

## MEDICAL POLICY – 7.01.523


# Panniculectomy and Excision of Redundant Skin

Effective Date: Apr. 1, 2026  
Last Revised: Mar. 9, 2026  
Replaces: N/A

RELATED MEDICAL POLICIES:  
7.01.516 Bariatric Surgery  
10.01.514 Cosmetic and Reconstructive Services

Select a hyperlink below to be directed to that section.

[POLICY CRITERIA](#) | [DOCUMENTATION REQUIREMENTS](#) | [CODING](#)  
[RELATED INFORMATION](#) | [EVIDENCE REVIEW](#) | [REFERENCES](#) | [HISTORY](#)

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## Introduction

The panniculus (or pannus) is an extremely large fold of excess skin, fat, and tissue that hangs well below the waist and even down to the groin. It's found in people who are very overweight. It may also be found in those who have lost a lot of weight and following the weight loss their extra skin hangs far below the belly area. A panniculectomy is surgery to remove this excess tissue. A panniculectomy may be cosmetic (to improve looks only). The plan does not cover cosmetic surgeries. There are some instances, however, where the panniculus is causing medical problems that interfere with a person's everyday functioning. This policy describes when surgery to remove the panniculus may be considered medically necessary. This policy also discusses abdominoplasty, which is a cosmetic surgery that is usually done in people who have a big belly. In an abdominoplasty, the surgeon removes excess skin and fat from the middle and lower abdomen and tightens the belly muscles. An abdominoplasty is also called a "tummy tuck" and is always considered to be cosmetic.

**Note:** The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

## Policy Coverage Criteria

Service	Medical Necessity
<b>Panniculectomy</b>	<p><b>Panniculectomy surgery may be considered medically necessary when ALL of the following criteria are met:</b></p> <ul style="list-style-type: none"> <li>• The panniculus hangs to or below the level of the symphysis pubis documented by front and lateral view photographs</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• The panniculus causes a functional impairment (see <a href="#">definition</a> below) such as a chronic and persistent skin condition (e.g., intertriginous dermatitis, panniculitis, cellulitis, or skin ulcerations) that has failed to respond to at least 3 months of medical treatment which may include any of the following: <ul style="list-style-type: none"> <li>○ Antifungals</li> <li>○ Antibiotics</li> <li>○ Corticosteroids</li> </ul> </li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• The surgery is expected to restore or improve the functional impairment</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• In addition to the criteria listed above, if the procedure is following significant weight loss (usually <math>\geq 100</math> lbs) <b>and</b> <ul style="list-style-type: none"> <li>○ If the weight loss was unrelated to bariatric surgery, the individual has maintained a stable weight for at least 6 months</li> </ul> </li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>○ If the weight loss is a result of bariatric surgery, the panniculectomy is not performed until at least 12 months after the bariatric surgery and then only when the individual has maintained a stable weight for at least the most recent 6 months</li> </ul> <p><b>Panniculectomy surgery is considered not medically necessary when the above criteria are not met.</b></p> <p><b>In the absence of a functional impairment (see <a href="#">definition</a> below), a panniculectomy performed solely to improve physical appearance is considered cosmetic.</b></p>



Service	Cosmetic
<b>Abdominoplasty</b>	<b>An abdominoplasty surgery (with or without panniculectomy), including a mini or modified abdominoplasty, is considered cosmetic as the procedure does not address any physical functional impairment.</b>
<b>Redundant skin removal</b>	<p><b>Procedures to remove redundant skin (skin laxity) in the arms, buttocks, hips, legs, thighs, or torso are considered cosmetic as these procedures do not address any physical functional impairment. Procedures to remove redundant skin include but are not limited to the following:</b></p> <ul style="list-style-type: none"> <li>• Belt Lipectomy</li> <li>• Circumferential Body Lift</li> <li>• Circumferential Lipectomy</li> <li>• Lipoabdominoplasty</li> <li>• Lower Body Lift</li> <li>• Suction Lipectomy</li> <li>• Torsoplasty</li> </ul> <p><b>Note:</b> (See <a href="#">Related Policies</a> for procedures not addressed in this policy)</p>
<b>Diastasis recti treatment</b>	<b>Treatment of diastasis recti is considered cosmetic as the separation/laxity of the muscles of the abdominal wall is not considered a true hernia and the treatment does not address a physical functional impairment. (See <a href="#">Related Information</a> below)</b>

## Documentation Requirements

### Panniculectomy Surgery

**Written documentation in the medical record for panniculectomy surgery must include:**

- The specific physical functional impairment that would be resolved by the panniculectomy.
- Front and lateral view photographs demonstrating redundant/excessive skin or the size of the panniculus



## Documentation Requirements

### Panniculectomy Surgery

- Clinical observations about the nature/extent of any chronic/persistent skin conditions present such as skin irritation or infection resulting in pain, ulceration, suprapubic intertrigo, monilial infestation or panniculitis.
- Information should include the conservative medical treatments for persistent skin irritation that were tried for at least a 3-month period. (Examples may include, but are not limited to antifungal, antibacterial or moisture-absorbing agents, topically applied skin barriers and supportive garments).

## Coding

Code	Description
<b>CPT</b>	
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area
15877	Suction assisted lipectomy; trunk
15878	Suction assisted lipectomy; upper extremity
15879	Suction assisted lipectomy; lower extremity
17999	Unlisted procedure, skin, mucous membrane and subcutaneous tissue
<b>Cosmetic</b>	



Code	Description
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)

**Note:** CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). HCPCS codes, descriptions and materials are copyrighted by Centers for Medicare Services (CMS).

## Related Information

### Definition of Terms

(Terms taken in part from the American Society of Plastic Surgeons Position Papers)

**Abdominoplasty:** Also known as a tummy tuck, this surgery removes loose folds of skin on the middle and lower abdomen and tightens underlying stomach muscles. It may include a diastasis recti repair

**Belt Lipectomy:** A surgery that removes excess skin and/or fat from the thighs, hips, buttocks and abdomen. The procedure involves removing a “belt” of tissue from around the circumference of the lower trunk.

**Circumferential Lipectomy:** A surgery that combines an abdominoplasty or panniculectomy with flank and back lifts, both procedures being performed together sequentially and including suction assisted lipectomy, where necessary.

**Cosmetic procedures/services:** In this policy, cosmetic procedures/services are those which are primarily intended to preserve or improve appearance. Cosmetic surgery is performed to reshape normal structures of the body in order to improve an individual’s appearance or self-esteem.

**Diastasis recti:** A separation between the right and left side of the rectus abdominis muscles that cover the front of the abdomen. The muscle separation appears as a ridge down the middle of the abdomen. It does not lead to complications that need any intervention and does not represent a true ventral hernia.

**Lower body lift:** Also known as a belt lipectomy.



**Panniculectomy:** A surgery that involves only the removal of excess skin/fat that hangs over the genitals and/or thighs. A cosmetic abdominoplasty is sometimes performed at the same time as a functional panniculectomy.

**Panniculus:** Also called a “pannus”, a panniculus is a large fold of excess skin, fat, and tissue that hangs from the lower abdomen and may extend to and beyond the groin.

**Physical Functional Impairment:** In this policy, physical functional impairment means a limitation from normal (or baseline level) of physical functioning that may include, but is not limited to, problems with ambulation, mobilization, communication, respiration, eating, swallowing, vision, facial expression, skin integrity, distortion of nearby body parts or obstruction of an orifice. The physical functional impairment can be due to body structure, congenital deformity, pain, or other causes. Physical functional impairment excludes social, emotional and psychological impairments or potential impairments.

**Reconstructive Surgery:** In this policy, reconstructive surgery refers to surgeries performed on abnormal structures of the body, caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease. It is generally performed to improve function.

**Torsoplasty:** A series of operative procedures, usually done together to improve the contour of the torso, usually female (though not exclusively). This series would include abdominoplasty with liposuction of the hips/flanks and breast augmentation and/or breast lift/reduction. In men, this could include reduction of gynecomastia by suction assisted lipectomy/ultrasound assisted lipectomy or excision.

**Ventral Hernia:** A ventral hernia is when a weak spot in the abdominal muscles develops and allows internal organs (such as the intestines) to push through. A true hernia repair should not be confused with diastasis recti repair that is part of a standard abdominoplasty.

## Benefit Application

Some plan benefit descriptions specifically exclude services for, or related to, removal of excess skin following weight loss, regardless of physical functional impairment.

Refer to member contract language for any direct and specific exclusions regarding the performed services.

A Preservice Review is recommended.



### Description

In a severely obese individual, excess adipose tissue and skin hanging downward from the navel past the pelvis is referred to as a panniculus or pannus. It is sometimes referred to as an “apron” of extra skin and fat. The panniculus can be the result of extreme weight loss (usually 100 pounds or more) through diet and exercise or following gastric restrictive surgery for obesity.

The panniculus can cause difficulty fitting into clothing, interference with personal hygiene, impaired ambulation, and be associated with lower back pain or pain in the panniculus itself. The redundant skin folds are susceptible to infections of the skin (fungal dermatitis, folliculitis, subcutaneous abscesses, ulcerations) or panniculitis. A large panniculus can complicate surgery on a morbidly obese individual.

Panniculectomy surgery may be indicated to reduce the panniculus. The surgery removes the excess skin and fat that hangs over the abdominal area. It may be indicated if the panniculus interferes with a person’s daily activities (ADLs) and/or results in severe skin conditions that do not resolve after medical treatment. A panniculectomy does not tighten the abdominal muscles. Obese individuals with a very large panniculus and those who have had a massive weight loss may require more extensive and time-consuming procedures due to the severity of their defects.

A true ventral hernia that is large, symptomatic, and not manually reducible may require surgery at the same time that a medically necessary panniculectomy is performed.

Surgery to reduce the amount of excess abdominal skin that is often done solely for improving a person’s appearance and without any evidence of physical functional/ADL impairment is considered cosmetic. Abdominal skin redundancy may occur after pregnancy. An abdominoplasty, sometimes referred to as a “tummy tuck” is the most common cosmetic surgery performed to remove abdominal skin, fat and tighten flaccid muscles of the abdominal wall.

### Background

Shermak believed that individuals who have massive weight loss after open gastric bypass surgery are prone to incisional hernias.<sup>13</sup> The author retrospectively studied this patient population at the Johns Hopkins Medical Institution. From February 2001 to December 2003, 40



individuals had hernia repairs in combination with abdominoplasty. (Average age was 42 while the average weight loss was 152 pounds.) The average body mass index (BMI) at the time of plastic surgery was 35.6. Average abdominal skin resection was 9.9 pounds. One individual with a BMI of 41.3 had a recurrent hernia after heavy lifting within 1 year of the initial hernia repair surgery. Other complications included wound-healing problems (20%), seroma (12.5%), bleeding requiring surgical take-back (2.5%), suture abscess requiring surgical removal of suture (7.5%), bleeding anastomotic ulcer requiring transfusion (2.5%), and fatal pulmonary embolus (2.5%). Of the study group, 60% had uncomplicated healing. Shermak concluded that hernias are safely and preferentially repaired at the time of panniculectomy following gastric bypass surgery.

Body contouring after bariatric surgery is currently the fastest growing field within plastic surgery.<sup>2,3</sup> Although bariatric procedures may produce impressive weight loss, people who achieve massive weight loss are often unhappy with the hanging folds of skin and subcutaneous tissue that remain. After massive weight loss, individuals are left “deflated”. Individuals go to plastic surgeons to address the deformities resulting from the massive weight loss.

Hayes concludes in their 2016 Health Technology Assessment that there are no prospective studies, randomized controlled trials, or other well-designed studies that were identified which reported evidence of improved outcomes such as improved symptoms or reductions in panniculus severity. The report states: “Despite these deficiencies, and the lack of established individual selection criteria, panniculectomy is in clinical use as a reconstructive abdominal-contouring procedure for individuals who have undergone obesity treatment, the goal of which is to improve panniculus-associated symptoms and to remove impediments to normal function.”<sup>17</sup>

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## History

Date	Comments
05/10/05	Add to Surgery Section - New Policy
05/09/06	Replace Policy - Policy reviewed with literature search; no change to policy statement.
06/06/09	Disclaimer and Scope update - No other changes.
02/26/07	Codes Updated - No other changes.
06/12/07	Replace Policy - Policy statement added for abdominoplasty/panniculectomy performed in the absence of documented physical functional impairment as cosmetic; criteria of the presence of a documented physical functional impairment added to medically necessary policy statement. Definitions for cosmetic, physical functional impairment and reconstructive surgery added to Policy Guidelines. References added.
04/08/08	Replace Policy - Policy updated with literature search. Policy statement to include "Belt Lipectomy/Torosoplasty/Circumferential/Lower body lift" as a medically necessary indication when criteria are met. Title expanded to add "skin redundancy". Policy updated with definitions from the American Society of Plastic Surgeons. Code added.
01/13/09	Code Updates - Code 49656 added effective 1/1/09.
02/10/09	Replace Policy - Policy reviewed with literature search; no change to policy statement.
10/13/09	Cross Reference Update - No other changes.
01/12/10	Replace Policy - Policy updated with literature search; no change to the policy statement. Benefit Application clarified but intent is unchanged.
02/08/11	Replace Policy - Policy updated with literature search; no change to the policy statements.
09/23/11	Related Policies updated; 10.01.514 added.
03/23/12	Replace Policy - Policy updated with literature search; no change to the policy statements.
03/08/13	Replace policy. No change to the policy statements.
12/18/13	Update Related Policies. Edit title to 7.01.516.
03/10/14	Replace policy. No change to policy statements. ICD-9 diagnosis codes removed; they do not relate to adjudication of the policy.
05/12/15	Annual Review. Abdominoplasty removed from title. Title changed to Panniculectomy and excision of redundant skin. Procedures to excise redundant skin in other body areas considered as cosmetic are now listed in the Policy section. Statements added that abdominoplasty & diastasis recti surgery is considered cosmetic. Policy updated with literature search through March 2015. Definition of Terms consolidated into the Policy Guidelines Section. Documentation requirements reformatted as bullet points.



Date	Comments
	ASPS' recommended coverage criteria added to Practice Guidelines section. CPT codes related to covered ventral hernia repair were removed 49560, 49561, 49565, 49566, 49568, and 49656. Policy statements changed as noted.
11/10/15	Interim Update. In the Policy Guidelines section, revised the last sentence of the definition of diastasis recti to state "This condition does <b>not</b> represent a true hernia." Policy statements unchanged.
09/01/16	Annual Review, approved August 9, 2016. Policy updated with literature search; policy statements unchanged.
03/01/17	Annual Review, approved March 14, 2017. All applicable policy statements for the procedure(s) changed from cosmetic to not medically necessary. Policy reviewed with literature search, no new references added.
11/10/17	Policy moved to new format, no change to policy statement.
03/01/18	Annual Review, approved February 13, 2018. Policy edited for clarity. Policy statement added to include criteria if panniculectomy is related to significant weight loss Literature review performed. No references added.
02/01/19	Annual Review, approved January 22, 2019. Literature review performed. No references added. Policy statement unchanged.
04/01/20	Delete policy, approved March 10, 2020. This policy will be deleted effective July 2, 2020, and replaced with InterQual criteria for dates of service on or after July 2, 2020.
11/01/20	Policy reinstated effective February 5, 2021, approved October 13, 2020. Policy updated with literature review. References added. Policy statements unchanged.
06/01/21	Annual Review, approved May 4, 2021. Policy reviewed. References added. Policy statements unchanged.
10/01/21	Interim Review, approved September 23, 2021. Added clarifying language to abdominoplasty criteria that indicates that with or without panniculectomy it is considered cosmetic. Added cosmetic section to coding table.
08/01/22	Annual Review, approved July 25, 2022. Policy updated with literature review through June 30, 2022; references added. Policy statements unchanged.
05/01/23	Annual Review, approved April 24, 2023. Policy reviewed. No references added. Added policy statement: "In the absence of a functional impairment, a panniculectomy performed solely to improve physical appearance is considered cosmetic." Changed the wording from "patient" to "individual" throughout the policy for standardization as appropriate.
11/01/24	Annual Review, approved October 7, 2024. Policy reviewed; no references added. Policy statements unchanged.
09/01/25	Annual Review, approved August 25, 2025. Policy reviewed. No references added. Policy statements unchanged.



Date	Comments
04/01/26	Annual Review, approved March 9, 2026. Policy reviewed. Reference added and references updated. Minor formatting edit. Policy statements unchanged. Added CPT codes 15877, 15878 and 15879 to support policy criteria.

**Disclaimer:** This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2026 Premera All Rights Reserved.

**Scope:** Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.

