UPMC Health Plan
POLICY AND PROCEDURE MANUAL

POLICY NUMBER: MP.021
REVISION DATE: 01/09
ANNUAL APPROVAL DATE: 02/09

SUBJECT: **Abdominoplasty/Panniculectomy**
INDEX TITLE: **Medical Management**
ORIGINAL DATE: **6-11-2002**

This policy applies to the following lines of business: (Check those that apply.)

<table>
<tr><td colspan="6">Commercial:</td></tr>
<tr><td colspan="2">HMO ( )</td><td colspan="2">POS ( )</td><td>PPO ( )</td><td>OOA/DOC ( )</td></tr>
<tr><td colspan="2">Fully Insured ( )</td><td colspan="2">Self-funded/ASO ( )</td><td>HSA ( )</td><td>All (X)</td></tr>
<tr><td colspan="2">Medicare Select ( )</td><td colspan="2">Medicare Supplement ( )</td><td></td><td></td></tr>
<tr><td colspan="6">DPW-MA:</td></tr>
<tr><td colspan="3">Health Choices ( )</td><td colspan="2">Voluntary ( )</td><td>All (X)</td></tr>
<tr><td colspan="6">CMS-MA:</td></tr>
<tr><td>HMO (X)</td><td>PPO (X)</td><td>Specialty Needs Plan (X)</td><td>Part D ( )</td><td>PFFS (X)</td><td>All ( )</td></tr>
<tr><td colspan="6">PID-CHIP:</td></tr>
<tr><td colspan="3">Free ( )</td><td colspan="2">Sub ( )</td><td>All (X)</td></tr>
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I. POLICY

It is the policy of UPMC Health Plan to cover abdominoplasty/panniculectomy when it is medically necessary and covered under the member's benefit plan.

UPMC Health Plan recognizes abdominoplasty or panniculectomy as appropriate and consistent with good medical practice when performed as reconstructive surgery. Coverage will be considered after review on an individual basis for the specific indications detailed in this policy.

All denials are based on medical necessity and appropriateness as determined by a UPMC Health Plan Medical Director (Medical Director).

II. DEFINITIONS

N/A

III. PURPOSE

The purpose of this policy is to define criteria for coverage of abdominoplasty or panniculectomy.

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IV. SCOPE

This policy applies to various UPMC Health Plan departments as indicated by the Benefit and Reimbursement Committee. These include but are not limited to: Medical Management, Benefit Configuration and Claims departments.

V. PROCEDURE

A. Medical Description

Abdominoplasty (AKA “tummy tuck”) is a surgical procedure that tightens a lax anterior abdominal wall and removes excess abdominal skin.

Panniculectomy is the surgical removal of excess skin, subcutaneous tissue, and adipose tissue from the abdomen. These procedures can be performed as outpatient or inpatient.

Reconstructive surgery is generally performed to improve function or alleviate clinical symptoms, but may also be done to approximate normal appearance

B. Specific Indications

Abdominoplasty or panniculectomy is considered medically necessary:
When performed to correct symptomatology such as chronic low back pain due to functional incompetence of the anterior abdominal wall interfering with activities of daily living;

AND

At least one of the following symptoms is present:

1. Permanent overstretching, with or without diastasis recti, of the anterior abdominal wall with a large or long abdominal panniculus following weight loss in the treatment of morbid obesity; with the panniculus hanging to or below the level of the pubis,
   AND
   Documented presence of chronic intertrigo that consistently recurs over 3 months while receiving medical therapy or remains refractive to therapy over a period of 3 months;
2. Trauma or surgery to the anterior wall of the abdomen resulting in loss of muscle of fascial integrity;
3. Abdominal or ventral hernia following previous abdominal surgery;
4. Pannus with chronic refractory unstable scar tissue.

C. Limitations

1. When a panniculectomy is performed for minimizing the risk of hernia formation or recurrence, it is considered experimental or investigational, since there is no adequate evidence that pannus contributes to hernia formation. The primary cause of hernia formation is a defect in the anterior abdominal wall or its weakness, and not a pulling effect from a large or redundant pannus.
2. When an abdominoplasty or panniculectomy is performed solely for cosmetic purposes is not medically necessary; and therefore, is not covered under the member's benefit plan.
3. When two (2) surgical procedures (one reconstructive and one cosmetic) are performed during the same operative session, UPMC Health Plan will only pay for reconstructive portion of the surgery.

D. Information Required for Review

In order to assess medical necessity for abdominoplasty or panniculectomy, adequate information must be furnished by the treating physician. Necessary documentation includes a letter of medical necessity that includes:
Abdominoplasty
1. The physician's evaluation of the member's condition to determine medical necessity of the procedure,
2. Documentation to support the presence of a ventral hernia – including size, reducibility, symptoms of exacerbation or relief, extent of diastasis.

Panniculectomy
1. A description of attempts at conservative treatment such as diet, exercise, antibiotics and/or antifungals that have proven unsuccessful;
2. A photo of the member that clearly illustrates the need for the procedure.

E. Review Process

1. The Medical Management staff assigned to review obtains the clinical information to determine if there is adequate clinical information. If the case does not meet the established criteria, it is referred to a UPMC Health Plan Medical Director.
2. If referred, the Medical Director determines if the requested service is medically necessary and appropriate.
3. The Medical Management staff completes the review process and communicates the review decision according to the Timeliness of UM Decisions policy for the member's benefit plan.

F. Variations

N/A

G. References

1. American Society of Plastic and Reconstructive Surgeons. Position Paper: Abdominoplasty, Recommended Criteria for Third Party Payer Coverage. 1994. http://www.plasticsurgery.org/profinfo/pospap/abd.htm.
2. American Society of Plastic and Reconstructive Surgeons. Position Paper: Treatment of Skin Redundancy Following Massive Weight Loss, Recommended Criteria for Third Party Payer Coverage. 1994. http://www.plasticsurgery.org/profinfo/pospap/skin.htm.
3. Ramirez OZ. Abdominoplasty and Abdominal Wall Rehabilitation: A Comprehensive Approach. Plastic & Reconstructive Surgery. 2000; 105(1): 425-35
4. Shestak KC. Marriage Abdominoplasty Expands the Mini-abdominoplasty Concept. Plastic & Reconstructive Surgery. 1999; 103(3): 1020-31; discussion 1032-5.

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Disclaimer:

UPMC Health Plan medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of UPMC Health Plan and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

UPMC Health Plan reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

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