Subject: Panniculectomy/Removal of Redundant Skin and Subcutaneous Tissue

Background: Panniculectomy is the removal of a large fold of redundant abdominal skin and subcutaneous tissue. The panniculus can cause various skin problems, such as irritation, rash, inflammation, ulcers, hygiene issues or hernias as it can hang down over the pubis and groin area. This procedure may be performed after significant weight loss.

Authorization:
Prior authorization is required for panniculectomy and removal of redundant skin and subcutaneous tissue provided to members enrolled in commercial (HMO, POS, PPO) products.

Please see HPHC’s Breast Surgeries Medical Review Criteria or HPHC Gynecomastia Medical Review Criteria for criteria related to removal of excess/redundant breast skin/tissue.

Policy and Coverage Criteria:

Panniculectomy
Harvard Pilgrim Health Care (HPHC) considers panniculectomy procedures as reasonable and medically necessary when documentation confirms ALL the following criteria:

- Member has achieved weight loss of at least 100 lbs.; AND weight loss has resulted in an occlusive overhanging pannus that covers the genitals and upper thigh crease, upper or mid-thigh, or knees and below (Grade 3 or higher on ASPS scale); AND
- EITHER of the following:
  - Weight loss occurred following lifestyle changes (including diet and exercise) or medical intervention, and member’s weight has been stable for at least 6 months; OR
  - Weight loss occurred following bariatric surgery, and member’s weight has been stable for at least 18 months’ post-surgery; AND
- The pannus directly causes ALL of the following:
  - A physical functional impairment that interferes with activities of daily living including physical exercise; AND
  - Persistent symptomatic intertriginous ulcerations or macerations that have been refractory to good personal hygiene and several months of physician-supervised local treatment; AND
    - Documentation must include a detailed description of all physician-supervised skin treatment
  - Recurrent skin infections (i.e., at least 2 episodes within 12 months) that required systemic antibiotics, and are directly related to the pannus
    - Documentation must confirm episodes are refractory to at least a full course of antibiotic treatment
Frontal and lateral colored photographs (taken when the patient is standing erect) are required, and must demonstrate the degree of the pannus and any related skin conditions.

Note: Colored photograph documentation demonstrating the degree of skin redundancy must be mailed or emailed to Harvard Pilgrim Health Care as faxed photographs cannot be utilized in making a determination of medical necessity.

**Removal of Redundant Skin and Subcutaneous Tissue from Anatomical Areas other than Breast or Abdomen**

Removal of redundant skin (e.g., from thighs, hips, buttocks, and/or arms) is considered medically necessary when documentation confirms ALL the following:

- Weight loss has resulted in significant excess/redundant skin or skin folds; AND
- Redundant skin and/or skin folds directly cause ALL of the following:
  - A physical functional impairment that interferes with activities of daily living including physical exercise; AND
  - Persistent symptomatic intertriginous ulcerations or macerations that have been refractory to good personal hygiene and physician-supervised local treatment over a period of several months; AND
    - Documentation must include a detailed description of all physician-supervised skin treatment
  - Recurrent skin infections (i.e. at least 2 episodes within 12 months) that required systemic antibiotics, and are directly related to the redundant skin
    - Documentation must confirm episodes are refractory to at least a full course of antibiotic treatment

Note: Colored photograph documentation demonstrating the degree of skin redundancy must be mailed or emailed to Harvard Pilgrim Health Care as faxed photographs cannot be utilized in making a determination of medical necessity.

**Same Day Procedures**

Panniculectomies are not considered medically necessary in conjunction to other medically necessary procedures (e.g. hysterectomy, hernia repair) unless the above criteria are met.

Under state mandate, Harvard Pilgrim Health Care (HPHC) considers treatment to correct or repair disturbances of body composition caused by HIV-associated lipodystrophy syndrome as medically necessary. Medical record documentation must confirm that treatment is medically necessary for repairing, correcting or ameliorating the effects of HIV-associated lipodystrophy syndrome.

**Exclusions:**

Harvard Pilgrim Health Care (HPHC) considers panniculectomy procedures or removal of excess/redundant skin as not medically necessary for all other indications. In addition, HPHC does not cover:

- Abdominoplasty
- Diastasis recti repair
- Panniculectomy or removal of excess/redundant skin for treatment of psychological or psychosocial issues related to redundant skin
- Panniculectomy or removal of excess/redundant skin performed at the time of an additional abdominal or gynecological surgery unless criteria above are met
- Suction lipectomy, unless stated in mandate

**HPHC Medical Review Criteria**

**Panniculectomy/Removal of Redundant Tissue**

_HPHC policies are based on medical science, and written to apply to the majority of people with a given condition. Individual members’ unique clinical circumstances, and capabilities of the local delivery system are considered when making individual UM determinations._

_Coverage described in this policy is standard under most HPHC plans. Specific benefits may vary by product and/or employer group. Please reference appropriate member materials (e.g., Benefit Handbook, Certificate of Coverage) for member-specific benefit information._
• Surgical removal of redundant skin, or body contouring for cosmetic purposes only
• Treatment of neck or back pain
• Cosmetic procedures to reshape body parts to improve the member’s appearance or self-esteem when no physical functional impairment exists

Supporting Information:
A panniculectomy is a surgical procedure to remove the panniculus or excess skin from the lower abdomen. Because it hangs down over the pubis and groin area, the panniculus may cause hindrance in healing and various skin problems (e.g. inflammation, ulcers, skin breakdown). Panniculectomies may be performed after significant weight loss.

Rasmussen et al. (2017) reported on postoperative outcomes among patients undergoing reconstructive panniculectomies at the time of gynecologic surgery. This was a retrospective review of patients where age, body mass index, surgical procedure, estimated blood loss, wound complications were assessed. One-way analysis of variance and logistic regression were used to evaluate the data from a total of 300 individuals. Complications included 85 (28.3%) cases of superficial cellulitis and 9 (3.0%) cases of surgical-site infection. Diabetes, hypertension and smoking were significant predictors of postoperative wound complications, as shown from the logistic regression. The authors concluded panniculectomy combined with gynecologic surgery to be safe and effective for obese individuals with acceptable incidence of wound infection.

Mioton et al. (2013) conducted a retrospective review of the American College of Surgeons National Surgical Quality Improvement Program database for all individuals undergoing panniculectomy from 2006 to 2010. Patient demographics and 30-day outcomes were assessed from a total of 954 panniculectomies that met inclusion criteria. Risk-adjusted multivariate regression showed that undergoing a panniculectomy by a non-plastic surgeon was a significant predictor of overall postoperative complications (95% CI, 1.35 to 3.23). Overall, the multivariate regression analysis showed that panniculectomies performed by plastic surgeons resulted in lower rates of overall postoperative complications compared with those performed by non-plastic surgeons.

Koulaxouszidis et al. (2012) retrospectively analyzed the clinical course and outcome of 24 individuals receiving panniculectomies to follow trends of postoperative complications. Complications were categorized as minor or major based on the individual’s needs of readmission or re-operation. Complex decongestive physical therapy (CDP) was performed for 4 to 6 weeks preoperatively and 2 weeks postoperatively. The authors found 12 out of 16 patients within the CDP group to have uneventful course, whereas all non-CDP patients had at least one complication. They concluded that adequate perioperative CDP treatment may reduce early postoperative complications after resection of panniculus morbidus.

Guidelines:
The American Society of Plastic Surgeons (ASPS) guidelines recommend panniculectomies for obese individuals due to the removal of the large abdominal apron of fat. According to the ASPS, the severity of abdominal deformities is graded on the scale below:

Grade 1: Panniculus covers hairline and Mons pubis but not the genitals
Grade 2: Panniculus covers genitals and upper thigh crease
Grade 3: Panniculus covers upper thigh
Grade 4: Panniculus covers mid-thigh
Grade 5: Panniculus covers knees and below

HPC Medical Review Criteria

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Coding:
Codes are listed below for informational purposes only, and do not guarantee member coverage or provider reimbursement. The list may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible.

<table>
<thead>
<tr>
<th>CPT ® Codes</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>15830</td>
<td>Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy</td>
</tr>
<tr>
<td>15832</td>
<td>Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh</td>
</tr>
<tr>
<td>15833</td>
<td>Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg</td>
</tr>
<tr>
<td>15834</td>
<td>Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip</td>
</tr>
<tr>
<td>15835</td>
<td>Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock</td>
</tr>
<tr>
<td>15836</td>
<td>Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm</td>
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<tr>
<td>15839</td>
<td>Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area</td>
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<td>Suction assisted lipectomy; upper extremity</td>
</tr>
<tr>
<td>15879</td>
<td>Suction assisted lipectomy; lower extremity</td>
</tr>
</tbody>
</table>

Billing Guidelines:
Member’s medical records must document that services are medically necessary for the care provided. Harvard Pilgrim Health Care maintains the right to audit the services provided to our members, regardless of the participation status of the provider. All documentation must be available to HPHC upon request. Failure to produce the requested information may result in denial or retraction of payment.

References:

HPHC Medical Review Criteria

Panniculectomy/Removal of Redundant Tissue

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Summary of Changes:

<table>
<thead>
<tr>
<th>Date</th>
<th>Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/18</td>
<td>Annual review; no criteria changes</td>
</tr>
<tr>
<td>6/17</td>
<td>Background and References updated. Policy coverage criteria updated for panniculectomy and removal of redundant skin. Same day procedures are an exclusion. Coding was updated.</td>
</tr>
<tr>
<td>5/17</td>
<td>Reviewed and reissued</td>
</tr>
<tr>
<td>4/10</td>
<td>Minor formatting edits.</td>
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</tbody>
</table>
| 4/15   | Provide simplified description of panniculectomy procedure.  
- Add links to public (member and provider) sites.  
- Simplify description of weight loss expectations (member’s weight must be stable for at least 6 months following lifestyle changes or medical intervention, or for at least 12 months following bariatric surgery).  
- Provide simplified description of when occlusive overhanging pannus meets criteria (kept footnote re: ASPS Grading).  
- Add coding profile.  
- Expand Exclusions to include procedures performed at the time of an additional abdominal or gynecological surgery unless criteria are met, and surgical removal of redundant skin, or body contouring for cosmetic purposes only. |

Approved by Medical Policy Review Committee: 5/22/18
Reviewed/Revised: 5/11, 5/12, 2/13, 3/14, 4/15, 4/16, 5/17, 6/17, 5/18
Initiated: 7/1/10

HPHC Medical Review Criteria

Panniculectomy/Removal of Redundant Tissue

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