

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, MICHild, Children's Special Health Care Services (CSHCS), Healthy Michigan Plan (HMP)

Cosmetic surgery is performed to reshape normal structures of the body in order to improve the patient's appearance and self-esteem¹. **Cosmetic surgery is not a UPHP benefit.**

Reconstructive surgery is performed on abnormal structures of the body, caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease. It is generally performed to improve function, but may also be done to approximate a normal appearance¹. **Reconstructive surgery may or may not be a UPHP benefit depending on the medical necessity and requires prior authorization for coverage.**

Panniculectomy is a procedure designed to remove fatty tissue and excess skin (panniculus) from the lower to middle portions of the abdomen⁴.

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.²
4. Weight must be stable for six months after weight loss.
5. Tobacco free for six weeks before surgery.³

Bibliography

- ¹ American Society of Plastic Surgeons: *ASPS Recommended Insurance Coverage Criteria for Third-Party Payers; Surgical Treatment of Skin Redundancy for Obese and Massive Weight Loss Patients*, Website www.plasticsurgery.org. Approved by ASPS® Executive Committee: June 2017.
- ² Giordano, S., Victorzon, M., Stormi, T., et. al. Desire for Body Contouring Surgery After Bariatric Surgery: Do Body Mass Index and Weight Loss Matter?. *Aesthetic Surgery Journal*, 2014, Vol 34 (1) 96-105 doi:10.1177/1090820x13515701
- 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 Michigan Association of Health Plans Guidelines for Panniculectomy/Abdominoplasty, Website http://www.mahp.org/sites/default/files/Final%20AbdominoplastyPanniculectomy%202017_o.pdf. Approved by MAHP Board of Directors May 2006, May 2009. Approved by MAHP Medical Directors July 2011, 2015, 2017.
- ⁵ MDHHS – Medicaid Provider Manual; Version Date: January 1, 2019; Medicaid Health Plans Section 1.3 Services that MHPs are Prohibited from Covering, page 4.
- ⁶ MDHHS – Medicaid Provider Manual; Version Date: January 1, 2019; Practitioner Section 12.3 Cosmetic Surgery, page 52.

UPHP CAC approved 6-8-2004; revised 6-14-2005; reviewed 4-19-2006; revised 6-12-2007; reviewed 6-10-2008; revised and approved 6-9-2009; reviewed 6-9-2010; reviewed 6-8-2011; revised 6-13-2012, revised and approved 6-12-13, reviewed and approved 6-11-14; reviewed and approved 6-10-15, reviewed and approved 6-13-16; reviewed and approved 6-15-2016; revised and approved 6-14-2017, revised and approved Mar 14, 2018, reviewed and approved March 13, 2019 CAC