

MAHP GUIDELINES FOR PANNICULECTOMY/ABDOMINOPLASTY

PURPOSE:

To provide high-quality medical care with reasonable and uniform determination of medical necessity for coverage of requested services. This guideline assists in defining covered services. Procedures not listed below require submission of documentation and review with a medical director for determination of medical necessity.

DEFINITION:

Abdominoplasty is a procedure involving the removal of excess abdominal skin and/or fat with or without tightening lax anterior abdominal wall muscles. Panniculectomy is a procedure designed to remove fatty tissue and excess skin (panniculus) from the lower to middle portions of the abdomen.

CRITERIA:

Abdominoplasty and Panniculectomy are medically necessary when ALL of the following criteria are met:

- Panniculus hangs below the level of the symphysis pubis, as demonstrated in the medical record or pre-operative photographs.
- Medical documentation must show a stable weight for a minimum of 6 months post bariatric surgery or weight loss program.
- Panniculectomy should not be preformed until 18 months after bariatric surgery and only when weight has been stable for at least the most recent six months.
- The Member's medical record must show documentation of ulcerations or infections (bacterial or fungal) unresponsive to at least six months of conservative management by a physician or infectious disease specialist. Photographic documentation (frontal and lateral views) may be requested showing the presence of chronic skin changes.
- The procedure must be ordered and performed by a plan-affiliated or contracted general or plastic surgeon. It must be performed at an affiliated or contracted facility.

- Must reference benefit plan.
- Medical Director review is required.

REFERENCES:

Medicaid Provider Manual, Section 13.2 – Cosmetic Surgery

Aetna, Clinical Policy Bulletin 0211, December 2004. Available at URL address:
<http://www.aetna.com/cpb/data/CPBA0211.html>

CIGNA Healthcare Coverage Position: Abdominoplasty and Panniculectomy,
February 2005. Available at URL address:
http://www.cigna.com/health/provider/medical/procedural/coverage_positions/medical/mm_0027_coveragepostioncriteria_abdominoplasty_and_panniculectomy.pdf