

# Clinical Policy: Panniculectomy

Reference Number: PA.CP.MP.109

Effective Date: 01/18

Date of Last Revision: 10/2023

Coding Implications

Revision Log

## Description

Panniculectomy is the surgical removal of a panniculus or excess skin and adipose tissue that hangs down over the genital and/or thigh area causing difficulty in personal hygiene, walking, and other physical activity.

## Policy/Criteria

- I. It is the policy of PA Health and Wellness® (PHW) that panniculectomy is considered **medically necessary** when meeting all of the following indications:
  - A. Panniculus hangs below the level of the pubis, documented by photographs;
  - B. Medical records and photographs document at least one of the following chronic and persistent complications that remains refractory to appropriate therapy for at least three months. Appropriate medical therapy includes topical antifungals, topical and/or systemic corticosteroids, and/or local or systemic antibiotics, in addition to good hygiene practices;
    1. Non-healing ulceration under panniculus;
    2. Chronic maceration or necrosis of overhanging skin folds;
    3. Recurrent or persistent skin infection under panniculus;
    4. Intertriginous dermatitis or cellulitis or panniculitis;
  - C. Panniculectomy is expected to restore normal function or improve functional deficit;
  - D. If panniculus is due to significant weight loss, one of the following:
    1. Weight loss is not a result of bariatric surgery and there is evidence that a stable weight has been maintained for at least six months;
    2. Weight loss is the result of bariatric surgery, weight has been stable for at least six months, and it has been at least 18 months since surgery.

## Background

Panniculectomy is a surgical procedure to remove an abdominal pannus or panniculus. A panniculus is formed secondary to obesity when there is a dense layer of fatty tissue growth on the abdomen that becomes large enough to hang down from the body. Panniculus size varies from grade 1, which reaches the mons pubis, to grade 5, which extends to or reaches past the knees.

Some areas of difficulty associated with a panniculus are personal hygiene, walking, and other physical activities. Sores and infections such as intertrigo, skin ulcers, and panniculitis can form in the folds of the panniculus, leading to painful inflammation of the tissue. This can further hinder physical activity and activities of daily life.

Panniculectomy is very similar to abdominoplasty, a surgical procedure that tightens the lax anterior abdominal wall muscles and trims excess adipose tissue and skin. Panniculectomy differs from abdominoplasty in the sense that abdominoplasty is usually performed as a cosmetic procedure to improve appearance but not function. Panniculectomy can be necessary for restoring normal function or improving functional deficit as well as preventing sores and infections.

**Coding Implications**

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<b>CPT® Codes</b>	<b>Description</b>
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy

<b>Reviews, Revisions, and Approvals</b>	<b>Revision Date</b>	<b>Approval Date</b>
Changed wording in I.D for clarification that weight should be stable after bariatric surgery.	02/18 CPC 04/18 PHW	
Changed wording in I.D for clarification that weight should be stable after bariatric surgery.	10/19 PHW	1/2020
Annual review. ICD -10 codes added. Replaced all instances of member with member/enrollee. Expanded criteria for complications related to pannus to include non-healing ulceration under panniculus, chronic maceration or necrosis of overhanging skin folds, recurrent or persistent skin infection under panniculus, intertriginous dermatitis or cellulitis or panniculitis. Added the following ICD 10 codes: L03.319, L03.818, L98.499. Separated “D.” into separate criteria points, D. and E, adding that bariatric surgery weight loss must be stable for 6 months. References reviewed and updated. Specialist reviewed.	7/2021	
Annual review. Changed “review date” in the header to “date of last revision” and “date” in the revision log header to “revision date.” References reviewed, updated, and reformatted. Minor verbiage changes with no clinical significance. Reviewed by specialist.	9/21/2022	
Annual review. Removed ICD-10 codes. Combined criteria I.D. and E. into criteria I.D.1. and 2. Removed CPT code 00802 from policy. References reviewed and updated. Reviewed by external specialist.	10/2023	

**References**

1. American Society of Plastic Surgeons (ASPS). ASPS Recommended Insurance Coverage Criteria for Third-Party Payers. Abdominoplasty and Panniculectomy Unrelated to Obesity

- or Massive Weight Loss. Published July 2006. (reaffirmed March 2019). Accessed September 11, 2023.
2. Gallagher S, Gates JL. Obesity, panniculitis, panniculectomy, and wound care: understanding the challenges. *J Wound Ostomy Continence Nurs.* 2003;30(6):334-341. doi:10.1016/S1071
  3. Courcoulas AP, Christian NJ, Belle SH, et al. Weight change and health outcomes at 3 years after bariatric surgery among individuals with severe obesity. *JAMA.* 2013;310(22):2416-2425. doi:10.1001/jama.2013.280928
  4. American Society of Plastic Surgeons (ASPS). Practice Parameter for Surgical Treatment of Skin Redundancy for Obese and Massive Weight Loss Patients. Published June 2017. Accessed September 11, 2023.
  5. Sachs D, Sequeira Campos M, Murray J. Panniculectomy. In: *StatPearls.* Treasure Island (FL): StatPearls Publishing; May 6, 2022.