PANNICULECTOMY AND ABDOMINOPLASTY

DESCRIPTION/SCOPE

This policy addresses the surgical procedures panniculectomy and abdominoplasty and when they are considered medically necessary, not medically necessary, and cosmetic.

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, this “apron” can be associated with skin irritation and infection due to interference with proper hygiene and constant skin-on-skin contact in the folds underneath the panniculus. The presence of panniculus may also interfere with daily activities.

Abdominoplasty is a surgical procedure intended to remove excess skin and/or fat, and to tighten the muscles of the abdomen. The first step involves creating a horizontal incision across the lower abdomen followed by separation of the muscles from the layer of skin and fat over it. The muscles are then separated along the mid-line of the belly and brought together again in a new configuration. The layer of skin and fat is then pulled downward and the excess is removed. The navel is often re-positioned during this surgery.

DEFINITIONS

**Bariatric surgery:** a variety of surgical procedures designed to treat obesity by either reconstructing the stomach and/or intestines or placing restrictive devices in or on the digestive tract.

**Cellulitis:** a diffuse, spreading inflammation of the deep tissues under the skin, and on occasion muscle, which may be associated with abscess formation.

**Diastasis recti:** a condition characterized by a separation between the left and right side of the rectus abdominis, which is the muscle covering the front surface of the chest (abdomen); a diastasis recti appears as a ridge running down the midline of abdomen from the bottom of the breastbone to the navel.

**Hysterectomy:** surgical removal of the uterus.

**Incisional hernia:** a condition where tissues or organs are able to push through a surgical incision or scar.
Intertrigo: an inflammation of the top layers of skin caused by moisture, bacteria, or fungi in the folds of the skin.

Liposuction: a surgical procedure designed to remove fat from under the skin via a suction device.

Pubis: a part of the pelvic bone that is located in the groin; also called the pubic bone.

**DECISION CRITERIA**

**Administrative**
1. Referral required from member’s PCP or requesting provider along with supporting documentation. This shall include: (at minimum)
   a. Member’s name and THC plan number
   b. Proposed date of procedure, facility, name, applicable diagnostic and procedure codes
   c. Name and contact information of surgeon or requesting provider
   d. Progress notes that includes member’s current and past medical history, treatment to date and response; appropriate diagnostic tests results
   e. Photographs of affected area(s)-**highly recommended**
2. Services must be performed by a Plan affiliated or contracted provider, if not, then plan approval for OON provider (treating provider & facility)
3. Medical necessity review and prior approval by Plan
4. Services must not be determined to be cosmetic in nature
5. Member must have current eligibility on date of service

**Medical (must meet all as documented below)**
1. Panniculus hangs below the level of the pubis (documented in photographs); **AND**
2. Individual must have documented significant weight loss of 100 pounds or more,
   a. Individual must have maintained a stable weight for at least six months
   b. If the individual has had bariatric surgery, he/she is at least 18 months post operative; **AND** must **ALSO** have
3. Recurrent or chronic rashes, infections, cellulitis, or non-healing ulcers that do not respond to conventional treatment for a period of 3-6 months (**this information must be documented in office visit records**)
   a. There is difficulty with ambulation and interference with ADLs (**this information must be documented in office visit records**)
NOT MEDICALLY NECESSARY

1. When above criteria is not met.
2. 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 above are satisfied.
3. Panniculectomy or abdominoplasty, with or without diastasis recti repair, for the treatment of back pain is considered not medically necessary.

COSMETIC

1. Liposuction is considered cosmetic for all indications.
2. Abdominoplasty when done to remove excess skin or fat with or without tightening of the underlying muscles is considered cosmetic.

BIBLIOGRAPHY

1. MAHP Guidelines for Panniculectomy/Abdominoplasty


3. Guidelines for Medical Necessity Determination for Panniculectomy; Mass Health; (10/06); pages 1-3