
Medical Policy



Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

Joint Medical Policies are a source for BCBSM and BCN medical policy information only. These documents are not to be used to determine benefits or reimbursement. When Centers for Medicare and Medicaid (CMS) coverage rules are not fully developed, this medical policy may be used by BCBSM or BCN Medicare Advantage plans 42 CFR § 422.101 (b)(6).

Please reference the appropriate certificate or contract for benefit information. This policy may be updated and is therefore subject to change.

***Current Policy Effective Date: 7/1/25**
(See policy history boxes for previous effective dates)

Title: Panniculectomy

Description/Background

Panniculectomy consists of the excision of excessive redundant, pendulous skin and subcutaneous tissue (including lipectomy). The need for a panniculectomy is most often seen to address issues of recurrent skin rashes or infections caused by an overhanging apron of skin, often following significant weight loss.

Regulatory Status

N/A

Medical Policy Statement

The panniculectomy procedure has been established. It may be considered a useful therapeutic option when criteria are met.

Inclusionary and Exclusionary Guidelines

Inclusions:

This procedure is considered reconstructive when **ONE** of the following are met:

- The individual has **ALL** of the following:

- Documented massive weight loss of at least 100 pounds as a result of bariatric surgery or dieting; and
- A panniculus that hangs below the level of the pubis; and
- Sufficient time has elapsed (a minimum of 6 months) to ensure maximum weight loss and weight stability; and
- The panniculus causes uncontrolled intertrigo (which is unresponsive to conservative therapy including topical drying agents, corticosteroids and appropriate antibiotics/antifungals), skin ulceration, or other skin changes such as skin necrosis or peau d'orange.

OR

- The individual has **ALL** of the following:
 - A panniculus that hangs below the level of the pubis; and
 - The panniculus causes uncontrolled intertrigo (which is unresponsive to conservative therapy including topical drying agents, corticosteroids and appropriate antibiotics/antifungals), skin ulceration, or other skin changes such as skin necrosis or peau d'orange .

Exclusions:

- Panniculectomy when the above criteria are not met

CPT/HCPCS Level II Codes *(Note: The inclusion of a code in this list is not a guarantee of coverage. Please refer to the medical policy statement to determine the status of a given procedure.)*

Established codes

15830

Other codes (investigational, not medically necessary, etc.)

N/A

Note: Code(s) may not be covered by all contracts or certificates. Please consult customer or provider inquiry resources at BCBSM or BCN to verify coverage.

Rationale

Significant intentional weight loss is associated with reduced morbidity and mortality. However, excess skin as a consequence of weight loss represents a major problem. Smith et al (2018) published a retrospective study which indicated that individuals who have undergone body contouring after bariatric surgery are able to lose significantly more weight and maintain weight loss at 5 years of follow up compared to those undergoing bariatric surgery alone.

El Abd et al (2021) conducted a systematic review and meta-analysis evaluating the long term effects of body contouring surgery on the magnitude and durability of weight loss after bariatric surgery. The mean follow-up time for cases and controls were 61.6 ± 23.8 months and 52.2 ± 23.8 months, respectively. Authors concluded that evidence supported the added long-term

benefits of body contouring surgery for selected individuals after massive weight loss following bariatric surgery.

Herman et al (2010) performed a literature search to examine the clinical outcomes of post-bariatric individuals who underwent abdominal contouring surgery. Their findings suggested that these procedures, including contouring of the abdomen and circumferential midsection, are necessary adjuncts to massive weight loss in order to restore the individual to a more functional state with a higher quality of life. A vast majority of associated complications were related to wound healing and seromas, most often not requiring any further interventions. Further, it was noted that the benefits of post-bariatric contouring far outweighed the complications of the surgeries.

Government Regulations

National

There is no national coverage determination on this topic.

Local

Local Coverage Determination (LCD) for Cosmetic and Reconstructive Surgery (L39051); Original effective date: 11/14/21; Revised: 10/13/24

Coverage Indications, Limitations, and/or Medical Necessity

According to the American Society of Plastic and Reconstructive Surgeons, the specialty of plastic surgery includes reconstructive and cosmetic procedures:

- Reconstructive surgery is performed on abnormal structures of the body, caused by congenital defects, developmental abnormalities, trauma, infection, tumors, involutional defects, or disease. It is generally performed to improve function, may also be done to approximate a normal appearance, and may be covered as surgery is considered reconstructive in nature.
- Cosmetic surgery is performed to reshape normal structures of the body in order to improve the individuals appearance and self-esteem. Please refer to CMS IOM Publication 100-02, Medicare Benefit Policy Manual, Chapter 16: Section 120 for detailed information.

Per the Medicare Benefit Policy Manual cosmetic surgery or expenses incurred in connection with such surgery, for the sole purpose of improving one's appearance, is not covered.

Indications for specific surgical procedure:

- Abdominal Lipectomy/Panniculectomy
 - The medical records document that the panniculus 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 (e.g., topical antifungals, corticosteroids, antibiotics)] over a period of 3 months.
 - Difficulty walking or functional impairment in activities of daily living due to pannus size, chronic pain, and/or ulceration created by the abdominal skin fold. Preoperative photographs may be required to support justification and should be supplied upon request.
 - This procedure may also be medically necessary for the individual who has had a significant weight-loss following the treatment of morbid obesity, in addition to meeting the criteria noted above, there should be evidence that the individual has maintained a

stable weight for at least 6 months. If the weight loss is the result of bariatric surgery, abdominoplasty/panniculectomy should not be performed until at least 18 months after bariatric surgery and only when weight has been stable for at least the most recent 6 months and infection and inflammation has continued for the most recent 3 months.

The following procedures are non-covered for the following indications:

- Cosmetic surgery performed to treat psychiatric or emotional problems is not covered.
- If a non-covered cosmetic surgery is performed in the same operative period as a covered surgical procedure, benefits will be provided for the covered surgical procedure only.
- Abdominal Lipectomy/Panniculectomy
 - Repairing abdominal wall laxity, or diastasis recti
 - Redundancies resulting from weight loss or weight loss surgery when that tissue is without evidence of chronic infection or inflammation that is refractory to conservative treatment as outlines in the indications listed above.
 - Solely to improve appearance
 - All other indications unless covered in the section above
- **Note:** Abdominal Lipectomy/Panniculectomy is considered experimental and investigational for minimizing the risk of hernia formation or recurrence. There is no evidence that pannus contributes to hernia formation. The primary cause of hernia formation is an abdominal wall defect or weakness, not a pulling effect from a large or redundant pannus.

Local Coverage Article - Billing and Coding: Cosmetic and Reconstructive Surgery (A58774); Effective date: 11/14/21; Revision date: 10/1/24

Abdominal Lipectomy/Panniculectomy

The beneficiary's medical record must contain the following information:

- the evaluation and management supporting the medical necessity and/or complications with decision to perform surgery,
- surgical operative record,
- description of the pannus and the underlying skin,
- documentation that the panniculus causes chronic intertrigo (dermatitis occurring on opposed surfaces of the skin, skin irritation, infection or chafing),
- description of conservative treatment undertaken and its results,
- evidence that the individual has maintained a stable weight for at least 6 months.

(The above Medicare information is current as of the review date for this policy. However, the coverage issues and policies maintained by the Centers for Medicare & Medicare Services [CMS, formerly HCFA] are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. For the most current information, the reader should contact an official Medicare source.)

Related Policies

- Bariatric Surgery
- Cosmetic and Reconstructive Surgery

References

1. American Society of Plastic Surgeons, "Practice Parameter for Surgical Treatment of Skin Redundancy for Obese and Massive Weight Loss Patients," 2007.
<http://www.plasticsurgery.org/Documents/medical-professionals/health-policy/evidence-practice/Surgical-Treatment-of-Skin-Redundancy-Following-Massive-Weight-Loss.pdf>. Accessed October 1, 2024.
2. Arthurs, Zachary M., MD, et al., "Post-Bariatric Panniculectomy: Pre-Panniculectomy Body Mass Index Impacts the Complication Profile," *The American Journal of Surgery*, Vol. 193, 2007, pp. 567-570.
3. Borud, Loren J., MD, and Anne G. Warren, BA. "Body Contouring in the Post bariatric Surgery Patient," *Journal of the American College of Surgeons*, January 27, 2006, pp. 82-93.
4. Craig, Jocelyn B., MD, et al., "Reconstructive Pelvic Surgery and Plastic Surgery: Safety and Efficacy of Combined Surgery," *American Journal of Obstetrics and Gynecology*, Vol. 199, 2008, pp. 701.e1-701.e5.
5. Deitel, Mervyn, MD, "The Development of the Surgical Treatment of Morbid Obesity," *Journal of the American College of Nutrition*, 2002; 21(5):365-371.
6. El Abd R, Samargandi OA, AlGhanim K, et al. "Body Contouring Surgery Improves Weight Loss after Bariatric Surgery: A Systematic Review and Meta-Analysis." *Aesthetic Plast Surg*. 2021 Jun;45(3):1064-1075. doi: 10.1007/s00266-020-02016-2. Epub 2020 Oct 23. PMID: 33095301.
7. Feldman, Mark, MD, et al., "Sleisenger and Fordtran's Gastrointestinal and Liver Disease, 9th Edition: Pathophysiology/Diagnosis/Management," Copyright 2010, pp. 338.
8. *HAYES Medical Technology Directory*, "Panniculectomy for Abdominal Contouring Following Massive Weight Loss," Lansdale, PA: HAYES, Inc., Publication date 9/19/12, last review date 8/26/14; archived 10/19/15.
9. *HAYES Medical Technology Directory*, "Panniculectomy for Treatment of Symptomatic Panniculi," Lansdale, PA: HAYES, Inc., May 19, 2016.
10. Herman, Charles K., et al., "Advances in Weight Loss Surgery and Body Contouring After Weight Loss," *Open Access Surgery*, Vol. 3, June 24, 2010, pp. 35-41.
11. Smith OJ, Hachach-Haram N, et al., "Body Contouring Surgery and the Maintenance of Weight-Loss Following Roux-Ex-Y Gastric Bypass: A Retrospective Study," *Aesthet Surg J*, 2018; 38(2):176-182.
12. Wisconsin Physicians Service, "Cosmetic and Reconstructive Surgery," A58774. 2021.
<https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=58774&ver=11&keyword=Cosmetic+and+Reconstructive+Surgery&keywordType=starts&areald=s27&docType=NCA%2CCAL%2CNCD%2CMEDCAC%2CTA%2CMCD%2C6%2C3%2C5%2C1%2CF%2CP&contractOption=all&sortBy=relevance&bc=1>. Accessed October 1, 2024.
13. Wisconsin Physicians Service, "Cosmetic and Reconstructive Surgery," L39051. 2021.
<https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=39051&ver=10&bc=0>. Accessed October 1, 2024.

The articles reviewed in this research include those obtained in an Internet based literature search for relevant medical references through 3/7/25, the date the research was completed.

Joint BCBSM/BCN Medical Policy History

Policy Effective Date	BCBSM Signature Date	BCN Signature Date	Comments
3/21/02	3/21/02	3/21/02	Joint policy established
7/23/03	7/23/03	7/7/03	Routine maintenance
3/30/05	3/30/05	3/30/05	Routine maintenance
7/1/07	7/10/07	6/25/07	Routine maintenance
7/1/08	5/17/08	5/18/08	Routine maintenance
7/1/09	4/21/09	5/11/09	Routine maintenance
7/1/11	4/19/11	5/3/11	Routine maintenance; updated references and rationale sections
9/01/12	6/12/12	6/19/12	Routine maintenance; Medicare information updated
1/1/14	10/17/13	10/25/13	Routine maintenance
3/1/15	12/12/14	12/29/14	Routine maintenance
3/1/16	12/10/15	12/10/15	Routine maintenance
3/1/17	12/13/16	12/13/16	Routine maintenance
3/1/18	12/12/17	12/12/17	Routine maintenance
3/1/19	12/11/18		Routine maintenance
3/1/20	12/17/19		Routine maintenance
3/1/21	12/15/20		Routine maintenance
3/1/22	12/14/21		Routine maintenance LCD replaced
3/1/23	12/20/22		Routine maintenance (slp)
3/1/24	12/19/23		Routine maintenance (slp) Vendor Managed: N/A
3/1/25	12/17/24		Routine maintenance (slp) Vendor Managed: N/A Panniculectomy added to end of title
7/1/25	4/15/25		<ul style="list-style-type: none"> • Off-cycle review (slp) • Vendor Managed: N/A • Title changed from Abdominoplasty and Panniculectomy • Abdominoplasty information removed from policy (background,

			rationale, codes); Focus of the policy is panniculectomy
--	--	--	--

Next Review Date: 4th Qtr, 2026

Pre-Consolidation Medical Policy History

Original Policy Date	Comments
BCN: 11/23/99	Revised: 2/05/02
BCBSM: N/A	Revised: N/A

BLUE CARE NETWORK BENEFIT COVERAGE
POLICY: PANNICULECTOMY

I. Coverage Determination:

Commercial HMO (includes Self-Funded groups unless otherwise specified)	Covered, policy guidelines apply
BCNA (Medicare Advantage)	Refer to the Medicare information under the Government Regulations section of this policy.
BCN65 (Medicare Complementary)	Coinsurance covered if primary Medicare covers the service.

II. Administrative Guidelines:

- The member's contract must be active at the time the service is rendered.
- Coverage is based on each member's certificate and is not guaranteed. Please consult the individual member's certificate for details. Additional information regarding coverage or benefits may also be obtained through customer or provider inquiry services at BCN.
- The service must be authorized by the member's PCP except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Services must be performed by a BCN-contracted provider, if available, except for Self-Referral Option (SRO) members seeking Tier 2 coverage.
- Payment is based on BCN payment rules, individual certificate and certificate riders.
- Appropriate copayments will apply. Refer to certificate and applicable riders for detailed information.
- CPT - HCPCS codes are used for descriptive purposes only and are not a guarantee of coverage.