

Clinical Policy: Panniculectomy

Reference Number: PA.CP.MP.109

Effective Date: 01/18

Last Review Date: 7/30/2021

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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;
 - 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 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;
 - 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, there must be evidence that members/enrollee has maintained a stable weight for at least 6 months;
 - E. If weight loss is the result of bariatric surgery, weight must be stable for at least 6 months, and it must also be 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

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2021, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

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

HCPCS Codes	Description
N/A	

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

+ Indicates a code requiring an additional character

ICD-10-CM Code	Description
L03.319	Cellulitis of trunk, unspecified
L03.818	Cellulitis of other sites
L30.4	Erythema intertrigo
L98.499	Non-pressure chronic ulcer of skin of other sites with unspecified severity
M79.3	Panniculitis, unspecified
Z98.84	Bariatric surgery status

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	
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	7/2021	

Reviews, Revisions, and Approvals	Date	Approval Date
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.		

References

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2. Gallagher, S. Gates JL. . Obesity, panniculitis, panniculectomy, and wound care: Understanding the challenges. *J Wound Ostomy Continence Nurs.* 2003 Nov;30(6):334-41.
3. Hayes Technology Assessment. Panniculectomy for abdominal contouring following massive weight loss. Lansdale, PA: Hayes, Inc. © 2012 Winifred S. Hayes, Inc. Archived Oct 19, 2015.
4. Panniculectomy for treatment of symptomatic panniculi. Lansdale, PA: Hayes, Inc. © 2012 Winifred S. Hayes, Inc. Annual review September 4, 2020. Accessed February 25, 2021.
5. Courcoulas, Anita P, et.al. (2013). 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. Published online November 4, 2013. .
6. American Society of Plastic Surgeons (ASPS). Practice Parameter for Surgical Treatment of Skin Redundancy for Obese and Massive Weight Loss Patients. June 2017. Accessed February 25, 2021.