


<b>MEDICAL POLICY STATEMENT</b>		
Effective Date	Next Annual Review Date	Last Review / Revision Date
5/24/2005	7/2012	11/2011
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CSMG Medical Policy Statements are derived from literature based and supported clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services are those health care services or supplies which are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative and are not provided mainly for the convenience of the member or provider.

## **A. SUBJECT**

Panniculectomy

## **B. BACKGROUND**

Abdominoplasty is a procedure involving the removal of excess abdominal skin and/or fat with or without tightening lax anterior abdominal wall muscles. Panniculectomy is a procedure designed to remove fatty tissue and excess skin (panniculus) from the lower to middle portions of the abdomen.

## **C. POLICY**

**For Special Needs Plan members, reference the below link to search for Applicable National Coverage Descriptions (NCD) and Local Coverage Descriptions (LCD).**

Panniculectomy is considered medically necessary when the patient meets the following criteria:

1. The panniculus hangs below the level of the pubis and is documented in photographs, **AND**
2. The patient has had significant weight loss of 100 pounds or more, as well as maintaining a stable weight documented in physician notes for at least six months, **AND** if the patient had bariatric surgery, they are 18 months post operative **AND**
3. One of the following:
  - a. Chronic severe rashes, cellulites, or non-healing ulcers that do not respond to conventional treatment for 3 months documented in physician office records, **OR**
  - b. Difficulty with ambulation interfering with activities of daily living (ADL) documented in the physician's office notes.

### **For Medicare LCD L30733:**

[Local Coverage Determination for Cosmetic and Reconstructive Surgery](#)

## **D. REVIEW / REVISION HISTORY**

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Date Issued: 5/24/2005

Date Revised: 7/10/2007, 7/2009, 11/2011

Date Reviewed: 7/1/2009, 7/1/2011

## **E. REFERENCES**

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1. Matarasso A, Matarasso SL. When does your liposuction patient require an abdominoplasty? *Dermatol Surg.* 1997;23(12):1151-1160.
2. Elbaz JS, Flageul G, Olivier-Masveyraud F. "Classical" abdominoplasty. *Ann Chir Plast Esthet.* 1999;44(4):443-461.
3. Hopkins MP, Shriner AM, Parker MG, Scott L. Panniculectomy at the time of gynecologic surgery in morbidly obese patients. *Am J Obstet Gynecol.* 2000; 182(6):1502-1505.

**The Medical Policy Statement detailed above has received due consideration as defined in the Medical Policy Statement Policy and is approved.**