

Clinical Policy: Panniculectomy

Reference Number: LA.CP.MP.109

Date of Last Revision: 09/25

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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 Louisiana Healthcare Connections 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 three 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. Panniculus limits physical activity or activities of daily living (ADLs);
 - D. If panniculus is due to significant weight loss, one of the following:
 1. Weight loss is not a result of bariatric surgery and there is evidence that a stable weight has been maintained for at least six months;
 2. Weight loss is the result of bariatric surgery, weight has been stable for at least six months, and it has been 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

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NOTE: Coverage is subject to each requested code’s inclusion on the corresponding LDH fee schedule. Non-covered codes are denoted (*) and are reviewed for Medical Necessity for members under 21 years of age on a per case basis.

CPT® Codes	Description
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy

Reviews, Revisions, and Approvals	Revision Date	Approval Date	Effective Date
Converted corporate to local policy.	2/10/21		
Annual review. Removed requirement for photographs. Expanded criteria for complications related to pannus to include non-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. Replaced requirement to restore or improve function with “or”. Added “and may not support medical necessity” to coding implications. Changed “review date” in the header to “date of last revision” and “date” in the revision log header to “revision date.” References reviewed, updated, and reformatted. Minor verbiage changes with no clinical significance. Reviewed by specialist.	2/22	4/14/22	
Annual review. Removed ICD-10 codes. References reviewed and updated. Changed members to members/enrollees	12/22	2/28/23	
Annual Review. Combined criteria I.D. and E. into criteria I.D.1. and 2. Removed CPT code 00802 from policy. References reviewed and updated. Reviewed by external specialist.	11/23	1/23/24	2/22/24

Reviews, Revisions, and Approvals	Revision Date	Approval Date	Effective Date
Annual review. Added note for non-covered codes. References reviewed and updated.	09/24	11/20/24	12/21/24
Annual review. Reworded I.C. References reviewed and updated. Reviewed by external specialist.	09/25	12/1/25	12/31/25

References

1. American Society of Plastic Surgeons (ASPS). ASPS Recommended Insurance Coverage Criteria for Third-Party Payers. Abdominoplasty and Panniculectomy Unrelated to Obesity or Massive Weight Loss. Published July 2006. (reaffirmed March 2019). Accessed July 7, 2025.
2. Courcoulas AP, Christian NJ, Belle SH, et al. Weight change and health outcomes at 3 years after bariatric surgery among individuals with severe obesity. *JAMA*. 2013;310(22):2416-2425. doi:10.1001/jama.2013.280928
3. American Society of Plastic Surgeons (ASPS). Practice Parameter for Surgical Treatment of Skin Redundancy for Obese and Massive Weight Loss Patients. Published June 2017. Accessed July 76, 2025.
4. Sachs D, Sequeira Campos M, Murray J. Panniculectomy. In: *StatPearls*. Treasure Island (FL): StatPearls Publishing; July 18, 2023.

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 information. LHCC makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved.

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