Panniculectomy refers to the removal of excess skin and subcutaneous tissue typically from the abdominal area.

MEDICAL POLICY CRITERIA

Note: Member contract language takes precedence over medical policy. Member contracts for covered services vary and may exclude weight loss surgery and all associated, services, supplies, and/or complications.

I. Panniculectomy may be considered medically necessary when all of the following Criteria (A.-D.) are met:
   A. Submission of photographs documenting significant pannus which hangs below the level of the pubis; and
   B. The pannus causes a chronic and persistent skin condition (e.g., intertriginous dermatitis, panniculitis, cellulitis or skin ulcerations) that is refractory to at least 3 months of medical treatment and associated with at least one episode of cellulitis requiring systemic antibiotics (oral and/or intravenous). In addition to good
hygiene practices, treatment should also include topical antifungals, topical and/or systemic corticosteroids; and

C. The pannus causes functional physical impairment documented to interfere with activities of daily living (see Policy Guidelines); and

D. Stable weight for at least 6 months and if following bariatric surgery, at least 18 months after the surgery.

II. Panniculectomy which does not meet the above Criteria I. is considered cosmetic.

III. Abdominoplasty with or without panniculectomy is considered cosmetic.

NOTE: A summary of the supporting rationale for the policy criteria is at the end of the policy.

POLICY GUIDELINES

Activities of Daily Living (ADLs) Definition: Instrumental ADLs are defined as feeding, bathing, dressing, grooming, meal preparation, household chores, and occupational tasks that are required as a daily part of job functioning.

LIST OF INFORMATION NEEDED FOR REVIEW

It is critical that the list of information below is submitted for review to determine whether the policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome.

• The specific functional physical impairment caused by the pannus
• Front and lateral view photographs demonstrating redundant/excessive skin and the size of the pannus
• Clinical documentation about the nature and extent of the chronic and persistent skin condition that is refractory to at least three months of medical treatment [at least one episode of cellulitis requiring systemic antibiotics (oral and/or intravenous) and good hygiene practices including topical antifungals, topical and/or systemic corticosteroids]
• Any bariatric surgery procedure performed within the past three years, including date of procedure
• Clinical documentation of stable weight for at least six months or at least 18 months after bariatric surgery

CROSS REFERENCES


BACKGROUND

This procedure is often performed after substantial weight loss as a result of bariatric surgery or diet. According to the American Society of Plastic Surgeons, “abdominoplasty and panniculectomy are typically performed for purely cosmetic indications such as unacceptable appearance due to fat maldistribution or contour deformities caused by pregnancy, stretch marks, contracted scars and loose hanging skin after weight loss.”[1] Similar to abdominoplasty, panniculectomy involves the removal of skin in a transverse or vertical wedge, but does not include muscle plication, neoumbilicoplasty or flap elevation.[1] There is limited evidence and
clinical practice guidelines which indicate when panniculectomy may be appropriate due to functional impairment.[2,3] Typically no functional impairment is associated with pannus development.

**REFERENCES**


**CODES**

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Date of Origin: August 2018