

## Upper Peninsula Health Plan Utilization Management Criteria for Medical Necessity Cosmetic vs. Reconstructive Surgery: Panniculectomy

Applicable to the following product lines: Upper Peninsula Health Plan (UPHP) Medicaid, MI Child, Children's Special Health Care Services (CSHCS), Healthy Michigan Plan (HMP)

**Panniculectomy** is a procedure designed to remove fatty tissue and excess skin (panniculus) from the lower to middle portions of the abdomen.

**Reconstructive Panniculectomy** is medically necessary when done to relieve specific clinical signs and symptoms of panniculitis.

### **Authorization Specifics:**

- Prior authorization requests must include documentation to show the medical necessity criteria are met.
- Documentation must include medical records of prior treatments for the condition(s) identified.
- Preoperative photos: abdomen exposed, frontal and lateral, must accompany a prior authorization request. These may be provided by the member or requesting provider.

### **Criteria:**

1. The panniculus hangs to or below the level of pubis, and
2. Medical records must include documentation of ulcerations, intertrigo, or infections (bacterial or fungal) that are unresponsive to conservative medical therapy for a minimum of six months. Response to interventions must also be included to substantiate the condition being refractory to non-invasive therapies.
3. Minimum of one year post bariatric surgery, if applicable.
4. Weight must be stable for the most recent six months after weight loss.
5. Tobacco free for six weeks before surgery.

### **Bibliography**

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3. American College of Surgeons, Division of Education: *Surgical Patient Education for a Better Recovery - Quit Smoking Before Your Operation*  
Website <http://www.facs.org/patienteducation/quitsmoking.html>. Revised by The ACS Patient Education Committee, 2015.
4. MDHHS – Medicaid Provider Manual; Version Date: January 1, 2024; Medicaid Health Plans Section 1.3 Services that MHPs are Prohibited from Covering, page 4
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[https://static.cigna.com/assets/chcp/pdf/coveragePolicies/medical/mm\\_0027\\_coveragepositioncriteria\\_abdominoplasty\\_and\\_paniculectomy.pdf](https://static.cigna.com/assets/chcp/pdf/coveragePolicies/medical/mm_0027_coveragepositioncriteria_abdominoplasty_and_paniculectomy.pdf), effective date March 15, 2023.

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