Panniculectomy

Effective: May 1, 2019

Next Review: May 2020
Last Review: April 2019

IMPORTANT REMINDER

Medical Policies are developed to provide guidance for members and providers regarding coverage in accordance with contract terms. Benefit determinations are based on all cases on the applicable contract language. To the extent there may be any conflict between the Medical Policy and contract language, the contract language takes precedence.

PLEASE NOTE: Contracts exclude from coverage, among other things, services or procedures that are considered investigational or cosmetic. Providers may bill members for services or procedures that are considered investigational or cosmetic. Providers are encouraged to inform members before rendering such services that the members are likely to be financially responsible for the cost of these services.

DESCRIPTION

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

MEDICAL POLICY CRITERIA

Note: Member contract language takes precedent 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 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.

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

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.

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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<td>Unlisted procedure, skin, mucous membrane and subcutaneous tissue</td>
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| HCPCS | None |

Date of Origin: August 2018