Clinical Policy: Panniculectomy
Reference Number: CP.MP.109
Last Review Date: 03/21

See Important Reminder at the end of this policy for important regulatory and legal information.

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 health plans affiliated with Centene Corporation 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**

<table>
<thead>
<tr>
<th>CPT® Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>15830</td>
<td>Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy</td>
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<tr>
<td>00802</td>
<td>Anesthesia for procedures on lower anterior abdominal wall; panniculectomy</td>
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**HCPCS Codes**

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<thead>
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<th>HCPCS Codes</th>
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**ICD-10-CM Diagnosis Codes that Support Coverage Criteria**

<table>
<thead>
<tr>
<th>ICD 10 CM Code</th>
<th>Description</th>
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<tr>
<td>L03.319</td>
<td>Cellulitis of trunk, unspecified</td>
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<tr>
<td>L03.818</td>
<td>Cellulitis of other sites</td>
</tr>
<tr>
<td>L30.4</td>
<td>Erythema intertrigo</td>
</tr>
<tr>
<td>L98.499</td>
<td>Non-pressure chronic ulcer of skin of other sites with unspecified severity</td>
</tr>
<tr>
<td>M79.3</td>
<td>Panniculitis, unspecified</td>
</tr>
<tr>
<td>Z98.84</td>
<td>Bariatric surgery status</td>
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**Reviews, Revisions, and Approvals**

<table>
<thead>
<tr>
<th>Criteria separated from CP.MP.31 Cosmetic and Reconstructive Surgery</th>
<th>Date</th>
<th>Approval Date</th>
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<tr>
<td>References reviewed and updated.</td>
<td>04/16</td>
<td>04/16</td>
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<tr>
<td>Changed wording in I.D for clarification that weight should be stable after bariatric surgery.</td>
<td>02/18</td>
<td>03/18</td>
</tr>
<tr>
<td>References reviewed and updated.</td>
<td>03/19</td>
<td>03/19</td>
</tr>
<tr>
<td>ICD-10 codes added. References reviewed and updated. Specialist reviewed.</td>
<td>02/20</td>
<td>03/20</td>
</tr>
<tr>
<td>Annual review. Replaced all instances of member with member/enrollee. Expanded criteria for complications related to pannus to include non-</td>
<td>02/21</td>
<td>03/21</td>
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healing ulceration under panniculus, chronic maceration or necrosis of
overhanging skin folds, recurrent or persistent skin infection under
panniculus, intertriginous dermatitis or cellulitis or 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
1. American Society of Plastic Surgeons (ASPS). ASPS Recommended Insurance Coverage
Criteria for Third-Party Payers. Abdominoplasty and Panniculectomy Unrelated to Obesity
2. Gallagher, S. Gates JL. . Obesity, panniculitis, panniculectomy, and wound care:
3. Hayes Technology Assessment. Panniculectomy for abdominal contouring following
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-
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.

Important Reminder
This clinical policy has been developed by appropriately experienced and licensed health care
professionals based on a review and consideration of currently available generally accepted standards of
medical practice; peer-reviewed medical literature; government agency/program approval status;
evidence-based guidelines and positions of leading national health professional organizations; views of
physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical
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“Health Plan” means a health plan that has adopted this clinical policy and that is operated or
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The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the
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are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence
of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal
requirements and applicable Health Plan-level administrative policies and procedures.
CLINICAL POLICY
Panniculectomy

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This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

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Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at http://www.cms.gov for additional information.

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