin: 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15839**

### Review for Cosmetic vs. Reconstructive

**Cervicoplasty : 15819**

**Collagen injection: 11950, 11951, 11952, 11954**

**Hair Transplant : 15775, 15776**

**Canthoplasty : 67950**

**Otoplasty: 69300**

**Tissue Expanders: 11960, 11970, 11971**

**Wrinkle Removers, 15824, 15825, 15826, 15828, 15829**

**Lipectomy: 15876, 15877, 15878, 15879**