

## ***Panniculectomy***

**Effective:** July 1, 2023

**Next Review:** May 2024

**Last Review:** May 2023

### **IMPORTANT REMINDER**

Medical Policies are developed to provide guidance for members and providers regarding coverage in accordance with contract terms. Benefit determinations are based in 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 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. Clinical documentation of stable weight for at least six months or at least 18 months after bariatric 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

1. [Cosmetic and Reconstructive Surgery](#), Surgery, Policy No. 12

## 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, typically performed for cosmetic purposes, involves the removal of excess skin and fat from the pubis to the umbilicus or above, and may include fascial plication of the rectus muscle diastasis and a neoumbilicoplasty. Panniculectomy involves the removal of hanging excess skin/fat in a transverse or vertical wedge but does not include muscle plication, neoumbilicoplasty or flap elevation.”<sup>[1]</sup> There is limited evidence and clinical practice guidelines which indicate when

panniculectomy may be appropriate due to functional impairment.<sup>[2, 3]</sup> Typically no functional impairment is associated with pannus development.

## REFERENCES

1. American Society of Plastic Surgeons (ASPS): Recommended Insurance Coverage Criteria for Third-Party Payers; Panniculectomy January 2019, Re-approved March 2019 [cited 05/11/2023]. 'Available from:' <https://www.plasticsurgery.org/documents/Health-Policy/Reimbursement/insurance-2019-panniculectomy.pdf>.
2. American Society for Metabolic & Bariatric Surgery, American Association of Clinical Endocrinologists, and The Obesity Society: Clinical Practice Guidelines for the Perioperative Nutritional, Metabolic, and Nonsurgical Support of the Bariatric Surgery Patient. [cited 05/11/2023]. 'Available from:' <https://asmbs.org/resources/clinical-practice-guidelines-for-the-perioperative-nutritional-metabolic-and-nonsurgical-support-of-the-bariatric-surgery-patient>.
3. Pestana IA, Campbell D, Fearmonti RM, et al. "Supersize" panniculectomy: indications, technique, and results. *Annals of plastic surgery*. 2014;73(4):416-21. PMID: 23722576

## CODES

Codes	Number	Description
CPT	15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
	15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad
	15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)
	17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue
HCPCS	None	

**Date of Origin:** August 2018