TITLE: ABDOMINOPLASTY/PANNICULECTOMY

EFFECTIVE DATE: August 17, 2020

This policy was developed with input from specialists in plastic surgery and general surgery, and endorsed by the Medical Policy Committee.

IMPORTANT INFORMATION – PLEASE READ BEFORE USING THIS POLICY
These services may or may not be covered by all Medica plans. Please refer to the member’s plan document for specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage. With respect to Medicare and Minnesota Health Care Programs, this policy will apply unless these programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica utilization management policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica utilization management policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

PURPOSE
To promote consistency between utilization management reviewers by providing the criteria that determines the medical necessity.

BACKGROUND
I. Definitions
   A. A panniculus is excess skin and adipose tissue hanging downward from the abdomen and resembles an "apron of skin" overlying the front of the pelvic girdle.
   B. A ventral hernia normally occurs in the abdominal wall at the site of a previous surgical incision. It may also occur at the umbilicus or other area of the abdominal wall. Weakened fascia or muscles result in a bulge or tear in the abdominal wall, allowing the inner lining of the abdomen and/or intestinal loop to extend through the abdominal wall.
   C. Abdominoplasty is a surgical procedure to tighten a lax anterior abdominal wall and remove excess abdominal skin. Abdominoplasty involves resection of skin and fat, and may involve tightening of the abdominal wall through placement of sutures.
   D. Cellulitis is an acute spreading bacterial infection (usually Staphylococcus aureus or Group A Streptococcus) in the deeper layers of the skin (i.e., the dermis and subcutaneous tissues). It is characterized by erythema, warmth, swelling, pain, fever, and malaise. Cellulitis commonly appears in areas where there is a break in the skin from an abrasion, a cut, or skin ulceration. Standard treatment is antibiotic therapy.
   E. Diastasis recti (rectus diastasis) is the separation of the two rectus muscles along the median line of the abdominal wall, resulting in abdominal wall laxity. Diastasis recti is not considered a true hernia.
   F. Imbrication is the operative overlapping of layers of tissue in the closure of wounds or the repair of defects.
   G. Intertriginous rash results from dermatitis occurring between juxtaposed folds of skin. The dermatitis is usually caused by retention of sweat, moisture, and warmth which results in an overgrowth of normal skin microorganisms.
   H. Necrosis is the death of living cells and tissue. Necrosis is caused by localized tissue injury, such as corrosion or erosion, a lesion or ulceration, or loss of blood supply.
   I. Panniculectomy is the surgical resection of a panniculus and involves resection of skin and fat (lipectomy), without tightening or imbrication of muscle layer. It can be performed alone or in conjunction
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with another abdominal surgery or with abdominoplasty. Complications rates were highest when
panniculectomy was performed concurrently with bariatric surgery or other procedures such as hernia
repair.

J. **Skin ulceration** is a break in the skin with accompanying loss of surface tissue with disintegration and
necrosis of underlying tissue.

K. The **symphysis pubis** is the area of junction of the pubic bones and lies at the center-front of the pelvic
girdle.

II. Comments
   A. The presence of a diastasis recti does not automatically equate to the presence of a ventral hernia.
   B. A panniculus may exist with or without the presence of a ventral hernia or diastasis recti.

**BENEFIT CONSIDERATIONS**

1. Prior authorization **is required** for abdominoplasty/panniculectomy. Please see the prior authorization list for
   product specific prior authorization requirements.

2. Coverage may vary according to the terms of the member’s plan document.

3. Cosmetic surgery is generally an exclusion in the member’s plan document.

4. If the above medical necessity criteria are not met, the procedure(s) would be considered cosmetic.

5. The following additional procedures are cosmetic and therefore not covered:
   a. Repair of rectus diastasis
   b. Mini-abdominoplasty
   c. Suction assisted lipectomy (liposuction) as a primary procedure.

6. If two or more procedures (one cosmetic and one reconstructive) are performed during the same operative
   session, the surgeon must delineate the cosmetic and reconstructive components associated with the
   procedure.

7. If the Medical Necessity Criteria and Benefit Considerations are met, Medica staff will authorize benefits within
   the limits in the member’s coverage document.

8. If it appears that the Medical Necessity Criteria and Benefit Considerations are not met, the individual’s case
   will be reviewed by the medical director or an external reviewer. Practitioners are reminded of the appeals
   process in their Medica Provider Administrative Manual.

**MEDICAL NECESSITY CRITERIA**

I. Indications for **initial or repeat panniculectomy**:
   Documentation in the medical record indicates that **all of the following** criteria are met:
   A. Front and lateral photographs submitted showing a panniculus that extends to or beyond the level of the
      symphysis pubis.
   B. **One of the following** is demonstrated:
      1. Unrelated or separate abdominal surgery is being performed and medical record specifies how
         panniculectomy will improve surgical access and optimize post-operative wound healing (e.g., repair
         of a large ventral hernia associated with a large panniculus).
      2. A chronic intertriginous rash causing **one of the following** skin conditions associated with the
         panniculus:
         a. Recurrent cellulitis despite appropriate medical treatment and skin care.
         b. Skin necrosis or ulceration which is refractory to medical treatment.
   C. When panniculectomy is associated with weight loss, weight has remained stable for a minimum of six
      months.

II. Indications for **initial or repeat abdominoplasty**:
   NOTE: Abdominoplasty is generally considered cosmetic and requires medical director review.
   Documentation in the medical record indicates that **all of the following** criteria are met:
   A. Unrelated or separate abdominal surgery is being performed.
   B. The medical record specifies how abdominoplasty will improve surgical access and optimize post-
      operative wound healing (e.g., repair of a large ventral hernia associated with a large panniculus).
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CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)
- For Medicare members, refer to the following, as applicable at: http://www.cms.hhs.gov/mcd/search.asp.

DOCUMENT HISTORY

<table>
<thead>
<tr>
<th>Original Effective Date</th>
<th>July 1996</th>
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<tbody>
<tr>
<td>Administrative Updates</td>
<td>05/01/2017, 09/21/2020</td>
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References

Pre-06/2015 Medical Technology Assessment Committee (MTAC) and Medical Policy Committee (MPC):


**06/2015 MPC:**


**04/2016 MPC:**


**06/2017 MPC:**


**06/2018 MPC:**


06/2019 MPC:

06/2020 MPC: