



CLINICAL MEDICAL POLICY	
<b>Policy Name:</b>	Panniculectomy/Abdominoplasty/Lipectomy
<b>Policy Number:</b>	MP-041-MD-PA
<b>Responsible Department(s):</b>	Medical Management
<b>Provider Notice/Issue Date:</b>	02/01/2025; 03/01/2024; 02/01/2023; 03/01/2022; 02/13/2021; 02/17/2020; 03/18/2019; 05/01/2018
<b>Effective Date:</b>	03/01/2025; 04/01/2024; 03/01/2023; 04/01/2022; 03/15/2021; 03/16/2020; 03/18/2019; 05/01/2018; 05/01/2017
<b>Next Annual Review:</b>	12/2025
<b>Revision Date:</b>	12/18/2024; 12/20/2023; 12/21/2022; 12/15/2021; 12/16/2020; 12/18/2019; 12/19/2018; 12/20/2017; 08/09/2017
<b>Products:</b>	Highmark Wholecare <sup>SM</sup> Medicaid
<b>Application:</b>	All participating hospitals and providers
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#### Policy History

Date	Activity
03/01/2025	Provider Effective date
01/07/2025	PARP Approval
12/18/2024	QI/UM Committee review
12/18/2024	Annual Review: No changes to clinical criteria. Updated 'Summary of Literature' and 'Reference Sources' sections. Added CMS information.
04/01/2024	Provider Effective date
01/30/2024	PARP Approval
12/20/2023	QI/UM Committee review
12/20/2023	Annual Review: Revised medical records documentation requirements under section #2 of the 'Procedures' section. Updated 'Summary of Literature' and 'Reference Sources' sections.
03/01/2023	Provider Effective date
01/12/2023	PARP Approval
12/21/2022	QI/UM Committee review
12/21/2022	Annual Review: No changes to clinical criteria. Minor wording changes in 'Procedures' section. Replaced 'noncovered' with 'not medically necessary'.
04/01/2022	Provider Effective date
02/07/2022	PARP Approval

12/15/2021	QIUM Committee review
12/15/2021	Annual Review: No changes to clinical criteria. Minor formatting changes made to Procedures section. Updated Summary of Literature and Reference Sources sections.
12/19/2016	Initial policy developed

### **Disclaimer**

Highmark Wholecare<sup>SM</sup> medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

### **Policy Statement**

Highmark Wholecare<sup>SM</sup> may provide coverage under the medical-surgical benefits of the Company's Medicaid products for medically necessary panniculectomy surgical procedures. This policy excludes the coverage of abdominoplasty and lipectomy surgical procedures, due to the procedures being cosmetic in nature.

This policy is designed to address the medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

(Current applicable Pennsylvania HealthChoices Agreement Section V. Program Requirements, B. Prior Authorization of Services, 1. General Prior Authorization Requirements.)

### **Definitions**

**Prior Authorization Review Panel (PARP)** – A panel of representatives from within the Pennsylvania Department of Human Services who have been assigned organizational responsibility for the review, approval, and denial of all PH-MCO Prior Authorization policies and procedures.

**Panniculus** – The subcutaneous fat or a layer of fat underlying the dermis (also referred to as pannus, fat apron, or abdominal apron). The layer of fat and dermis hangs from the front of the abdomen.

**Panniculectomy** – The surgical excision to remove a panniculus.

**Lipectomy** – The excision of subcutaneous adipose tissue which may be performed on various parts of the body (also referred to as belt lipectomy, liposuction, brachioplasty, buttock or thigh lift, and body lift).

**Abdominoplasty** – The removal of excess skin and fat from the pubis to the umbilicus region or above; may also include the tightening of the rectus muscle (also referred to as “tummy tuck”). The abdominoplasty is typically performed for cosmetic purposes (ASPS, 2007).

**Massive Weight Loss (MWL)** – Loss of 50% of excess weight.

**Functional Impairment** – A condition that describes a state where an individual is physically limited in the performance of activities of daily living (ADL).

**Intertrigo** – An inflammation of the top layers of skin caused by moisture, bacteria, or fungi in the folds of the skin.

**Colostomy** – The surgical creation of an opening in the abdominal wall (belly). The end of the colon is brought through this opening to form a stoma. Colostomies are performed for many different diseases and problems.

**Ventral Hernia** – A bulge or tear in the abdominal wall, resulting from weakened fascia or muscles, which allows the inner lining of the abdomen and/or intestinal loop to extend through the abdominal wall.

**Incisional Hernia** – The most common ventral hernia. If the ventral hernia occurs along an area of a previous surgical incision, it is referred to as an incisional hernia.

**“True” Hernia Repair** – Involves opening fascia and/or dissection of a hernia sac with return of intraperitoneal contents back to the peritoneal cavity. A “true” hernia repair should not be confused with diastasis recti repair, which is the repair to the separation of the rectus abdominis muscles.

## **Procedures**

1. Panniculectomy surgery may be considered medically necessary when ALL of the following conditions are met:
  - A. The individual must be 18 years of age or older; AND
  - B. The panniculus must be a Grade II or above in size (see *Informational* section below); AND
  - C. The individual must currently have a functional impairment; AND
  - D. The individual’s panniculus must exhibit recurrent or chronic episodes of a skin condition (i.e., cellulitis, ulcerations, lymphedema/lymphangitis or skin abscesses); AND
  - E. The individual must be unresponsive to ANY of the following appropriate medical management:
    - 1) Intravenous (IV) antibiotic treatments; OR
    - 2) Oral antibiotic treatments; OR
    - 3) Good hygiene practices (e.g., bathing and washing daily, keeping skin dry and clean, wearing clean clothing); OR
    - 4) Wound care (occurring under or around the panniculus) including topical antifungals and topical and/or systemic corticosteroids; OR
    - 5) Surgical drainage; AND
  - F. The individual must maintain adequate nutrition; AND
  - G. There must be documented massive weight loss (MWL), demonstrated by ANY ONE of the following:
    - 1) An individual that goes through natural MWL must have maintained a stable weight for a minimum of 6 months after the weight loss; OR
    - 2) An individual that goes through MWL resulting from bariatric surgery must wait at least 18 months after surgery and maintain a stable weight for a minimum of 6 months, totaling 24 months or 2 years.

2. Medical records must be provided to support the evaluation and treatment of the condition of the panniculus. The required documentation should include ALL of the following:
  - A. Preoperative photographs document that the panniculus or fold hangs at or below the level of the symphysis pubis; AND
  - B. Preoperative photographs must document the individual's name; AND
  - C. The medical records document that the panniculus or fold causes chronic intertrigo (dermatitis occurring on opposed surfaces of the skin, skin irritation, infection or chafing) that consistently recurs or remains refractory to appropriate medical therapy (including appropriate prescription medications) over a period of three (3) months.
3. Highmark Wholecare<sup>SM</sup> may consider the panniculectomy to be medically necessary when performed in conjunction with a colostomy or stomaplasty, to prevent distention of the colostomy in specific cases.
4. Highmark Wholecare<sup>SM</sup> may consider panniculectomy surgery to be medically necessary when performed in conjunction with a "true" ventral hernia repair, and the medical necessity criteria listed above is met. The panniculus must be a grade IV or more (*see Informational section below*). ALL of the following documentation is required for a ventral hernia:
  - A. The size of the ventral hernia; AND
  - B. The ventral hernia is not manually reducible; AND
  - C. The ventral hernia is nonrecurrent; AND
  - D. Imaging (CT) or exam confirming the presence of the ventral hernia; AND
  - E. There are symptoms associated with hernia (e.g., pain).
5. When the panniculectomy is not considered medically necessary  
Examples of not medically necessary indications for panniculectomy include, but are not limited to:
  - No history of MWL through natural occurrence or bariatric surgery
  - To improve physical appearance
  - For the treatment of psychological or psychosocial symptoms or complaints
  - For the treatment of neck and/or back pain. (There is no evidence that reduction of redundant skin and tissue results in less spinal stress or improved posture alignment. The individual's neck and/or back pain should be treated with appropriate physical therapy modalities.)
  - Panniculectomy surgery is not considered medically necessary when performed in conjunction with:
    - Abdominal or gynecologic procedures (e.g., C-section, hysterectomy, and obesity surgery)
    - Repair of abdominal wall laxity or diastasis resection
  - Lipectomy surgery (CPT code 15877) is considered cosmetic and therefore not medically necessary.
  - Abdominoplasty surgery (CPT code 15847) is considered cosmetic and therefore not medically necessary.
  - Panniculectomy surgery is not medically necessary when performed due to intertrigo or any other skin condition that does not meet the criteria above.
  - Panniculectomy surgery is not considered medically necessary as an aid to other procedures including, but not limited to, inguinal, umbilical, or hiatal abdominal hernia repairs. A ventral hernia is not considered unless the above criteria in this policy is met.

- Panniculectomy surgery is considered not medically necessary to improve activities of daily living without any of the skin conditions listed above.
- Panniculectomy for all other indications than those listed above are considered cosmetic in nature, and therefore not medically necessary.

6. Post-payment Audit Statement

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Wholecare<sup>SM</sup> at any time pursuant to the terms of your provider agreement.

7. Place of Service

The proper place of service for a panniculectomy procedure is inpatient and may require a surgical stay.

8. Related Policy

- MP-004-MD-PA Bariatric Surgery
- MP-082-MD-PA Cosmetic Procedures

### **Governing Bodies Approval**

Panniculectomy is a procedure and is therefore not subject to the U.S. Food and Drug Administration (FDA) regulation, although any devices or drugs used for this procedure would require approval.

The Centers for Medicare and Medicaid Services (CMS) has published the following guidance:

- Local Coverage Determination (LCD) Cosmetic and Reconstructive Surgery (L35090)
- Local Coverage Article (LCA) Billing and Coding: Cosmetic and Reconstructive Surgery (A56587)

### **Summary of Literature**

When natural MWL happens over time, the body has time to adjust to the changes and allow the skin to reshape itself. On the other hand, 68% to 85% of MWL patients who are post-bariatric surgery desire body contouring surgery to remove a panniculus (Constantine et al., 2014). Approximately 256,000 bariatric surgeries were performed in the United States in 2019 (ASMBS, 2021). The increased number of bariatric surgeries has increased the prevalence and relevance of panniculectomies (Constantine, 2014). There are large amounts of panniculectomies performed succeeding bariatric surgery due to increased rate of MWL and the body's inability to contract and strengthen the epidermis. A panniculectomy is an operative procedure used for abdominal wall contouring, changing the shape and form of the abdomen. This procedure is performed on patients with a large overhanging abdominal panniculus (Sachs, Sequeira Campos, Murray. 2021).

Although many disorders and co-morbidities decrease with weight loss, there are defined issues following MWL. According to the American Society of Plastic Surgeons (2007), there are few alternative treatment options to a panniculectomy since it is virtually impossible to correct a panniculus by diet, additional weight loss, or exercise. The Journal of Plastic and Reconstructive Surgery (2015) published data that suggests significant outcomes to a panniculectomy do not include postoperative patient appearance but includes improved ADLs and skin conditions.

A major issue is that a large panniculus can lead to a severe impact on activities of daily life. Skin infections and rashes are common complaints of patients with a substantially large panniculus due to constant irritation and sweating (Sachs, Sequeira Campos, Murray, 2021). Intertrigo is a common skin disorder not considered within the realm of determinants for a medically necessary skin condition to approve a medically necessary panniculectomy. Intertrigo is simply the inflammation of skin folds and is commonly categorized secondary to cutaneous infections observed in this area (Janniger et al., 2005).

The size of a panniculus varies and can be graded on a scale of 1 to 5, which correlates with how far it extends. Grade 1 reaches the mons pubis, while a grade 5 extends to or reaches past the knees. A panniculectomy is performed to relieve these symptoms and restore formal function. During a panniculectomy, the excess skin and fat are removed. Tightening or plication of the abdominal wall muscle is not performed, which differentiates this procedure from an abdominoplasty - a cosmetic procedure, usually involving fascial plication (Sachs, Sequeira Campos, Murray, 2021).

The ASPS noted that when a panniculectomy is performed to eliminate a large hanging abdominal panniculus done in part to reduce associated symptoms, cellulitis, intertrigo, shoulder pain, neck pain, back pain, thoracic spine pain, lumbago, and panniculitis, this would be considered reconstructive. The ASPS Practice Parameters explained that a panniculectomy could be considered as a functional correction in patients who are of appropriate height and weight and have a history of problems including panniculitis or chronic back pain that have persisted despite an adequate trial of non-surgical management or have a functional impairment in activities of daily living/ work, etc (ASPS, 2017).

ASPS further commented on insurance coverage for panniculectomy and noted that in situations where a circumferential treatment approach is utilized to also treat the residual back and hip rolls or the ptotic buttock tissue, only the anterior portion of the procedures would be considered reconstructive, the remaining portion of the procedure would be considered cosmetic. Only in rare circumstances will buttock, thigh or arm lifts be needed to treat functional abnormalities. Typically, these procedures are performed to improve appearance and are therefore cosmetic in nature (ASPS, 2017).

Side effects are dependent on the type and extent of the procedure. Possible side effects include:

- Seroma
  - Dehiscence
  - Infection
  - Hematoma
  - Skin necrosis
  - Lymphedema
  - Deep vein thrombosis/pulmonary embolus
  - Psychiatric difficulty
  - Residual localized fat and/or fat necrosis leading to contour irregularities
  - Temporary or permanent numbness
  - Unattractive or hypertrophic scarring
  - Malposition of the umbilicus
  - Relapse or recurrent laxity
  - Folds and Wrinkles
  - Additional Surgical Procedures
- (ASPS, 2017)

Relative risks for panniculectomy:

- Following MWL, the individual has significant skin deterioration with marked weakening of the epidermis.
- Plastic surgery addiction and individuals suffering from body dysmorphia are not good candidates for a panniculectomy.
- Failure to cease tobacco use before surgery due to the increased risk of skin necrosis and wound breakdown.

Some research suggests a panniculectomy should be considered medically necessary when performed in conjunction with abdominal or gynecologic procedures (e.g., abdominal hernia repair, hysterectomy) (Gurunluoglu, 2008). This research does not present ample evidence to support consideration of abdominal or gynecologic procedures (Harth et al., 2011). Types of abdominal procedures that are excluded from being performed in conjunction with the panniculectomy include but are not limited to inguinal hernia repair, umbilical hernia repair, hiatal hernia repair, and ventral (incisional) hernia repair (unless all criteria for a panniculectomy alone are met for ventral hernias). In 2011, a study performed with the American Journal of Surgery proved conjoining a panniculectomy with abdominal procedures is feasible, but the potential benefit in reducing recurrent hernias remains unclear (Harth, et al., 2011). In addition, the study found there was short-term wound morbidity with post-bariatric panniculectomy cases, compromising hernia repair (Harth et al., 2011). Forty percent of patients that underwent a simultaneous panniculectomy required additional operative debridement or percutaneous intervention (Harth, et al., 2011). The only procedures under consideration (secondary to panniculectomy criteria) include ventral hernia repair or incisional hernia repair. Incisional hernias occurred in 20% of postoperative bariatric patients, which are a direct effect of MWL, a result similar to the formation and appearance of the panniculus (Rao et al., 2011).

An additional consideration is adjoining the panniculectomy procedure with a colostomy procedure. A very large panniculus may cause stomal retraction in patients that have an existing colostomy (Ito et al., 2016). To prevent distention to the stoma, it is optimal to perform a stomaplasty or a revision colostomy around the surgical site (Ito et al., 2016).

## **Coding Requirements**

### **Procedure Codes**

<b>CPT Code</b>	<b>Description</b>
15830	Excision, excessive skin and subcutaneous tissue; abdomen, infraumbilical panniculectomy

### **Non-covered Procedure Codes**

*These procedure codes will not be reimbursed without Medical Director approval*

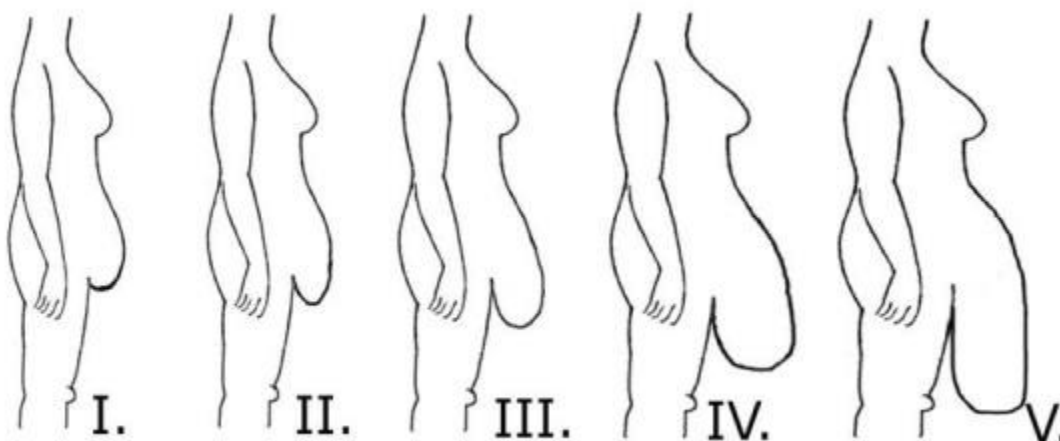
<b>CPT Code</b>	<b>Description</b>
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen (e.g., abdominoplasty) (includes umbilical transposition and fascial plication) (List separately in addition to code for primary procedure)
15877	Suction assist lipectomy, trunk

## Diagnosis Codes

ICD-10 Code	Description
L02.219	Cutaneous abscess of trunk, unspecified
L03.311	Cellulitis of abdominal wall
L03.316	Cellulitis of umbilicus
L03.319	Cellulitis of trunk, unspecified
L03.321	Acute lymphangitis of abdominal wall
L03.326	Acute lymphangitis of umbilicus
L03.329	Acute lymphangitis of trunk, unspecified
I89.0	Lymphedema, not elsewhere classified
I89.1	Chronic lymphangitis
L98.491	Non-pressure chronic ulcer of skin of other sites limited to breakdown of skin
L98.492	Non-pressure chronic ulcer of skin of other sites with fat layer exposed
L98.493	Non-pressure chronic ulcer of skin of other sites with necrosis of muscle
E65	Localized adiposity
M79.3	Panniculitis, unspecified

## Informational

### Panniculus Severity Grading Scale



- **Grade I** patients with a panniculus that covers the hairline and the mons pubis but not the genitals
- **Grade II** extends to cover the genitals
- **Grade III** extends to cover the upper thigh
- **Grade IV** extends to cover the mid-thigh
- **Grade V** extends to cover the knees or beyond

## **Reimbursement**

Participating facilities will be reimbursed per their Highmark Wholecare<sup>SM</sup> contract.

## **Reference Sources**

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Centers for Medicare and Medicaid Services (CMS). Local Coverage Article (LCA) Billing and Coding: Cosmetic and Reconstructive Surgery (A56587). Original Effective date May 30, 2019. Revision Effective date October 1, 2024. Accessed on November 27, 2024.