

MEDICA®**UTILIZATION MANAGEMENT POLICY**TITLE: **ABDOMINOPLASTY/PANNICULECTOMY**

EFFECTIVE DATE: August 20, 2018

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 reviewers in utilization management decision-making by providing the criteria that generally determine the medical necessity of abdominoplasty/panniculectomy. The Benefit Considerations box below outlines the process for addressing the needs of individuals who do not meet these criteria.

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 muscle tissue resection. It can be performed alone or in conjunction 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 and Coverage Criteria are met, Medica staff will authorize benefits within the limits in the member's coverage document.
8. If it appears that the Medical Necessity and Coverage Criteria 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 pannus).
 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 pannus).

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

Original Effective Date	July 1996
MPC Endorsement Date(s)	06/1997, 06/1998, 05/1999, 05/2000, 05/2001, 05/2002, 05/2003, 06/2004, 06/2005, 02/2006, 06/2006, 06/2007, 06/2008, 06/2009, 06/2010, 06/2011, 06/2012, 06/2013, 06/2014, 06/2015, 04/2016, 06/2017, 06/2018
Administrative Updates	05/01/2017

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