Medical Policy

BlueCross BlueShield Kansas
An Independent licensee of the
Blue Cross Blue Shield Association

Title: Panniculectomy and Abdominoplasty

Professional / Institutional
Original Effective Date: November 2000 / January 1, 2005
Last Review Date: August 11, 2026
Current Effective Date: March 7, 2011

State and Federal mandates and health plan member contract language, including specific provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage. To verify a member's benefits, contact Blue Cross and Blue Shield of Kansas Customer Service.

The BCBSKS Medical Policies contained herein are for informational purposes and apply only to members who have health insurance through BCBSKS or who are covered by a self-insured group plan administered by BCBSKS. Medical Policy for FEP members is subject to FEP medical policy which may differ from BCBSKS Medical Policy.

The medical policies do not constitute medical advice or medical care. Treating health care providers are independent contractors and are neither employees nor agents of Blue Cross and Blue Shield of Kansas and are solely responsible for diagnosis, treatment and medical advice.

If your patient is covered under a different Blue Cross and Blue Shield plan, please refer to the Medical Policies of that plan.

DESCRIPTION

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.

Abdominoplasty 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.

Current Procedural Terminology © American Medical Association. All Rights Reserved.
Blue Cross and Blue Shield Kansas is an independent licensee of the Blue Cross Blue Shield Association

Contains Public Information

POLICY

A. Panniculectomy is considered **medically necessary** for the patient who meets all the following criteria:
   1. The panniculus hangs below the lower level of the pubis (which is documented in photographs)
      AND
   2. The patient has had significant weight loss and reached a BMI ≤ 30 kg/m^2 as well as the following:
      a. The patient has maintained a stable weight for at least six months
         AND
      b. If the patient has had bariatric surgery, he/she is at least 18 months post operative
      AND
   3. Has recurrent or chronic rashes, infections, cellulitis, or non-healing ulcers, that do not respond to conventional treatment for a period of three months

B. Panniculectomy may be considered **medically necessary** with the performance of colostomy to prevent distention of the colostomy. With a very large abdominal wall, it may also be difficult to mobilize enough colon without compromising blood supply to the colon.

C. Panniculectomy may be considered **medically necessary** for chronic wounds of the panniculus that have failed to heal despite medically supervised care at a wound center.

D. Panniculectomy may be considered **medically necessary** for refractory hidradenitis suppurativa despite optimal medical management which might include antibiotics, retinoids, and immunosuppression.

E. Panniculectomy is considered **not medically necessary** as an adjunct to other medically necessary procedures, including, but not limited to, hysterectomy, and/or incisional or ventral hernia repair unless the criteria for medical necessity for panniculectomy listed in A. are met.

F. Panniculectomy for the treatment of back pain is considered **not medically necessary**.

G. Repair of diastasis rectus alone is considered **not medically necessary** for all indications.

H. Abdominoplasty, when done to remove excess skin or fat with or without tightening of the underlying muscles is considered **cosmetic, and therefore not covered**.

I. Liposuction is considered **cosmetic, and therefore not covered**.

J. If a condition such as a pannus results from a contract excluded procedure such as bariatric surgery, the panniculectomy / abdominoplasty will also be considered **an excluded condition**.

Note: Documentation of a ventral hernia requires size of the hernia, whether it is reducible, painful or other symptoms, and whether there is a defect rather than just thinning of the abdominal fascia.

Current Procedural Terminology © American Medical Association. All Rights Reserved.
Blue Cross and Blue Shield Kansas is an independent licensee of the Blue Cross Blue Shield Association

Contains Public Information

Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

RATIONALE

The current medical evidence addressing the efficacy of panniculectomy consists mostly of individual case reports and review articles. There have been only a very limited number of small-scale controlled trials on the subject. However, this is adequate clinical opinion to support the use of this procedure in limited circumstances where a patient's health is jeopardized.

There is not adequate evidence that pannus contributes to hernia formation or recurrence. The primary cause of hernia formation is an abdominal wall defect or weakness, not a pulling effect from a pannus.

Diastasis rectus is a thinning out of the anterior abdominal wall fascia. It does not represent a true hernia and is of no clinical significance.

Weight stability is required before panniculectomy. The American Society of Plastic Surgeons (ASPS) *Practice Parameter for Surgical Treatment of Skin Redundancy for Obese and Massive Weight Loss Patients* (2017) recommends that body contouring surgery, including panniculectomy, be performed only after the patient maintains a stable weight for two to six months. For post bariatric surgery patients, this is reported to occur 12-18 months after surgery when the BMI has reached the 25 kg/m^2 to 30 kg/m^2 range (Rubin, 2004). If performed prematurely, a potential exists for a second panniculus to develop once additional weight loss has occurred and the risks of postoperative complications are increased.

There is little evidence to demonstrate any significant health benefit imparted by abdominoplasty either for diastasis recti, or for other indications. Improvements in physical functioning, cessation of back pain and other positive health outcomes have not been demonstrated. Surgical procedures to correct diastasis recti have not been demonstrated to be effective for alleviating back pain or other non-cosmetic conditions. At this time, there is insufficient evidence to support the use of surgical procedures to correct diastasis recti, for other than cosmetic purposes.

Although it has been suggested that the presence of a large overhanging panniculus may interfere with the surgery or compromise post-operative recovery, there is insufficient evidence to support the proposed benefits of improved surgical site access or improved health outcomes.

Current Procedural Terminology © American Medical Association. All Rights Reserved.
Blue Cross and Blue Shield Kansas is an independent licensee of the Blue Cross Blue Shield Association

Contains Public Information

CODING

The following codes for treatment and procedures applicable to this policy are included below for informational purposes. This may not be a comprehensive list of procedure codes applicable to this policy.

Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

The code(s) listed below are medically necessary ONLY if the procedure is performed according to the "Policy" section of this document.

CPT/HCPCS	
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
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 assisted lipectomy; trunk

REVISIONS	
10-19-2009	Description section updated
	Policy section updated The previous policy language was: "If a condition such as a pannus results from a contract excluded procedure such as bariatric surgery, the panniculectomy/abdominoplasty will also be considered an excluded condition. Panniculectomy and abdominoplasty are considered medically necessary for the patient who meets all the following criteria: The panniculus hangs below the level of the pubis (which is documented in photographs); AND The patient has had significant weight loss of 100 pounds or more, as well as the following: The patient has maintained a stable weight for at least six months AND If the patient has had bariatric surgery, he/she is at least 18 months post operative; AND Recurrent or chronic rashes, infections, cellulitis, or non-healing ulcers, that do not respond to conventional treatment for a period of three months; information must be documented in office visit records. Panniculectomy is considered cosmetic as an adjunct to other medically necessary procedures, including, but not limited to, hysterectomy, and/or incisional or ventral hernia repair unless the criteria for medical necessity for panniculectomy listed above are met. There is no adequate evidence that pannus contributes to hernia formation or recurrence. The primary cause of hernia formation is an abdominal wall defect or weakness, not a pulling effect from a pannus. Panniculectomy or abdominoplasty for the treatment of back pain is considered not medically necessary. Repair of diastasis rectus alone is considered cosmetic for all indications. Diastasis rectus is a thinning out of the anterior abdominal wall fascia. It does not represent a true hernia and is of no clinical significance. Documentation of a ventral hernia requires size of the

Current Procedural Terminology © American Medical Association. All Rights Reserved.
Blue Cross and Blue Shield Kansas is an independent licensee of the Blue Cross Blue Shield Association

REVISIONS	
	hernia, whether it is reducible, painful or other symptoms, and whether there is a defect rather than just thinning of the abdominal fascia. Liposuction is considered cosmetic. Weight stability is required before panniculectomy. If performed prematurely there is the potential for a second panniculus to develop once additional weight loss has occurred. There is little evidence to demonstrate any significant health benefit imparted by abdominoplasty either for diastasis recti, or for other indications. Improvements in physical functioning, cessation of back pain and other positive health outcomes have not been demonstrated. Surgical procedures to correct diastasis recti have not been demonstrated to be effective for alleviating back pain or other non-cosmetic conditions. At this time, there is insufficient evidence to support the use of surgical procedures to correct diastasis recti, for other than cosmetic purposes." The policy updates pertained to the following: ▪ Revised wording from "…significant weight loss of 100 pounds or more…" to "…significant weight loss and reached a BMI ≤ 30 kg/m^2…". ▪ Added indications "B. Panniculectomy may be considered medically necessary with the performance of colostomy to prevent distention of the colostomy. With a very large abdominal wall, it may also be difficult to mobilize enough colon without compromising blood supply to the colon." and "C. Panniculectomy may be considered medically necessary for chronic infections of the panniculus that have failed to heal despite medically supervised care at a wound center." ▪ Revised wording from "Panniculectomy is considered cosmetic as an adjunct…" to "Panniculectomy is considered not medically necessary as an adjunct…" ▪ Revised wording from "Repair of diastasis rectus alone is considered cosmetic for all indications." to "Repair of diastasis rectus alone is considered not medically necessary for all indications."
	Rationale section added
03-07-2011	In policy section: ▪ Added to C. "wounds and" to read "Panniculectomy may be considered medically necessary for chronic wounds and infections of the panniculus that have failed to heal despite medically supervised care at a wound center." ▪ Added medically necessary indication item D. "Panniculectomy may be considered medically necessary for refractory hidradenitis suppurativa despite optimal medical management which might include antibiotics, retinoids, and immunosuppression."
	Reference section updated
02-28-2014	Description section reviewed
	Rationale section reviewed
	In Coding section: ▪ Remove CPT code: 00802 ▪ ICD-10 Diagnoses Codes added
	References updated
04-28-2015	Description section, Policy section, and Rationale section reviewed with no updates.
	References updated
07-20-2016	Policy reviewed with no updates needed.
02-18-2019	Description section updated.
	Rationale section updated.
	References updated.
02-24-2021	Medical policy was reviewed without changes.
04-20-2022	Medical policy reviewed with no changes made
03-14-2023	Updated Coding Section ▪ Removed ICD – 10 codes

Current Procedural Terminology © American Medical Association. All Rights Reserved.
Blue Cross and Blue Shield Kansas is an independent licensee of the Blue Cross Blue Shield Association

Contains Public Information

REVISIONS	
05-14-2024	Medical policy reviewed with no changes made
07-08-2025	Medical policy reviewed with no changes made
08-11-2026	Medical policy reviewed with no changes made

REFERENCES

1. Acarturk TO, Wachtman G, Heil B, et al. Panniculectomy as an adjuvant to bariatric surgery. Ann Plast Surg. 2004; 53(4):360-366.
2. Arthurs ZM, Cuadrado D, Sohn V, et al. Post-bariatric panniculectomy: pre-panniculectomy body mass index impacts the complication profile. Am J Surg. 2007; 193(5):567-570.
3. Blomfield PI, Le T, Allen DG, Planner RS. Panniculectomy: a useful technique for the obese patient undergoing gynecological surgery. Gynecol Oncol. 1998; 70(1):80-86.
4. Cassar K, Munro A. Surgical treatment of incisional hernia. Br J Surg. 2002; 89(5):534-545.
5. Hopkins MP, Shriner AM, Parker MG, Scott L. Panniculectomy at the time of gynecologic surgery in morbidly obese patients. Am J Obstet Gynecol. 2000; 182(6):1502-1505.
6. Hughes KC. Ventral hernia repair with simultaneous panniculectomy. Ann Surg. 1996; 62(8):678-681.
7. Matarasso A, Wallach SG, Rankin M, Galiano RD. Secondary abdominal contour surgery: a review of early and late reoperative surgery. Plast Reconstr Surg. 2005; 115(2):627-632.
8. Matory WE, O'Sullivan J, et al. Abdominal surgery inpatients with severe morbid obesity. Plast Reconstr Surg 1994; 94:976-987.
9. Nahas FX, Augusto SM, Ghelfond C. Should diastasis recti be corrected? Aesth Plas Surg. 1997; 21:285-289.
10. Pearl ML, Valea FA, Disilvestro PA, Chalas E. Panniculectomy in morbidly obese gynecologic oncology patients. Int J Surg Investig. 2000; 2(1):59-64.
11. Powell JL. Panniculectomy to facilitate gynecologic surgery in morbidly obese women. Obstet Gynecol. 1999 94(4):528-531.
12. Raimirez OM. Abdominoplasty and Abdominal Wall Rehabilitation: A comprehensive approach. Plast Reconstr Surg. 2000; 105(1):425-435.
13. Rubin JP, Nguyen V, Schwentker A. Perioperative management of the post-gastric-bypass patient presenting for body contour surgery. Clin Plast Surg. 2004; 31(4):601-610.
14. Sabiston: Textbook of Surgery; 15th edition, 1997 p813.
15. Tillmanns TD, Kamelle SA, Abudayyeh I, et al. Panniculectomy with simultaneous gynecologic oncology surgery. Gynecol Oncol. 2001; 83(3):518-522.
16. Toranto IR. The relief of low back pain with the WRAP abdominoplasty: A preliminary report. Plast Recon Surg. 1990; 85(4):545-555.
17. Townsend: Sabiston Textbook of Surgery, 16th edition, W.B. Saunders Company, 2001.
18. Vastine VL, Morgan RF, Williams GS, et al. Wound complications of abdominoplasty in obese patients. Plast Surg. 1999; 42(1):34-39.
19. 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 2017. Available at: https://www.plasticsurgery.org/Documents/Health-Policy/Reimbursement/insurance-2017-skin-redundancy-for-obese-and-massive-weight-loss-patients.pdf Accessed February 2019.
20. American Society of Plastic Surgeons (ASPS). Practice Parameter for Surgical Treatment of Skin Redundancy for Obese and Massive Weight Loss Patients. 2017 Available at:

Current Procedural Terminology © American Medical Association. All Rights Reserved.
Blue Cross and Blue Shield Kansas is an independent licensee of the Blue Cross Blue Shield Association

Contains Public Information

https://www.plasticsurgery.org/documents/Health-Policy/Guidelines/guideline-2017-skin-redundancy.pdf Accessed February 2019.
21. Coleman WP, Glogau RG, Klein JA, et al. American Academy of Dermatology Guidelines/Outcomes Committee. Guidelines of care for liposuction. J Am Acad Dermatol. 2001; 45(3):438-447.
22. American Society of Plastic Surgeons (ASPS). Recommended Insurance Coverage Criteria for Third-Party Payers: Abdominoplasty 2018. https://www.plasticsurgery.org/Documents/Health-Policy/Reimbursement/insurance-2018-abdominoplasty.pdf Accessed February 2019.

OTHER REFERENCES

1. C&A practicing board certified General Surgeon consultant (249), April 19, 2005.
2. MCOP board certified Plastic Surgery and Surgery of the Hand consultant, MCOP ID 2061-9041, Reviewer ID 2559, May 14, 2009.
3. AMR board certified plastic surgery consultant regarding hidradenitis suppurativa. Case number 44682, February 8, 2011.

Current Procedural Terminology © American Medical Association. All Rights Reserved.
Blue Cross and Blue Shield Kansas is an independent licensee of the Blue Cross Blue Shield Association

Contains Public Information