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 physician office notes.

For Medicare NCD: CMS Publication 100-02, Medicare National Coverage Determinations, Chapter 16, Section 120

D. REVIEW / REVISION HISTORY

Date Issued: 5/24/2005
Date Revised: 7/10/2007, 7/2009
Date Reviewed: 7/1/2009, 7/1/2011, 7/2012

E. REFERENCES


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