

# Medical Policy

## Panniculectomy

**Policy Number:** 1091

### Policy History

Approve Date:	06/01/2018	Effective Date:	06/01/2018
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### Preauthorization

All Plans	Benefit plans vary in coverage and some plans may not provide coverage for certain service(s) listed in this policy. Decisions for authorization are subject to all terms and conditions of the applicable benefit plan, including specific exclusions and limitations as well as applicable state and/or federal laws. Please review the benefit plan descriptions for details.
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### Policy

#### Indications of Coverage

The American Society of Plastic Surgeons (ASPS) defines panniculectomy as the surgical resection of the overhanging “apron” of redundant skin and fat in the lower abdominal area. The redundant skin and fat may continue laterally across the hips and lower back.

Resection of redundant skin of the abdomen following massive weight loss (more than 100 pounds) that has been maintained for at least twelve months is considered reconstructive and a covered benefit when all of the following criteria are met:

- Inability to maintain hygiene of the lower abdominal and genital areas;
- Chronic maceration of overhanging skin folds;
- Recurrent/continued skin infection (including candidiasis) under the panniculus;
- Pannus hangs below the level of the pubis (as documented by photos and the medical record);
- Documentation of failure to respond to conservative medical treatment/therapy of the skin disorder in conjunction with good hygiene practices; and
- Documented signs and symptoms of the skin disorder continuously present for a minimum of six months.

For a member who has had bariatric surgery:

- Must meet the criteria as described above; and
- Must be status post bariatric surgery a minimum of one year.

Exclusions – Excision of redundant skin and fat other than abdomen.

- Mastopexy
- Brachioplasty
- Buttock lift
- Lateral or medial thigh lift
- Belt lipectomy (except panniculectomy if meets coverage criteria)
- Lower body lift (except panniculectomy if meets coverage criteria)

- Surgery for excess skin of the forearm or hand
- Liposuction, any area
- Face-lift and neck-lift
- Repair of diastasis recti
- Those patients not meeting the minimum criteria stated above

## Definitions

**"Pre-service Claim"** means any claim for a benefit that requires approval before obtaining medical care. This includes any benefits requiring a referral, prior authorization or pre-certification, including prior authorization for prescription drugs. A Pre-service Claim also includes any situation when a member receives less of a benefit than what the member requested in terms of time, services, or duration.

## References

1. URAC Health Plan for Health Insurance Marketplace (HIM) Accreditation, Version 7.0, P-HUM 25-Clinical Rationale for Non-Certification Requirements
2. Department of Labor Regulations 2650.503-1 of the Employer Retirement Income
3. Security Act of 1974 – Claims Procedure

