

Clinical Policy: Panniculectomy

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Last Review Date: 04/17

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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 Pennsylvania Health and Wellness[®] 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; and
 - B. Medical records and photographs document chronic and persistent intertrigo that remains refractory to appropriate therapy for at least 3 months. Appropriate medical therapy includes topical antifungals, topical and/or systemic corticosteroids, and/or local or systemic antibiotics, in addition to good hygiene practices; and
 - C. Panniculectomy is expected to restore normal function or improve functional deficit; and
 - D. If panniculus is due to significant weight loss, there must also be evidence that member has maintained a stable weight for at least 6 months. If weight loss is the result of bariatric surgery, it must be at least 18 months after bariatric 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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CPT® Codes	Description
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
00802	Anesthesia for procedures on lower anterior abdominal wall; panniculectomy

Reviews, Revisions, and Approvals	Date	Approval Date
Changed wording in I.D for clarification that weight should be stable after bariatric surgery.	02/18 CPC 04/18 PHW	

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. 2006 Jul. Last updated 2007 Jan. Accessed March 31, 2016.
2. Gallagher, S. (2003). Obesity, panniculitis, panniculectomy, and wound care: Understanding the challenges. *Journal of WOCN*, 30(6), 334-341. Hayes Health Technology Brief.
3. Panniculectomy for abdominal contouring following massive weight loss. Lansdale, PA: Hayes, Inc. © 2012 Winifred S. Hayes, Inc. April 31, 2015.
4. Panniculectomy for treatment of symptomatic panniculi. Lansdale, PA: Hayes, Inc. © 2012 Winifred S. Hayes, Inc. May 19, 2016.