

**Kaiser Foundation Health Plan**

**Clinical Policy for Medical Necessity Criteria for Panniculectomy and Removal of Excess/Redundant Skin**

<b>Department:</b> Surgery	<b>Effective:</b>
<b>Policy #:</b> NUM 10.1	<b>Last Reviewed:</b>

**Overview/Definitions**

**Medical necessity criteria and policy are applied only after member eligibility and benefit coverage is determined. Questions concerning member eligibility and benefit coverage need to be directed to Membership Services.**

Panniculectomy is a surgical procedure used to remove a panniculus, which is an apron of fat and skin that hangs from the front of the abdomen. In certain circumstances, the panniculus can be associated with skin irritation and infection due to interference with proper hygiene and constant skin-on-skin contact in the folds daily activities.

Abdominoplasty is typically performed for cosmetic purposes, involves the removal of excess skin and fat from the pubis to the umbilicus or above, and may include tightening of the rectus muscle and creation or transposition of the umbilicus.

**Medicare Coverage Determinations**

	<b>Contractor</b>	<b>Determination Name/Number</b>	<b>Revision Date</b>
NCD		None-If no LCD applies in your area this KP criteria will apply	
LCD	Novitas	L35090	

**Clinical Indications for None-Medicare Members**

**Panniculectomy is considered medically necessary when ALL the following conditions are met:**

- Pannus is a grade II or higher as documented by clinical notes and/or pre-operative notes
- Pannus is documented to have caused recurrent chronic rashes, infections, cellulitis, or non-healing ulcers under the panniculus with documentation of a minimum of a 3 months trial and failure of treatment with prescribed systemic oral or IV antibiotics
- Pannus is documented to cause significant functional impairment to activities of daily living with panniculectomy expected to restore or improve function
- Documentation of a stable weight for at least 6 months, in cases where a bariatric surgery was performed the patient must be 18 months post op with 12 months of documented stabilization of weight AND a BMI <35

**Panniculectomy is considered medically necessary when performed in conjunction with abdominal or gynecological procedures where it is documented that the panniculectomy will reduce excessive skin tension that may impair wound healing**

**Abdominoplasty is considered cosmetic and not medically necessary for all applications. Surgical procedures to correct diastasis recti are considered cosmetic in nature and not medically necessary. Abdominoplasty may be approved, if required for a hernia repair**

**Other redundant skin and fat removal surgeries, including but not limited to brachioplasty, thigh lift, back lift are generally not covered but may be considered medically necessary when ALL the following conditions are met:**

- Documentation of interference with activities of daily living
- Skin breakdown and skin infections including fungal infections due to friction in the intertriginous zones that don't respond to 3 or more months of medical treatment. Medical treatment should consist of good hygiene practices, topical antifungals, topical and/or systemic corticosteroids, and local and/or systemic antibiotics

**Excess/redundant skin or tissue removal may be considered medically necessary when it is being requested by a surgeon because of difficult surgical access, where the excess skin or tissue will interfere with surgery or surgical healing**

## Panniculus Grading Scale:

Grade 1: The panniculus reaches the pubic hair but not the genitals

Grade 2: The panniculus lies over the genitals down to the thigh crease

Grade 3: The panniculus reaches down to the upper thigh

Grade 4: The panniculus hangs down to the mid-thigh level

Grade 5: The panniculus reaches the knees

## Exclusions

Panniculectomy and excess/redundant skin removal is not considered medically necessary and is not a covered benefit for any of the following indications (list is not inclusive):

- Treatment for neck or back pain
- Minimizing risk for hernia formation or recurrence
- Repairing abdominal wall laxity or diastasis recti
- Suction assisted lipectomy performed alone or not as a part of a medically necessary panniculectomy procedure
- Improved appearance

## Coding

Potential CPT Codes	Description
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
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue
22999	Unlisted procedure, abdomen, musculoskeletal system
00802	Under Anesthesia for Procedures on the Lower Abdomen

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## History Details

Type	Action	Date
Approved		9/5/25